

NATIONAL Assessment Centre Services

Date In 30/04/2018 15:31	Job description	Date & Time Completed	Done by
Ref No NA/CTI18007915/K4	SAS e-filing		
Veh No GBC925S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 27/04/2018 16:30	i-Motor Claim Form		
OD (TP) 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: YM273P	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

NA1802780	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TP : 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:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Cat 1:				
Cat 2 / 3:				

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 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	30/04/2018 15:31
Date Of Accident	27/04/2018 16:30
Exact Location Of Accident	234 PANDAN LOOP (CARPARK AREA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC925S
Insured/Policyholder	
Name Of Registered Owner	M/S FTW LOGISTICS
Co Reg No	53256898B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96434484
Alternative Phone No	OFFICE-96434484

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VITO 111L A
Exact Purpose for which vehicle was being used at time of accident	WORKING HOURS
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	DMCVSN1744531700
Cover Note Number	

Driver

Name of Driver	TIAN WEIZHI, FABIAN
NRIC No	S8718786A
Date Of Birth	13/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96434484
Fax Number	
Contact Number	OTHERS-96434484
EMail Address	NOEMAIL

Address	BLK 97 COMMONWEALTH CRESCENT #02-28
Postcode	140097
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?	NO
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM273P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

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

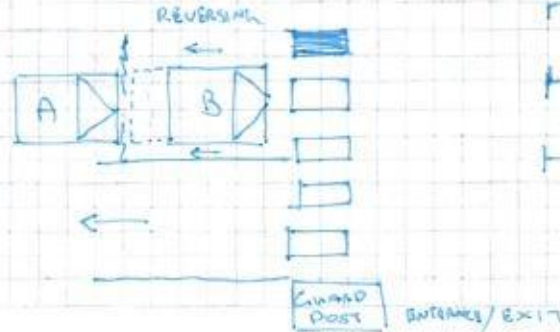
30/4/2018

SKETCH PLAN

234 PANDAN LOOP (CARPARK AREA)

VEHICLE A - GBC9255

VEHICLE B - YM273P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE CAME TO A STATIONARY POSITION WHEN THE VEHICLE INFRONT WAS STATIONARY STOPPED AS WELL.

WHEN I WAS WAITING, AND SUDDENLY THE VEHICLE INFRONT BEARING (YM273P) STARTED TO REVERSE. WHEN THE VEHICLE CARRIED ON REVERSING AND WAS GETTING VERY NEAR TO MY VEHICLE, I PRESSED ON MY HORN, AND TRY TO WARN THE DRIVER OF (YM273P). NEVERTHELESS WITH MY HONKING, THE VEHICLE (YM273P) DIDN'T STOPPED AND HIT STRAIGHT ONTO THE FRONT PORTION OF MY VEHICLE.

DAUGHTED FROM MY VEHICLE, AND THE DRIVER OF (YM273P) ADMITTED IT WAS HIS FAULT OF REVERSING HIS VEHICLE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE.

VEHICLE A - GBC9255

VEHICLE B - YM273P

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)

Reporting Centre Personnel's Signature
Name:

30/4/2018

Vehicle No.	ABC 9255	Model / Make	MERC BENZ VITO 11
Date of Accident	27/04/18		
Time of Accident	1630	HRS	
Location of Accident	234 PANDAN LOOP	(PREMISES OAW CARPARK AREA)	
Exact purpose use during accident	WORKMAN HOUR		
Name of Owner	FTW LOGISTICS		
Telephone No.	H/P: 9643 4484	Home :	Office :
NRIC	5325 6898 B		
Address	BLK 97 COMMONWEALTH CRESCENT #02-28 S(140097)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIPING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMCUSN1744 531700		
Name of Driver	As Above If No,		
NRIC	58718786A	Any Passengers :	
Date of birth	13 JUN 1987		
Occupation	Outdoor / Indoor		
Driving License Pass Date	10 AUG 2007		
Gender	Male / Female		
Contact No.	H/P: 9643 4484	Home :	Office :
Address	BLK 97 COMMONWEALTH CRESCENT #02-28 S(140097)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state CO. OWNER.	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	4 M 273P	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINLAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8718786A



TIAN WEIZHI, FABIAN

田 偉 志

CHINESE

Date of Birth: 13-06-1987 Sex: M

Country of Birth:
SINGAPORE

S8718786A

AB187274



NRIC No. S8718786A



Group Design: B+ Date of Birth: 14-06-2002


APT BLK 97 COMMONWEALTH CRESCENT #02-28
SINGAPORE 140097


NRIC No: S8718786A Date: 09-01-2006 No: S294888

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8718786A**
Name: **TIAN WEIZHI, FABIAN**

Birth Date: **13 Jun 1967**
Issue Date: **27 Jun 2016**



 002582342A

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	10 Aug 2007

NP 428A



MOTOR COMMERCIAL VEHICLE

R 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.

DMCVSN1744531700

Engine No :64698051633257

ChaNo:WDF63960323465237

1. Index Mark and Registration

Number of Vehicle

GBC9255

AUTOSAFE
=====

2. Name of Policy Holder

M/S FTW LOGISTICS

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

28 June 2017

Excess Sect I S\$500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

27 June 2018

5. Persons or Classes of Persons entitled to drive*

- (1) whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.
- (2) whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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: _____
CPWSN
Authorised Officer

Authorised Signatory