

# NATIONAL Assessment Centre Services

Date In <b>27/11/17</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CTE17022495/13</b>	SAS e-filing		
Veh No <b>G3E91924</b>	E-mail (Within 5hrs, M/T 2hrs)		
D.O.A <b>26/11/17</b> <b>1630</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( <b>VISION AUTOWORK</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>5JP9615P</b>	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

<b>NA/1707311</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: 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 + SMRI Survey \$160		
	8) NTUC Additional Services:		
	OP:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) + TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 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 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 ability.
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 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 Report	27/11/2017 12:07
Date Of Accident	26/11/2017 16:30
Exact Location Of Accident	X-JUNC OF JURONG WEST AVE 5 & STREET 82
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9192U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S GOLDEN CONSTUCTION PTE LTD
Co Reg No	200901963G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3032041700
Cover Note Number	

### Driver

Name of Driver	FU WENSHI
NRIC No	S2653210H
Date Of Birth	18/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389913
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	34 WESTWOOD WALK
Postcode	648877
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP9615P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	FU WENSHI
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBE9192U

YES

NO

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



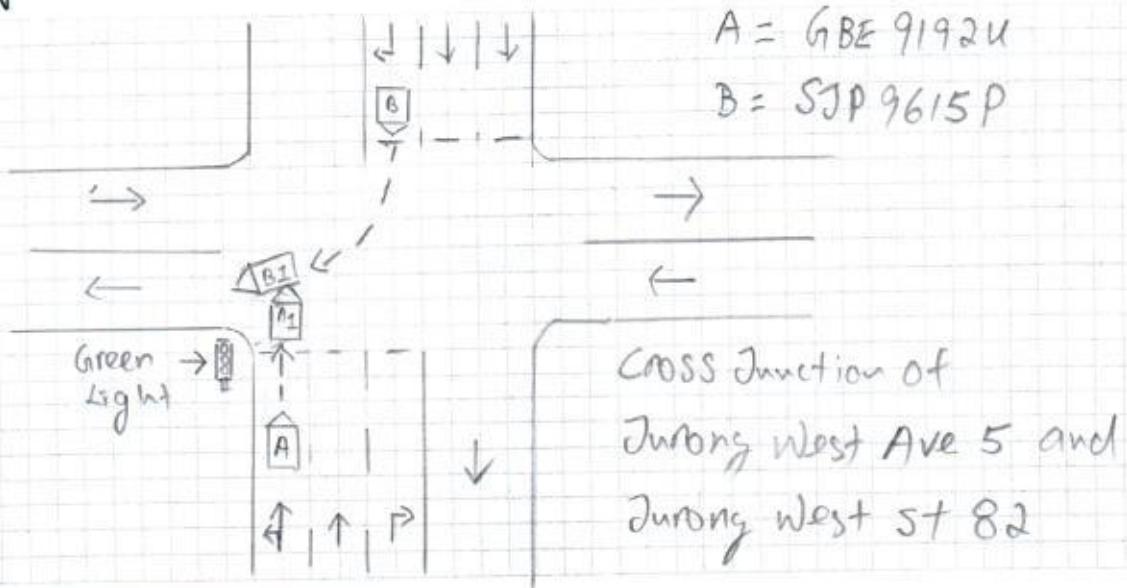
Policyholder's Signature  
Date & Time:

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

 27/11/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 26.11.17 at about 16:30 hours at Cross Junction of Jurong West Avenue 5 and Jurong West Street 82. While I was travelling straight on the lane 3 (along Jurong West Avenue 5 towards Jurong West Avenue 3), and the traffic was on my favour. Suddenly the vehicle (B) from the opposite direction driving out and was turning to right hand side without checking the oncoming traffic, I have applied my brake immediately, but vehicle (B) keep approaching hence the collision happened.

Vehicle (A): GBE 9192U

Vehicle (B): SJP 9615P





## SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/11/17	Time: 16:30	(hh:mm) 24 hr format
Location CROSS Junction of Jurong West Avenue 5 and Jurong West Street 82		
Vehicle Number GBE 91924		
Insured Name Golden Construction Pte. Ltd.		
NRIC / FIN 2009019646	Contact Number -	
Make Toyota	Model Dyna	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company China Taiping		
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number JMCVSN3032041700		
Name of Driver Fu Wenshi		( ) Same as Insured
NRIC / FIN S 26532104	Contact Number 9238 9913	
Date of Birth 18/12/1962		
Driving Pass Date 14/06/1999		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address - No e-mail -		( ) NO EMAIL
Address of Driver 34 Westwood Walk S (648677)		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Others		
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail Fu Wenshi Body Pain		
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B SJP9615P		
Veh C		
Veh D		
Veh E		
Veh F		

Driver Only



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2653210H



Name

FU WENSHI

傅文实

Race

CHINESE

Date of birth

18-12-1962

Sex

M

Country of birth

CHINA

GBE91924

Driver

3750703



NRIC No. S2653210H



Date of issue

03-08-2005

34 WESTWOOD WALK  
SINGAPORE 648677  
NRIC No: S2653210H

Date: 03/01/2017

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S2653210H**  
Name: **FU WENSHI**

Birth Date: **18 Dec 1962**  
Issue Date: **21 Nov 2011**

0020195160



GBE 91924

Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	14 Jun 1999

NP 428A

Licence No: S2653210H



**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.	DMCVSN3032041700	Engine No: 11KD2596042	Chassis No: JTHAT35Y10K206299
1. Index Mark and Registration Number of Vehicle	CB29192U		
2. Name of Policy Holder	M/S GOLDEN CONSTRUCTION PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 APRIL 2017	EX SECT. 1 ..... B5500.00	EX ON WINDSCREEN ..... B5100.00
4. Date of Expiry of Insurance	26 APRIL 2018		
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: \*

- (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 HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO. H HONG LEONG FINANCE LTD AS HIRER

\* 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.

Countersigned By:

  
Authorised Officer

  
Authorised Signatory