

NATIONAL Assessment Centre Services

Date: <u>05/09/22</u>	Job description	Date & Time Completed	Done by
REFNO: <u>NA/C722008668/13</u>	SAS e-filing		
VehNo: <u>GW3401C</u>	E-mail (w/other Mins. AP: 2hrs)		
DOA: <u>02/09/22 1315</u>	i-Motor Claim Form		
OD/ <input checked="" type="radio"/> TP/ Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: FNS553D INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est. 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idle DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idle Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Actual Driver**
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 05/09/2022 20:15 (SGT)
Reported by Driver
Date of Accident 02/09/2022 13:15 (SGT)
Exact Location of Accident Chin Bee Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW3401C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CASSEROLE CATERING SERVICES PTE LTD
Company Reg No 2XXXXX426E
Email Address keith@casserole.com.sg
Mobile Phone No (Phone) +65-92722734
Alternative Phone No +65-63236445

VEHICLE PARTICULARS

Manufacturer Nissan
Model Urvan
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00141502102

DRIVER

Name of Driver KHOR CHEE HAU
Passport No/FIN GXXXX060M
Date Of Birth 31/08/1974
Occupation Outdoor

Date Of Driving Pass	21/03/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83436726
Alt. Phone Number	-
Email Address	keith@casserole.com.sg
Address	17 CHIN BEE CRESCENT
Address complement	-
Postcode	619898
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220902/2108

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FN5353D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	GAN WEE KEE
Contact Number	(Phone) +65-97358392
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHOR CHEE HAU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	GW3401C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GAN WEE KEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FN5353D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Yan



Yan

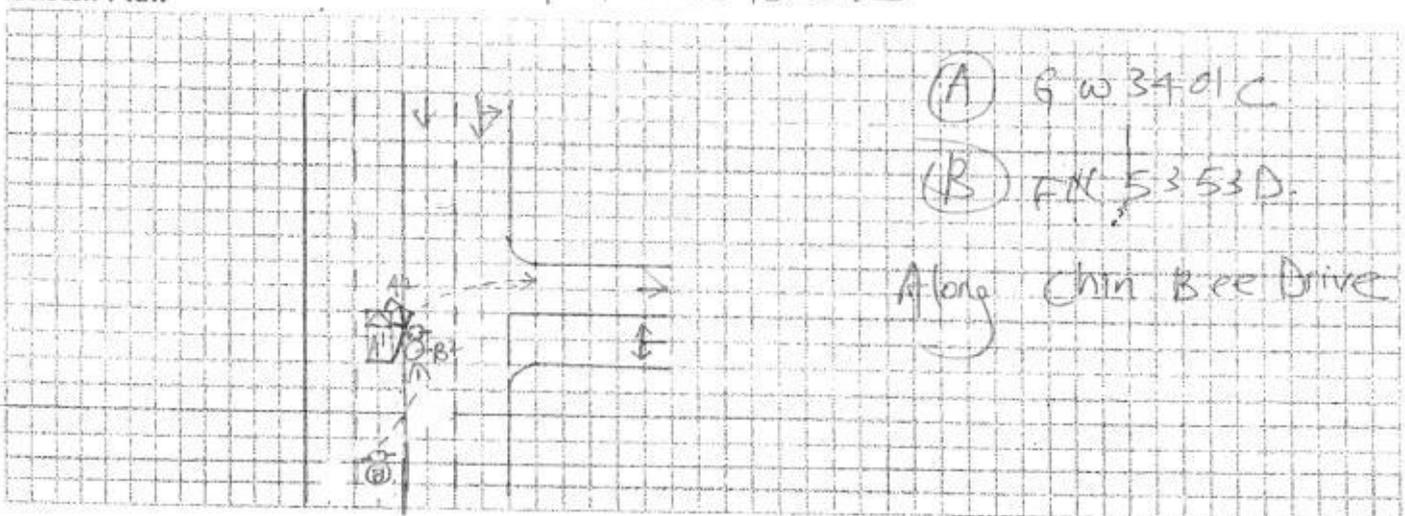
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

05/03/22 @ 1305hrs

shym 05/09/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Statement Please refer to
Police Report No: T/20220902/2108

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Han
Policyholder's Signature / Date & Time

Han
Driver's Signature (If driver is not the policyholder) / Date & Time
05/09/22 @ 1305hrs.

Slym 05/09/22
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



1202209022108

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REP
Report No: 1202209022108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 02/09/2022 19:47	Vide Report No J/20220902/0074	Station Diary No 23
---	-----------------------------------	------------------------

Informant's Particulars

Name of Informant KHOR CHEE HAU		Address	
ID Type / ID No. FIN NO / G7192060M		Contact No. Home/Office Mobile: 83436725	
Nationality MALAYSIAN		Email	
Sex Male	Age 48	Date of Birth 31/08/1974	Type of Informant Driver
Race Chinese		Language English	Institution / School Name:
Occupation Delivery		Driving Licence Information Class: 2B,3,4A	Date of Expiry: 13/02/2023

General Information of the Accident

Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 02/09/2022 13:15	Type of Location T-Junction
Location CHIN BEE DRIVE				
Weather Drizzling		Road Surface Wet		Road Speed Limit
Traffic Flow Dual Carriage Way		Traffic Control Not Controlled		Traffic Volume Light
Type of Collision Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN5353D	Motorcycle				Slightly Damaged	0
GW3401C	Van	NISSAN		Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved	No
No. of Pedestrians Injured	Nil
Use of Pedestrian Crossing	NA



