

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>11/01/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CFJ18000714/13</b>	SAS e-filing		
Veh No: <b>9B02762B</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>11/01/18</b> <b>0915</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>N-51</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>JQR3437</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>NA1800302</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st 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) RT : 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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	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	11/01/2018 17:53
Date Of Accident	11/01/2018 09:15
Exact Location Of Accident	PIE TWDS TUAS B4 CORPORATION ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2762B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADEPT THERAPHY CENTRE PTE LTD
Co Reg No	20050776H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64661632

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN3073131701
Cover Note Number	

### Driver

Name of Driver	ZHANG DE JUN
Passport No/FIN	G3039089Q
Date Of Birth	20/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85095861
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	60A LORONG 19 GEYLANG
Postcode	388507
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQR3437 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180111/2157

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQR3437
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



## 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:

11/1/18

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

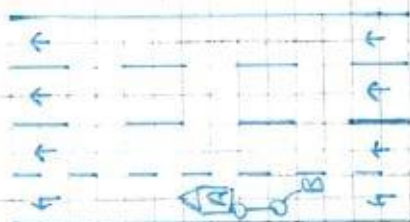
张德林

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

11/01/18

**SKETCH PLAN**

PIE Toward Tuas Before Corporation Road Exit



A - GB9 2762B

B - JQR 3437

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report no. 7/20180111/2157

**DECLARATION**

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.:





# SINGAPORE POLICE FORCE



T/20180111/2157

1 of 3

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

Report No. T/20180111/2157

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2018 16:51		Vide Report No.: J/20180111/0063		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZHANG DEJUN			Address: 60A LOR 19 GEYLANG SINGAPORE 388507		
ID Type / ID No.: FIN NO / G3039089Q			Contact No.: Home/Office: Mobile: 85095861		
Nationality: CHINESE			Email:		
Sex: Male	Age: 32	Date of Birth: 20/09/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2018 09:15	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(AP) 34.3KM				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2762B	Van					0
JQR3437	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180111/2157

2 of 3

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

Report No. T/20180111/2157

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ZHANG DEJUN	ID No.	G3039089Q
Related Vehicle	NIL	Contact No.	85095861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

11/01/2018 @0915HRS (PIE(AP) 34.3KM)

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI AIRPORT ON LANE 4 HEADING BACK TO WORK. THE TRAFFIC FLOW IN THE FRONT WAS HEAVY AND THE CAR IN FRONT SOON AFTER SLOW DOWN HIS VEHICLE. LATER ON I HEAR SOMETHING BROKE BEHIND ME AND I TURN IN TOWARDS THE ROAD SHOULDER AND CHECK WHAT HAPPENED. I DID NOT NOTICE THERE WAS AN ACCIDENT HAPPENED TO MY VEHICLE, I THOUGHT I DID PLACE THE EQUIPMENT PROPERLY AND IT COLLIDED WITH MY WINDOW. AFTER EXITING MY VEHICLE I SAW THE MOTORCYCLES WHICH DAMAGE MY VEHICLE. SOON AFTER THE POLICE CAME BY. THATS ALL





**SINGAPORE  
POLICE FORCE**



T/20180111/2157

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

3 of 3

Report No. T/20180111/2157

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/01/2018 16:51

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



<b>Vehicle No.</b>	GBD 2762 B		<b>Model / Make</b> Nissan NV350
<b>Date of Accident</b>	11/1/18		
<b>Time of Accident</b>	0915	HRS	
<b>Location of Accident</b>	PIE Toward Tuas Before Corporation Road Exit		
<b>Exact purpose use during accident</b>	Work Use		
<b>Name of Owner</b>	Adept Therapy Centre Pte Ltd		
<b>Telephone No.</b>	H/P : 6466 1632	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	200507764		
<b>Address</b>	587 Bukit Timah Road #02-29 Coronation Plaza S(269707)		
<b>Claim type</b>	OD	THIRD PARTY REPORTING ONLY	
<b>Insurance Company</b>	China Taiping		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	DMOVEN 3073131701		
<b>Name of Driver</b>	As Above (If No, Zhang Ye Jun		
<b>NRIC</b>	G3039089Q	Any Passengers : Nil	
<b>Date of birth</b>	13 Jun 2014		
<b>Occupation</b>	Outdoor	/ Indoor	
<b>Driving License Pass Date</b>	2019/1985		
<b>Gender</b>	Male	/ Female	
<b>Contact No.</b>	H/P : 8509 5861	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	604 Lor Geylang S(388507)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where? Traffic Police Division HQ	
<b>Vehicle B No.</b>	JQR 3437	Any Passengers : Nil	
<b>Name of Driver</b>		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		Witness Contact :	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	jacobrr.0205@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-SI Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		



### S PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LAUNDRYWORKZ PTE. LTD.**

Sector: **SERVICE**



Name  
**ZHANG DEJUN**  
Occupation  
**DRIVER**

S Pass No.  
**0 76117061**



Date of Application  
**22-06-2017**  
Date of Issue  
**21-09-2017**  
Date of Expiry  
**21-09-2019**



**L8330523**



### REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3039089Q**

Name:

**ZHANG DEJUN**

Birth Date: **20 Sep 1985**

Issue Date: **13 Jun 2014**

Valid Till **12 Jun 2019**



### VISIT PASS

Immigration Regulations

Name  
**ZHANG DEJUN**



Date of Birth	Sex	Nationality
<b>20-09-1985</b>	<b>M</b>	<b>CHINESE</b>
FIN	Date of Issue	Date of Expiry
<b>G3039089Q</b>	<b>21-09-2017</b>	<b>21-09-2019</b>

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

EFFECTIVE DATE

**Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg** **13 Jun 2014**

NP 428A







**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.  
Co. Reg. No. 200208384E

MZ300/C  
R SN  
AN0498A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

### 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)

ORIGINAL

CERTIFICATE No.

DMCVSN3073131701

Engine No : YD25351135A  
Chano: JN1MC2E2620002366

1. Index Mark and Registration  
Number of Vehicle

GBD27628

AUTOSAFE

2. Name of Policy Holder

ADEPT THERAPY CENTRE PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

26 August 2017

Excess Sect I ..... S\$500.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

25 August 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. : THINK ONE CREDIT PTE LTD AS HP OWNER

\* 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: ..... NEO & COMPANY INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory