

NTUC Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 03/03/2023      | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CT123002298/W | SAS e-filing                             |                       |         |
| Veh No: CB 6617 X        | E-mail (within 2hrs. Aft 2hrs)           |                       |         |
| DOA: 03/03/2023          | i-Motor Claim Form                       |                       |         |
| OD/ TP/ Reporting Only   | i-Motor W/O (Within: 0E 2hrs. TP 4hrs)   |                       |         |
| TP Insurer:              | i-Photo Uploaded                         |                       |         |
|                          | Assessment/Survey Report                 |                       |         |
|                          | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

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

P Particulars: Veh No: **GBD 7680 X** 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 |
| Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| QC Check / Post Repair Inspection ( )                |                       |         |
| Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

Injury: ( )

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |

|                              |   |  |           |           |
|------------------------------|---|--|-----------|-----------|
| NA2300651                    | Invoice Preparation Checklist                   |  | Am't (\$) | Am't (\$) |
| Claimant's Particulars       | 1) AR: Accident Reporting (\$30);               |  |           |           |
| Owner/Driver                 | 2) DA: Damage Assessment (\$100); INC (\$80)    |  |           |           |
| Contact No:                  | 3) TF: Towing Fee \$40/\$45                     |  |           |           |
| Assigned Portion:            | 4) FT: Follow-Through Survey \$120              |  |           |           |
| Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |  |           |           |
| Hours' 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 / Tpl Allowance \$5          |  |           |           |
|                              | * N6: Repair Co-ordination \$10                 |  |           |           |
|                              | * N7: Post Repair Inspection \$25               |  |           |           |
|                              | * N8: DV / Collect Excess Coordination \$5      |  |           |           |

# 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 .....              | 03/03/2023 15:31 (SGT)  |
| Reported by .....                     | Both Policyholder and Actual Driver   |
| Date of Accident .....                | 03/03/2023 06:35 (SGT)  |
| Exact Location of Accident .....      | Singapore   |
| Additional Location Information ..... | Slip Road of TPE (SLE) towards Yio Chu Kang Road CTE (City)<br>(Near Lamppost No. 688534) |
| Country/State of Loss .....           | Singapore   |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | CB6617K |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                          |
|--------------------------------|--------------------------|
| Is company? .....              | Yes                      |
| Name Of Registered Owner ..... | SQ Transport Services    |
| Company Reg No .....           | 5XXXX806W                |
| Email Address .....            | leechengteck@hotmail.com |
| Mobile Phone No .....          | (Phone) +65-86880232     |
| Alternative Phone No .....     | -                        |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Hiace                     |
| Variant .....  | High Roof                 |
| 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 .....   | Auto                      |
| CC .....   | 2982                      |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMB1SNW00007212200                            |

### DRIVER

|                      |                       |
|----------------------|-----------------------|
| Name of Driver ..... | Rogayah Binte Mohamed |
| NRIC No .....        | SXXXX460C             |
| Date Of Birth .....  | 14/03/1964            |

|  |                            |
|--|----------------------------|
| Occupation .....   | Outdoor                    |
| Date Of Driving Pass .....   | 01/11/2004                 |
| Driving experience .....   | 18 YEARS AND 4 MONTHS      |
| Gender .....   | Female                     |
| Mobile Number .....  | (Phone) +65-81224493       |
| Alt. Phone Number .....  | -                          |
| Email Address .....  | leechengteck@hotmail.com   |
| Address .....  | Blk 741 Tampines Street 72 |
| Address complement .....   | #04-80                     |
| Postcode .....   | 520741                     |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Raining         |
| Road Surface .....       | Wet             |

OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 4   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 14  |
| 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 .....   | -   |

PASSENGER 1

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Female    |

PASSENGER 2

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Female    |

PASSENGER 3

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Female    |

PASSENGER 4

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Female    |

PASSENGER 5

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Male      |

PASSENGER 6

|              |           |
|--------------|-----------|
| Name .....   | Passenger |
| Gender ..... | Male      |

PASSENGER 7

|            |           |
|------------|-----------|
| Name ..... | Passenger |
|------------|-----------|

Gender ..... Male  
 PASSENGER 8  
 Name ..... Passenger  
 Gender ..... Male  
 PASSENGER 9  
 Name ..... Passenger  
 Gender ..... Male  
 PASSENGER 10  
 Name ..... Passenger  
 Gender ..... Male  
 PASSENGER 11  
 Name ..... Passenger  
 Gender ..... Male  
 PASSENGER 12  
 Name ..... Passenger  
 Gender ..... Male  
 PASSENGER 13  
 Name ..... Passenger  
 Gender ..... Male

**DETAILS OF POLICE ACTION**

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

**CIRCUMSTANCES OF ACCIDENT**

Refer to the attached statement.

**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 ..... SLX496J  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... Fong Kok Yong  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 2  
 PASSENGER 1  
 Name ..... Passenger  
 Gender ..... Female

DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                    |
|---|--------------------|
| Vehicle Registration Number .....             | GBD7680X           |
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| 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) .....     | -                  |

|  |   |  |                                 |                     |  |               |   |
|--|---|--|---------------------------------|---------------------|--|---------------|---|
| VEHICLE NO:  | CB6617K   |  | MAKE & MODEL:                   | Toyota Hiace HIROOF |  | AUTO / MANUAL | <input checked="" type="radio"/>          |
| DATE OF ACCIDENT:  | 03/03/23  |  | CC:                             | 3.0                 |  |               |   |
| TIME OF ACCIDENT:  | 06:35 HRS   |  |                                 |                     |  |               |   |
| LOCATION OF ACCIDENT:  | Slip rd of TPE (SLE) towards Yio Chu Kang rd  |  |                                 |                     |  |               |   |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE   |  | CTE (city)                      |                     |  |               |   |
| NAME OF OWNER:   | SQ Transport Services   |  | near lamp post no.              |                     |  |               |   |
| TEL NO:  | H/P: 8688 0232  |  | OFFICE:                         | HOME:               |  |               | 688534                                    |
| NRIC:  | 53357806W   |  |                                 |                     |  |               |   |
| ADDRESS:   | 406 Tampines Str 41 #10-15 (S) 520406   |  |                                 |                     |  |               |   |
| EMAIL:   | LEE CHENG TECK @ HOTMAIL.COM  |  |                                 |                     |  |               |   |
| CLAIM TYPE:  | OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY                      |  |                                 |                     |  |               |   |
| FLEET POLICY:  | YES / <input checked="" type="radio"/> NO   |  |                                 |                     |  |               |   |
| INSURANCE COMPANY:   | China Taiping   |  |                                 |                     |  |               |   |
| TYPE OF COVERAGE:  | Comprehensive / <input checked="" type="radio"/> Third Party / Third Party Fire & Theft |  |                                 |                     |  |               |   |
| POLICY NO:   | DMB1SNW00007212200  |  |                                 |                     |  |               |   |
| NAME OF DRIVER:  | AS ABOVE / IF NO: Rogayah Binti Mohamed   |  |                                 |                     |  |               |   |
| NRIC:  | S1674460C   |  | ANY PASSENGER: 3(F), 10(M)      |                     |  |               |   |
| DATE OF BIRTH:   | 14/03/1964  |  | LICENCE PASSED DATE: 01/11/2004 |                     |  |               |   |
| OCCUPATION:  | <input checked="" type="radio"/> OUTDOOR / INDOOR                                       |  |                                 |                     |  |               |   |
| GENDER:  | MALE / <input checked="" type="radio"/> FEMALE  |  |                                 |                     |  |               |   |
| CONTACT NO:  | H/P: 81224493   |  | OFFICE:                         | HOME:               |  |               |   |
| ADDRESS:   | 741 Tampines Street 72 #04-80 (S) 520741  |  |                                 |                     |  |               |   |
| EMAIL:   | -   |  |                                 |                     |  |               |   |
| DOES DRIVER OWNED ANY VEHICLE:   | <input checked="" type="radio"/> NO / IF YES, REG NO:                                   |  | INSURER:                        |                     |  |               |   |
| RELATIONSHIP:  | Employee  |  |                                 |                     |  |               |   |
| WEATHER CONDITION:   | CLEAR / <input checked="" type="radio"/> RAINING / OTHERS:                              |  |                                 |                     |  |               |   |
| ROAD SURFACE:  | DRY / <input checked="" type="radio"/> WET / OTHER:                                     |  |                                 |                     |  |               |   |
| ANY INJURIES:  | NO / IF YES, WHO?   |  |                                 |                     |  |               |   |
| NAME & CONTACT:  | Rogayah Binti Mohamed, 8688 0232  |  |                                 |                     |  |               |   |
| NAME & CONTACT:  |   |  |                                 |                     |  |               |   |
| POLICE REPORT:   | <input checked="" type="radio"/> NO / IF YES, WHERE?                                    |  |                                 |                     |  |               |   |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <input checked="" type="radio"/> NO / IF YES, WHO?                                      |  |                                 |                     |  |               |   |
| VEHICLE B REG NO:  | SLX 496J  |  | ANY PASSENGERS: 1(F)            |                     |  |               |   |
| NAME OF DRIVER:  | Fong Kok Yong   |  | CONTACT NO: unknown             |                     |  |               |   |
| VEHICLE C REG NO:  | unknown (Nissan Grey)   |  | ANY PASSENGERS: unknown         |                     |  |               |   |
| VEHICLE D REG NO:  | GPD 7680X   |  | ANY PASSENGERS: unknown         |                     |  |               |   |
| 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 / <input checked="" type="radio"/> NO   |  |                                 |                     |  |               |   |
| WAS THERE ANY AUDIO RECORDED?  | YES / <input checked="" type="radio"/> NO   |  |                                 |                     |  |               |   |
| ACCIDENT SCENE PHOTOS TAKEN?   | <input checked="" type="radio"/> YES / NO   |  |                                 |                     |  |               |   |
| ACCIDENT PORTION:  | Front & rear portion  |  |                                 |                     |  |               |   |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? |   |  |                                 |                     |  |               | YES / <input checked="" type="radio"/> NO |
| WORKSHOP PARTICULAR:   | N-51 Automotiv Pte Ltd  |  |                                 |                     |  |               |   |
| CONTACT NO:  | 68420051 / 67440510   |  |                                 |                     |  |               |   |
| CONTACT PERSON:  | Jun ming  |  |                                 |                     |  |               |   |
| FAX NO:  | 67410510  |  |                                 |                     |  |               |   |
| WORKSHOP EMAIL:  | sales@n51.com.sg  |  |                                 |                     |  |               |   |

**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 willful 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.



Policyholder's Signature / Date & Time

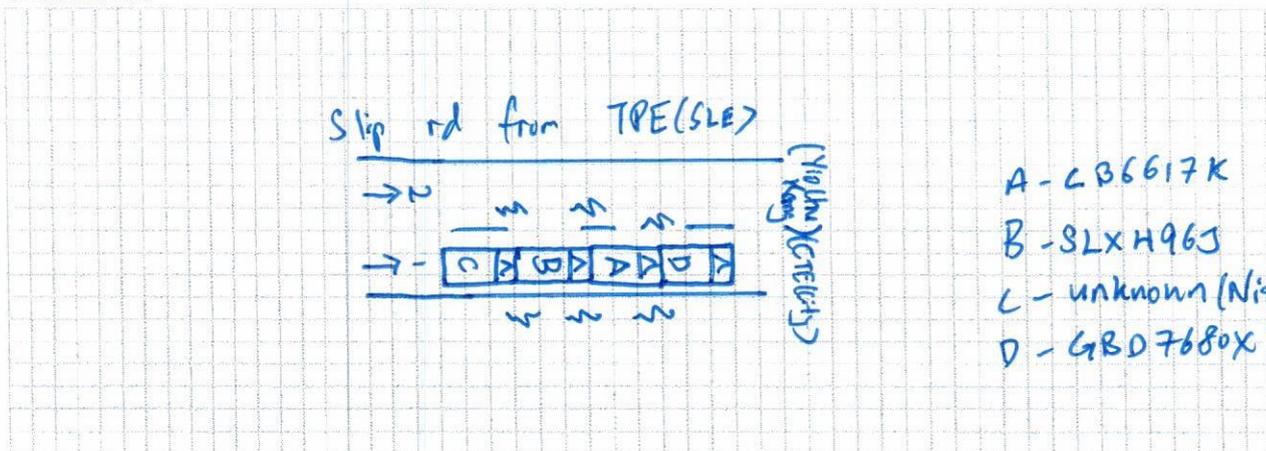
*Guyah*

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

*Jill* 0310312023

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

As per above date and time, I was driving along  
Slip rd at TPE (SLE) twds CTE (City). Somewhere  
before Yio Chu Kang rd @ CTE (City) near lamp post  
no. 688534, my vehicle was stationary stopped due  
to heavy traffic ahead. Out of sudden, I felt  
a huge impact from the rear. Due to the  
huge impact, my vehicle surged forward and  
collide onto Veh (D) GBD7680x rear portion. I  
alighted and discovered my vehicle and I was involved  
in a 4-vehicles chain collisions accident.

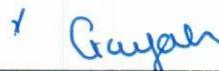
**Declaration**

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.


Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

03/03/23

Motor Bus

MZ601

**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)

E SN

AN0740A

Cov. Type:F

|  |  |                        |                             |
|--|--|------------------------|-----------------------------|
| CERTIFICATE No.  | DMB1SNW00007212200   | Engine No.: 1KD2052857 | Cha. No.: JTFST22P200009411 |
| 1. Index Mark and Registration Number of Vehicle   | CB6617K  |                        |                             |
| 2. Name of Policy Holder   | SQ TRANSPORT SERVICES  |                        |                             |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 27/04/2022<br>(16:10:53)   | Excess Sect. II        | SS1,500.00                  |
| 4. Date of Expiry of Insurance   | 06/06/2023   |                        |                             |
| 5. Persons or Classes of Persons entitled to drive*  | Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.<br>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:*   | Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.<br>The Policy does not cover<br>(1) Use for racing, pace-making, reliability trial or speed-testing.<br>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.  |                        |                             |

HIRE PURCHASE CO.: TATCO CREDIT PTE LTD

*\* 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: TATCO ENTERPRISE  
-----  
Authorised Officer-----  
Authorised Signatory