**SINGAPORE
POLICE FORCE**



1/20220902/2108

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

248/1

Report No: 1/20220902/2108

CONTINUATION OF REPORT

Driver			
Name	KHOR CHEE HAU	ID No.	G7192050M
Related Vehicle	GW3401C (Van)	Contact No.	83436726
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 3, 4A Date of Expiry: 13/02/2023
Date Treatment	02/09/2022	Date Discharge	02/09/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	Gan Wee Kee	ID No.	A52654607
Related Vehicle	NIL	Contact No.	97358392
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/09/2022 about 1315hrs, I was driving my company van GW3401C along Chin Bee Drive heading to my company (17 Chin Bee Crescent). It was slightly drizzling and I was alone in the vehicle.

As I approached the T-junction of Chin Bee drive and Chin Bee crescent, I slowed down and signaled right. As it was clear, I initiated the right turn. All of sudden, a silver motorcycle (FN5353D) came from behind and rammed onto my van's right driver door and he fall onto the road. The rider is one Gan Wee Kee, A52654607, hp: 97358392.

I stopped my van and went to assist the rider. Ambulance and police then came to the accident spot. Traffic police advised me to lodge accident report.

Rider was conscious and subsequently conveyed to hospital. There is camera installed in my van and it recorded the accident.

I wish to state that I felt pain at my neck due to the collision thus I went to private clinic, Clementi Family & Aesthetic Clinic. I was then given three days MC from 02/09/22 to 04/09/22.





**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Clement NPP
427 Clementi Avenue 3 #01-1450
SINGAPORE 120427
Tel No. 1800-7758995



T2742790212104

Report No. T2742790212104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
STAFF SGT MOHAMAD ABDUL
NASIR S/O SAVALHANNITHU

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time:
02/09/2022 19:47

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No. 65476245

Classification Of Case:

NP16P

VEHICLE NO: GW 3401C

MAKE & MODEL : Nissan Urvan

AUTO / MANUAL

DATE OF ACCIDENT	02 / 09 / 22.	*C.C. 2,953
TIME OF ACCIDENT	1315	AM / (PM)
LOCATION OF ACCIDENT	Along Chin Bee Drive.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Casserole Catering Services Pte Ltd	
TELP NO	Email: keith@casserole.com.sg	
NRIC	Mobile: 92722734 Office: 63236445 Home: —	
CLAIM TYPE	201530426E	
FLEET POLICY:	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
INSURANCE CO.	YES / NO ?	
TYPE OF COVERAGE	China Taiping Insurance.	
POLICY NO.	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft	
NAME OF DRIVER	DMCVSNW00141502102	
NRIC	AS ABOVE / <u>IF NO:</u> Khor Chee Hau.	
DATE OF BIRTH	G7192060M.	
ANY PASSENGER	31 / 08 / 1974	
NAME OF PASSENGER	<u>YES / NO:</u>	
GENDER OF PASSENGER	MALE / FEMALE —	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	21 / 03 / 2018	
GENDER	Male / Female	
CONTACT NO.	Mobile: 83436726 Office: — Home: —	
EMAIL:	keith@casserole.com.sg	
ADDRESS	17 Chin Bee Crescent S (619898)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / <u>Raining</u> / Other: Drizzling	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / <u>if yes: Who?</u> Khor Chee Hau.	
CONTACT NO.	83436726.	
POLICE REPORT	No / <u>if yes: Where?</u> Clementi NPP	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	FN 5353D Any Passenger: —	
NAME	Gan Wee Kee	
CONTACT NO.	97358392.	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>YES</u> / NO	

Email: keith@casserole.com.sg

Motor Commercial

MZ300/C

R SN

AN0421A

Cov. Type:T

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNW00141502102	Engine No.:	ZD30028422
		Cha. No.:	JN1MG4E25Z0701039
1. Index Mark and Registration Number of Vehicle	GW3401C		
2. Name of Policy Holder	CASSEROLE CATERING SERVICES PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/12/2021 (00:00:00)		
4. Date of Expiry of Insurance	30/11/2022		
5. Persons or Classes of Persons entitled to drive	Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
6. Limitations as to use:	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>		

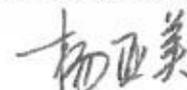
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: VITESSE SOLUTIONS
Authorised Officer



Authorised Signatory

Vehicle Details

Vehicle No.	Make / Model
GW3401C	NISSAN / URVAN
Vehicle Type :	Vehicle Attachment 1 :
A50 - Goods (Closed) Van/Van Panel (Delivery)	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	JN1MG4E25Z0701039
Propellant :	Engine No. :
Diesel	ZD30028422
Motor No. :	Engine Capacity :
-	2953 cc
Power Rating :	Maximum Power Output :
-	-
Maximum Laden Weight :	Unladen Weight :
3100 kg	1500 kg
Year Of Manufacture :	Original Registration Date :
2003	31 May 2003
Lifespan Expiry Date :	COE Category :
30 May 2023	C - Goods Vehicle & Bus
PQP Paid :	COE Expiry Date :
\$17,865.00	30 May 2023
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
30 Nov 2022	-
Inspection Due Date :	Intended Transfer Date :
30 Nov 2022	05 Sep 2022
CO2 Emission :	CEV/VES Rebate Utilised Amount :