

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 7/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/EG/2201101/r3	SAS e-filing		
Veh No: GZ 3066 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 4/11/2022 1330	i-Motor Claim Form		
OD : 6 Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 5913S	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%. P: 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

NA2203119	<b>Invoice Preparation Checklist</b>		Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	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:-			
	ON*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Pat. 1:	Invoice dated	Fee Charged		
Pat. 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	07/11/2022 13:14 (SGT)
Reported by	Driver
Date of Accident	04/11/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3066X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FEC SERVICES PTE LTD
Company Reg No	1XXXXX236K
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-67489386
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG22002672

#### DRIVER

Name of Driver	YAP KWEE WAH
NRIC No	SXXXX832A
Date Of Birth	22/09/1955
Occupation	Outdoor

Date Of Driving Pass	04/06/1977
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92721517
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	BLK 717 TAMPINES STREET 72 #03-65
Address complement	-
Postcode	520717
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 to Rear
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?	No
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

PLEASE REFER TO ATTACHED REPORT

#### 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	SHD5913S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
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

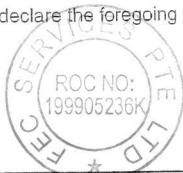
Name of injured person .....	YAP KWEE WAH
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstance of the Accident

Refer to the police report NO = T/2022/105/7015

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 2/11/2022

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

## 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.

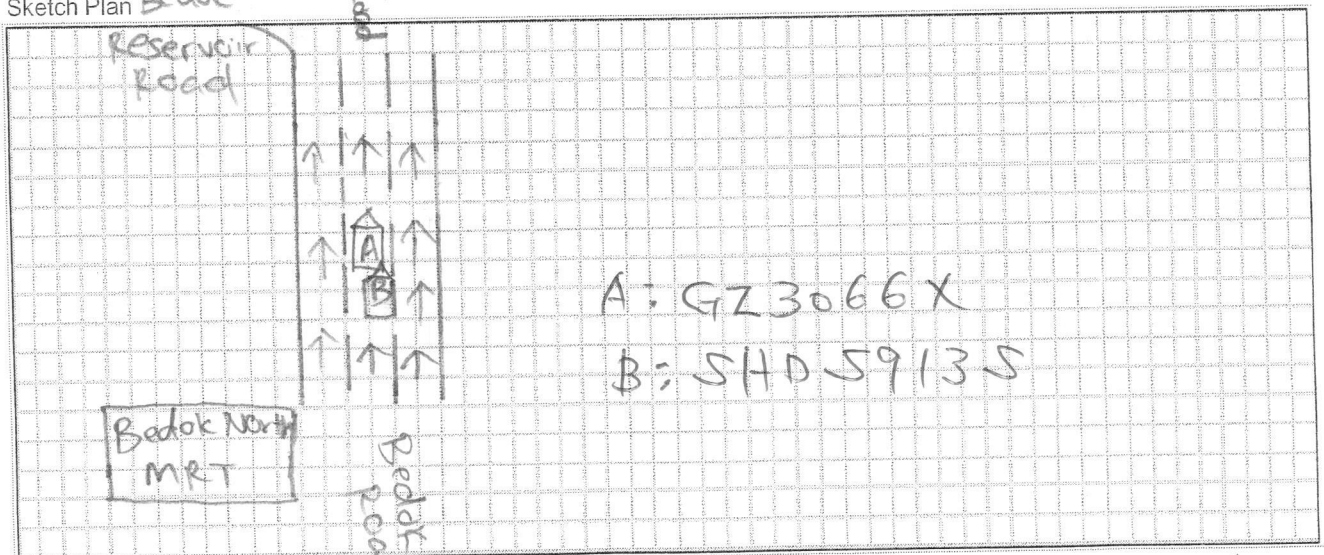


Policyholder's Signature / Date & Time

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

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

Sketch Plan







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

Report No. T/20221105/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/11/2022 12:49	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: YAP KWEE WAH			Address: 717 TAMPINES STREET 72 #03-65 SINGAPORE 520717		
ID Type / ID No.: NRIC NO / S2571832A			Contact No.: Home/Office: Mobile: 98195033		
Nationality: SINGAPORE CITIZEN			Email: sales@fec.com.sg		
Sex: Male	Age: 67	Date of Birth: 22/09/1955	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2022 13:30	Type of Location: Straight Road
Location:  BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GZ3066X	Lorry	NISSAN	CABSTAR G	Blue	Slightly Damaged	0
SHD5913S	Taxi	TOYOTA	PRIUS	Red	Seriously Damaged	0



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

Report No. T/20221105/7015

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GZ3066X	SHC INSURANCE PTE. LTD.	DMCG22002672	06/03/2022	05/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP KWEE WAH		ID No. S2571832A
Related Vehicle	GZ3066X (Lorry)		Contact No. 98195033
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	05/11/2022		Date 05/11/2022
No. of Days granted Medical Leave		05	Degree of Slight

Brief Details.

On 4/11/2022 at 1.30pm, I was driving along Bedok North Road towards Kaki Bukit. As the traffic light turned red, the vehicles in front came to a stop and I came to a stop as well. All of a sudden, there was a loud bang. Vehicle B SHD5913S failed to come to a stop and hit onto the rear of my vehicle GZ3066X. I felt discomfort in my neck and was awarded 5 days MC at Mount Alvernia Hospital on 5/11/2022.





**SINGAPORE  
POLICE FORCE**



T/20221105/7015

3 of 3

Report No. T/20221105/7015

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

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
05/11/2022 12:49

Classification Of Case:

LKK 461

# ACCIDENT STATEMENT

ACCIDENT DATE: 4/11/2022 (DD/MM/YYYY), TIME: 1-30 pm (HH:MM)

LOCATION: BEDOK NORTH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ3066X  
b) INSURANCE COMPANY: ERGO  
c) POLICY NUMBER: DMCG22002672  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Gabstar Auto/Manual  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: FEC SERVICES PTE LTD (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: 199905236K CONTACT: 92721517  
C) ADDRESS: 61 Kaki Bukit Ave 1 #03-39 Shua LT  
Industrial Park, Spore 417943

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: YAP Kwee WAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S25718324 CONTACT: 92721517  
c) ADDRESS: 4K 717 Tampines ST 72, #03-65 Spore 528717

\*d) DATE OF BIRTH: (22/9/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 45

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES) / NO YAP Kwee Wah

7. a) REPORTED TO POLICE (YES) / NO

IF YES, PLEASE STATE WHICH POLICE STATION: on line

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD59135 MODEL: Taxi  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = phbms@yahoo.com

fax = 67489386

VIDEO =

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22002672

Vehicle Registration Number : GZ3066X

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : FEC SERVICES PTE LTD

Commencement Date of Insurance : 06/03/2022

Expiry Date of Insurance : 05/03/2023

Excess	:	EXCESS: (SECTION I).....	S\$	700.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

**FLASH**  
Fast-Response Accident Reporting Hotline™

**24-Hour Helpline: 6100 1620**

### Finance Company/Hire Purchase Owner :

\*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

### \* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

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 (\*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**

Approved Insurer

*Karl-Heinz Jung*

Authorized Signature

A000131	HEGBON ENTERPRISES PTE LTD	
Vehicle Chassis Number : JN1SF4F23Z0861006, Vehicle Engine Number : QD32221677		CP1, 16/02/2022 09:57



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtavernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : YAP KWEE WAH  
ID No. : S2571832A  
Account No. : 0220730463

Receipt No. : 220122370  
Date : 05/11/2022  
Page : 1 of 2

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	30	EA	11.70
ARCOXIA TAB 120MG	5	EA	19.90
ECG DURING OFFICE HRS	1	EA	38.10
FAMOTIDINE TAB 20MG	10	EA	3.80
KEFENTECH PLASTER 30MG 8/PKT	2	EA	14.76
OUTPATIENT NURSING SERVICE	1	EA	23.00
PROCEDURE-NURSING	1	EA	18.55
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			168.81
GST @ 7%			11.82
			180.63
Paid:			
NETS BY YAP KWEE WAH			180.63
Mode of Payment : NETS			

Reference No. :



Serve all with Love

## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M220000101447

This is to certify that YAP KWEE WAH, S2571832A, is granted Outpatient Sick Leave for 5 day(s) from 05-Nov-2022 to 09-Nov-2022.

Remark :

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Lim Si Yuan, Daniel  
MCR : 63879Z

05/11/2022

Date