

NATIONAL Assessment Centre Services (Call 1-800-555-5001) **Sheet 2550001**

Date In: 08/08/2023 14:40	Job description	Date & Time Completed	Done by
Ref No: LBA/C7123004584	SAS e-filing		
Val# No: PA 7196X	E-mail (within 24hrs, AIC 2hrs)		
D.O.A: 08/08/2023 15:40	I-Motor Claim Form		
OC: TR Reporting Only	I-Motor W/O (within 90 days, 90 days)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Yelt No: **PA 9881X** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note-List Status (WO): N: 0-30%, F: 21-70%, 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 repair.

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

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

Remarks: () (INC Billing # 0130010) 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: ()

Days/Hours: ()

X/A2301308	Invoice/Preparation Checklist		Ass't
Insured's Particulars:	1) AR: Accident Paperwork (\$300)		
Owner/Driver:	2) DA: Damage Assessment (\$1000)	INC (\$50)	
Subject No:	3) TP: Towing Fee	\$20/\$40	
Assigned Portion:	4) PF: Follow-Up Survey	\$150	
	5) PE: Follow-Up Survey (Estimate)	\$30	
	6) TR: Resurveys	\$75	
	7) NI: New DA + Survey	\$145	
	8) NTUC Additional Fee Item:		
	OT:		
	*No: Courtesy Car / Tot Allowance	\$5	
	*No: Repair Coordination	\$15	
	*No: Post Repair Inspection	\$30	
	*No: DV / Collect Excess Coordination	\$1	
	*TP (N1): TP (Non-INC) applies INC	\$20	
	*N1: 15% Mileage	10	
	Invoice total		
	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	05/05/2023 14:48 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 15:40 (SGT)
Exact Location of Accident	Seletar West Farmway 5, #2, Singapore 798098
Additional Location Information	HEAVY VEHICLE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7796X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SONG TECK PTE. LTD.
Company Reg No	2XXXXX184K
Email Address	jchua73@yahoo.com
Mobile Phone No	(Phone) +65-81897061
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003712304

DRIVER

Name of Driver	CHUA MENG SENG
NRIC No	SXXXX182Z
Date Of Birth	01/12/1973
Occupation	Outdoor

Date Of Driving Pass	18/09/1992
Driving experience	30 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81897061
Alt. Phone Number	-
Email Address	jchua73@yahoo.com
Address	BLK 98 BEDOK NORTH AVENUE 4 #15-1900
Address complement	-
Postcode	460098
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	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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20230504/7096

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	PA9291Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	.....	-
Vehicle Category	.....	Bus
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	.....	CHUA MENG SENG
Gender	.....	Male
Phone No	.....	(Phone) +65-81897061
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	SLIGHT INJURY
Injured person in which vehicle?	.....	PA7796X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



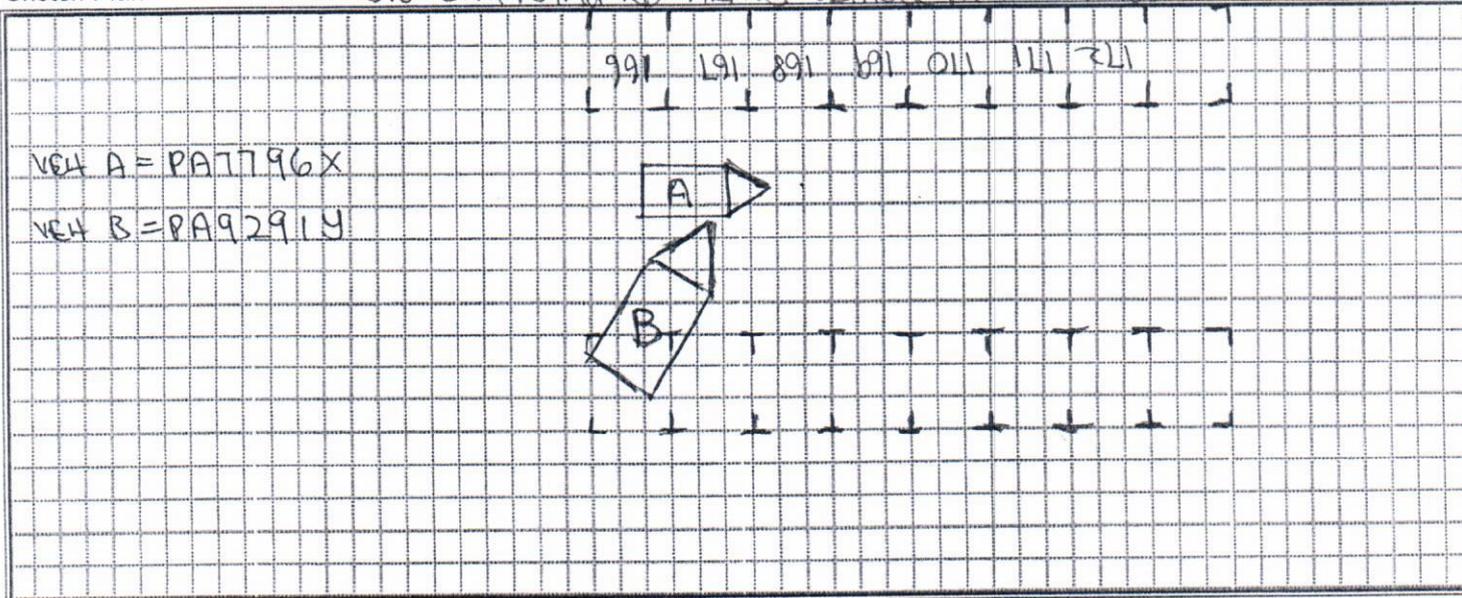
Policyholder's Signature / Date & Time

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

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

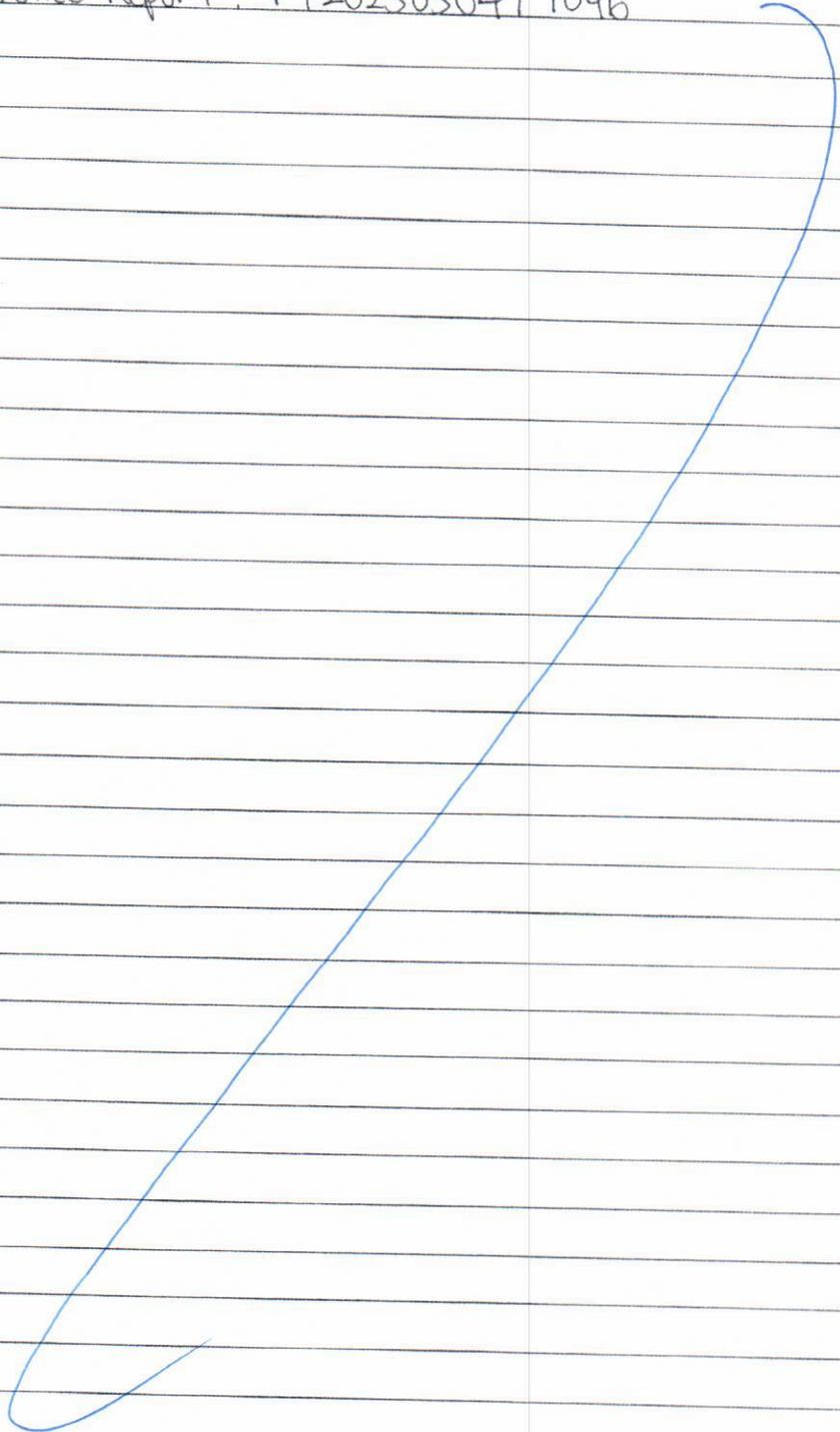
Sketch Plan

Y10 CHU KANG RD HEAVY VEHICLE PARK LOT-166-169



Describe Circumstance of the Accident

Please refer to Police Report: F/20230504/7096



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

05/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



F/20230504/7096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230504/7096

I immediately swerved to my left and jammed on my brakes in a bid to avoid the collision but to no avail.

Said bus still crashed into the right portion of my vehicle as my vehicle rocked sideways violently.

I knocked my right rib cage and right knee against the inside of my vehicle as a result of the impact.

Shortly after the accident, I also felt numbness in my right fingers.

Later the same evening, my neck and lower back also started to feel stiff and sore.

As such, I proceeded to seek treatment at my family doctor Oasis Family Clinic and was given 4 days MC for injuries caused by the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2023 22:13
Officer In-Charge Of Case:	Classification Of Case:



Date of Accident : 4/5/2023 Accident Time: 1540 (24-HR-Format)

Accident Place : Y10 CHU KANG ROAD HEAVY VEHICLE PARK LOT 16 -16C

Vehicle No. (Car Plate No.) : PA 7796X Make/Model: TOYOTA HIACE HIGH ROOF

Insurance Company : CHINA TAI PING Policy No: DNB15MA00003712304

Owner or Company Name /IC No. : SONG TECK PTE LTD 201623184K

