

# NATIONAL Assessment Centre Services

Date In <u>09/09/12</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CT2W08885/13</u>	SAS e-filing		
Veh No <u>X07186X</u>	E-mail (within 3hrs, A/C 2hrs)		
DOA <u>08/09/12</u> <u>1145</u>	i-Motor Claim Form		
OD/ <u>TP</u> / Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>EXCAVATOR</u>	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:- (INC hotline: 6788 6616)	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

<u>NA2202499</u>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac Mobile 30		
Cal 1:	Invoice dated	Fee Charged	
Cal 2/3:	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	09/09/2022 17:00 (SGT)
Reported by	Driver
Date of Accident	08/09/2022 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR LINK TWDS TPE L/P NO 52
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7186X
-----------------------------	---------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG PANG PUN
NRIC No	SXXXX637C
Email Address	andrewtan.jielun@gmail.com
Mobile Phone No	(Phone) +65-90013311
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYZ52K
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	15681

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00156422100

### DRIVER

Name of Driver	YEO ENG LOO
NRIC No	SXXXX871Z
Date Of Birth	12/07/1962
Occupation	Outdoor

Date Of Driving Pass	11/03/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98482785
Alt. Phone Number	-
Email Address	andrewtan.jielun@gmail.com
Address	BLK 125 BEDOK RESERVOIR RD
Address complement	#07-1069
Postcode	470125
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	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

#### 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20220909/7029

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EXCAVATOR
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	YOGARAJ PARTHIBAN
Passport No/FIN	GXXXX239U
Contact Number	(Phone) +65-97511660
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	KBCDZ814CL3A27871(FIBER REACH PRIVATE LTD)

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	YEO ENG LOO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	XD7186X
Were seat belts worn?	Yes
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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

*Handwritten signature*

Policyholder's Signature / Date & Time

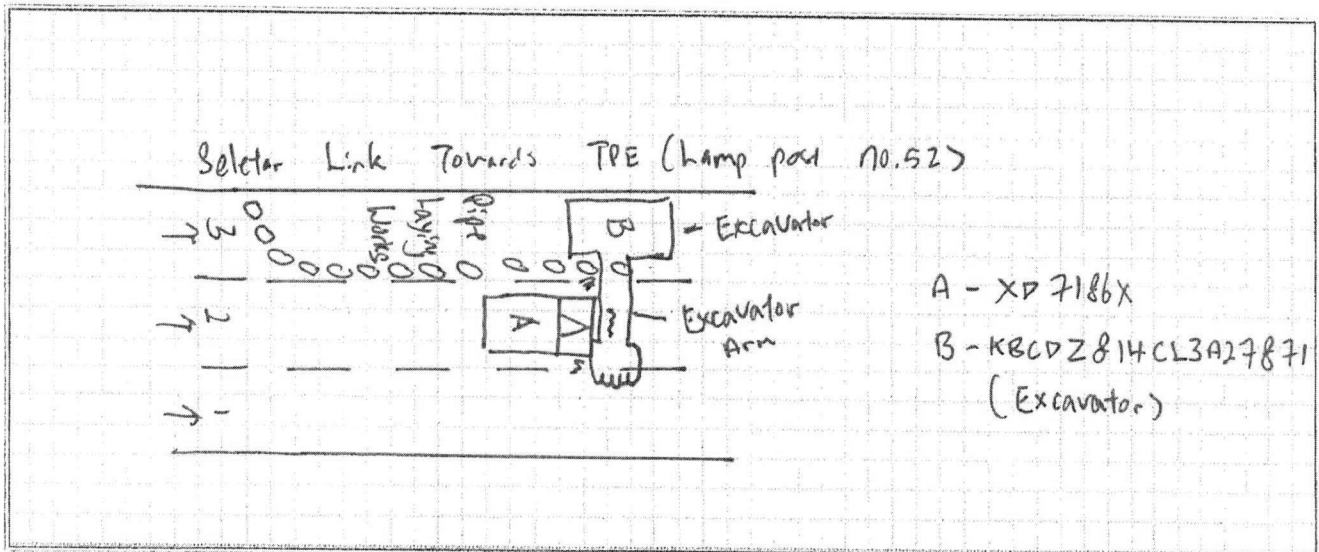
*Handwritten signature*

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

*Handwritten signature* 09/09/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan





Describe Circumstance of the Accident


As per police report no. T/20220909/7029

Declaration

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 09/09/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20220909/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220909/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/09/2022 15:14		Vide Report No.: F/20220908/0093		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO ENG LOO			Address: 125 BEDOK RESERVOIR ROAD #07-1069 SINGAPORE 470125		
ID Type / ID No.: NRIC NO / S1550871Z			Contact No.: Home/Office: Mobile: 98482785		
Nationality: SINGAPORE CITIZEN			Email: andrewtan.jielun@gmail.com		
Sex: Male	Age: 60	Date of Birth: 12/07/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Tipper Truck Driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2022 11:45	Type of Location: Straight Road
Location:  SELETAR LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
REF STATEMEN T	Excavator				Slightly Damaged	0
XD7186X	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20220909/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220909/7029

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YOGARAJ PARTHIBAN	ID No.	G2737239U
Related Vehicle	REF STATEMENT (Excavator)	Contact No.	97511660
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	YEO ENG LOO	ID No.	S1550871Z
Related Vehicle	XD7186X (Lorry)	Contact No.	98482785
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	08/09/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

As per above date & time, i was driving XD7186X along Seletar Link towards TPE on the center lane of 3 lanes road. Somewhere around lamp post no. 52, there was a road work on lane 3 (Pipe laying works). When i was driving straight on lane 2 and out of sudden an excavator (ID No. KBCDZ814CL3A27871) on lane 3 suddenly rotated with its arm extended. As a result, the excavator arms swing and hit against my vehicle front portion. After the accident, I felt unwell and was conveyed by the ambulance to Sengkang General hospital for treatment and was given 3 days mc.





**SINGAPORE  
POLICE FORCE**



T/20220909/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220909/7029

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
GOH WEI LI  
Contact No.: 65476394

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
09/09/2022 15:14

Classification Of Case:

VEHICLE NO:	XD7186X		MAKE & MODEL	Isuzu / CY252K		AUTO / MANUAL	<input checked="" type="radio"/>
DATE OF ACCIDENT:	08/09/2022					CC:	
TIME OF ACCIDENT:	11:45 HRS						
LOCATION OF ACCIDENT:	Selekar Link towards TPE (Lamp post no. 522)						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Ong Pang Pun						
TEL NO:	H/P:	90013311	OFFICE:			HOME:	
NRIC:	S1428637C						
ADDRESS:	522C Tampines Central 7 #13-33 (S) 523522						
EMAIL:	andrewtan.jielun@gmail.com						
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	YES / NO?						
INSURANCE COMPANY:	China Taiping						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	DMCVSNW00156422100						
NAME OF DRIVER:	AS ABOVE / IF NO: Yeo Eng Loo						
NRIC:	S1550871Z		ANY PASSENGER:	N.A.			
DATE OF BIRTH:	12/07/1962		LICENCE PASSED DATE:	11/03/1985			
OCCUPATION:	OUTDOOR / INDOOR						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P:	9848 7785	OFFICE:			HOME:	
ADDRESS:	125 Bedok Reservoir Rd #07-1069 (S) 470125						
EMAIL:	As above						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:					INSURER:	
RELATIONSHIP:	Employee						
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:						
ROAD SURFACE:	DRY / WET / OTHER:						
ANY INJURIES:	NO / IF YES, WHO?						
NAME & CONTACT:	Yeo Eng Loo, 9848 7785						
NAME & CONTACT:							
POLICE REPORT:	NO / IF YES, WHERE? Traffic Police						
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?						
VEHICLE B REG NO:	(Excavator)	KBC0Z814CL3A27871	ANY PASSENGERS:	N.A.			
NAME OF DRIVER:	Yogaraj Parthiban		CONTACT NO:	9751 1660			
VEHICLE C REG NO:	PRIVATE		ANY PASSENGERS:				
VEHICLE D REG NO:	FIBER REACH SA LTD		ANY PASSENGERS:				
VEHICLE E REG NO:			ANY PASSENGERS:				
VEHICLE F REG NO:			ANY PASSENGERS:				
VEHICLE G REG NO:			ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO						
WAS THERE ANY AUDIO RECORDED?	YES / NO						
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO						
ACCIDENT PORTION:	Front portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES / NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	Jun Ming						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/P

N SN

AN0707B

Cov. Type:C

### 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.	DMCVSNW00156422100	Engine No.: 6WG1417780 Cha. No.: JALCYZ52KC7000107
1. Index Mark and Registration Number of Vehicle	XD7186X	AUTOSAFE =====
2. Name of Policy Holder	ONG PANG PUN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/12/2021 (00:00:00)	Excess Sect I. SS\$1,500.00 EX ON WINDSCREEN. SS\$100.00
4. Date of Expiry of Insurance	29/12/2022	
5. Persons or Classes of Persons entitled to drive*		
(1) Whilst the vehicle is being used in connection with the Policyholder's business		
(a) The Policyholder,		
(b) Any other person provided he is in the Policyholder's employ and is driving on his order or with his permission.		
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes		
(a) The Policyholder,		
(b) Any other person who is driving on the Policyholder's order or with his 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:*		
(1) Use in connection with the Policyholder's business.		
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.		
(3) Use for social, domestic or pleasure purposes.		
The Policy does not cover		
(1) Use for racing, pace-making, reliability trial or speed-testing.		
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
(3) Use for the carriage of passengers for hire or reward.		

\* 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

Issued By:

KHC HOLDINGS PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory