

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>12/07/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CFE18012702/13</b>	SAS e-filing		
Veh No: <b>GBF3653R</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>12/07/18</b> <b>0730</b>	i-Motor Claim Form		
<input checked="" type="radio"/> OD / TP / 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: ( **Z-ONE** ) Tel: Fax: ( )

TP Particulars:	Veh No: <b>SLP2903E</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>NA1804403</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 30		
	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 willful 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	12/07/2018 14:48
Date Of Accident	12/07/2018 07:30
Exact Location Of Accident	LENTOR AVE TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3653R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S DUKE BAKERY PTE LTD
Co Reg No	201309795M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96146999

### 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?	YES
If No, Please state action to be taken	
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	DMCVSN3073321700
Cover Note Number	

### Driver

Name of Driver	LIANG CHENGYI
Passport No/FIN	G2632155M
Date Of Birth	08/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/02/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96146999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	25 JUBILEE ROAD
Postcode	128566
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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	SLP2903E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PETER GREGORY JAMES
NRIC/Passport Number	S8633147J
Contact Number	98896767
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU6940G
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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.

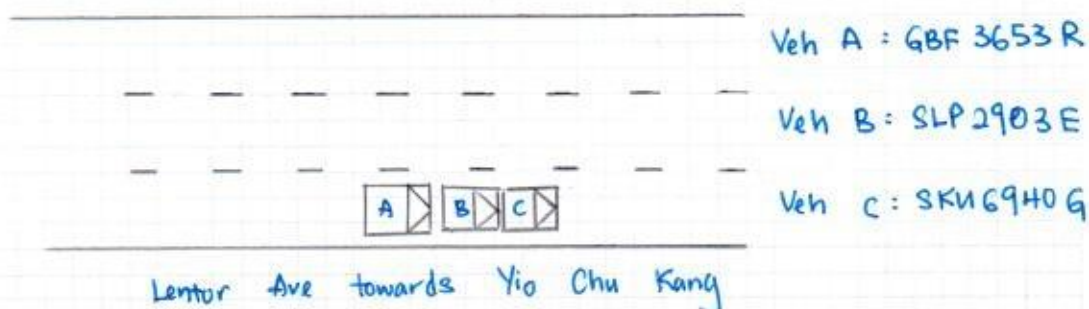
**Duke Bakery Pte Ltd**  
230 Pandan Loop #04-02  
Singapore 128415

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.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/07/2018 at about 0730 hrs, I Vehicle A was driving along Lentor Ave towards Yio Chu Kang on lane 1. Vehicle B in front of me suddenly stopped. I cannot stop in time and collided onto Vehicle B rear portion. Vehicle B move forward collided onto Vehicle C rear portion.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

**Duke Bakery Pte Ltd**  
230 Pandan Loop #04-02  
Singapore 128415

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

*[Signature]* 12/07/18

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



VEHICLE NO:

GBF 3653R

MAKE &amp; MODEL:

Toyota Dyna

DATE OF ACCIDENT

12 / 07 / 2018

TIME OF ACCIDENT

07:30 AM / PM

LOCATION OF ACCIDENT

Exact Purpose use during accident

Lentor Ave towards Yio Chu Kang

NAME OF OWNER

TELP NO

Duke Bakery Pte Ltd

NRIC

9614 6999

CLAIM TYPE

201309795M.

INSURANCE CO.

THIRD PARTY / Reporting Only

TYPE OF COVERAGE

China Taiping

POLICY NO.

Comprehensive / Third Party / Third Party Fire &amp; Theft

DMCVSN3073321700

NAME OF DRIVER

NRIC

As above / If No. Liang Cheng yi

DATE OF BIRTH

G2632155M

Any passengers: 0

OCCUPATION

08 / 01 / 1983

DATE OF DRIVING PASS

Outdoor / Indoor

GENDER

29 / 02 / 2016

CONTAC NO.

Male / Female

ADDRESS

9614 6999

Office:

Home:

DRIVER HAVE ANY OWN Vehicle

25 Jubilee Road Singapore 128566

RELATIONSHIP

No / If yes, Reg No.

WEATHER CONDITION

Employee / If No.

ROAD SURFACE

Clear / Raining / Other.

ANY INJURIES

Dry / Wet / Other.

CONTAC NO.

No / If yes, Who? —

POLICE REPORT

No / If yes, Where?

VEHICLE B NO.

SLP 2903 E

Any Passenger: 0

NAME

Peter Gregory James S8633147J

CONTAC NO.

9889 6767

VEHICLE C NO.

SKU 6940G

Any Passenger: 0

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /  
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

TELP NO

CONTACT PERSON

AX NO.

Z-ONE AUTOMOTIVE PTE LTD

1 Kaki Bukit Ave 6, Blk D

#01-87185 Autobay @ Kaki Bukit

Singapore 417883

Tel: +65 6634 2112 Fax: +65 6634 2122

DRIVER 1 Workshop



# WORK PERMIT

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

Employer:  
DUKE BAKERY PTE. LTD.

Sector: MANUFACTURING



Name:  
LIANG CHENGYI  
Occupation:  
DRIVER

Work Permit No:  
0 76635757

Date of Application:  
14-12-2017

Date of Issue:  
29-12-2017

Date of Expiry:  
13-12-2019



L8576377



# REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G 2632155 M

Name:  
LIANG CHENGYI



Birth Date: 08 Jan 1963

Issue Date: 24 Jul 2015

Valid Till: 23/07/2020



# VISIT PASS

Immigration Regulations

Name:

LIANG CHENGYI



Date of Birth	Sex	Nationality
08-01-1963	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2632155M	29-12-2017	13-12-2019

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

C Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF  
WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

29 Feb 2016

G2632155M

S / No. 9000245478

NP 428A





## 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.	DMCVSN3073321700	Engine No :1KD2631178	Chassis No:KDY2318025829
1. Index Mark and Registration Number of Vehicle	GBF3653R		
2. Name of Policy Holder	M/S DUKE BAKERY PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 OCTOBER 2017	EX SECT. 1 .....	S\$350.00
		EX ON WINDSCREEN .....	S\$100.00
4. Date of Expiry of Insurance	05 OCTOBER 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. : 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.

Countersigned By:

  
Authorised Officer

  
Authorised Signatory