Owner or Company Contact No. : 8189 7061 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : CHUA MENG SENG ST344182Z

DRIVER'S Date Of Birth : 01/12/1973 DRIVER'S License Pass Date 18/09/1992

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: _____

DRIVER'S Address : BLK 98 BEDOK NORTH AVE 4 #15-1900 5460098

DRIVER'S Contact No./ Alt No. : 1) 8189 7061 2) _____

DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)

Email Address : jchua73@yahoo.com

Weather & Road Surface : CLEAR & DRY (RAINING & WET) AFTER RAIN & WET

Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use (Work purpose)

Any Injury (If YES, Pls state): YES 4 days M.C.

Other Party Driver's Particular (if any)

(B)

Vehicle No: <u>PA 92914</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Bus

M2601

R SN

AND435A

Cov. Type F

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.	DMB1SNA00003712304	Engine No: 1KD1844270	
		Cha. No. KDH2230004471	
1. Index Mark and Registration Number of Vehicle	PA7796X		
2. Name of Policy Holder	SONG TECK PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10/03/2023 (00:00:00)	Excess Sect. II	SS\$1,000.00
4. Date of Expiry of Insurance	09/03/2024		

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.
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.
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 (other than for reward) of any one disabled mechanically propelled vehicle.

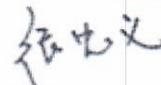
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____
B2B-Name
Authorized Officer



Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎6389 6111

☎6222 1033

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