

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA11809288

Date In: 8/7/18-15:10	Job description	Date & Time Completed	Done by
Ref No: NA/EAJ8013061/24	SAS e-filing		
Veh No: 68P2430R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/7/18-1820	i-Motor Claim Form		
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: () Tel: () Fax: ()

TP Particulars: Veh No: 68H19827 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% 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 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	QD:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 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	18/07/2018 15:10
Date Of Accident	17/07/2018 16:20
Exact Location Of Accident	WOODLANDS AVE 12 TWDS GAMBAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF7430R
Insured/Policyholder	
Name Of Registered Owner	KANG JIE TECHNOLOGY LLP
Co Reg No	T10LL0938L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001290
Cover Note Number	
Driver	
Name of Driver	ZHAO XINGSHUANG
Passport No/FIN	G6285055N
Date Of Birth	23/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87149188
Fax Number	
Contact Number	OFFICE-87149188
EMail Address	NOEMAIL

Address 7 GAMBAS CRESCENT
#08-12
Postcode 757087
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 -
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 2
Was any body injured in the Accident? YES
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) 2
Passenger 1
NAME: : -
GENDER: : MALE

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

REFER TO 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 GBH1982T
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP5669H
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)	

DETAILS OF INJURED PERSON 1

Name	ZHAO XINGSHUANG
Approximate Age	
Injuries Sustain	CHEST & NECK
Injured person in which vehicle?	GBF7430R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



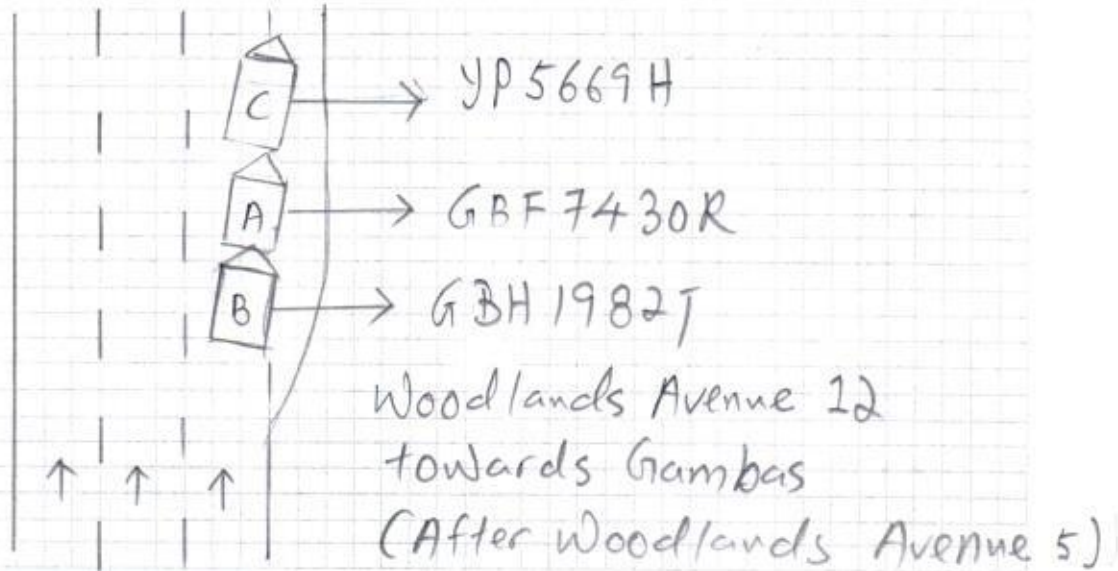
KANGJIE TECHNOLOGY LIMITED LIABILITY PARTNERSHIP

Policyholder's Signature
Date & Time:
Reg No: T10LL0938L
100, Cross Street 13 #06-775 Singapore 730152
Mobile: (0065) 9276 6118

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

Refer to attach

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: Reg. No: T10LL0938L

Woodlands Street 13 #06-775 Singapore 730152

Mobile: (0065) 92760118

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 17.07.18 at about 16:20 hours at Woodlands Avenue 12 towards Gambas (After woodlands Avenue 5). While I was travelling on the right lane, traffic was slow moving.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward, I tried to avoid hitting onto the vehicle (C) and immediately turned my steering to right, but unfortunately the great impact caused my vehicle (A) front left portion hit onto rear right portion of vehicle (C). When I alighted I realise it was vehicle (B) hit onto my rear portion causing damages on my vehicle (A) front left hand side and rear portion.

It was a chain collision of total 3 vehicles involved and I have one passenger inside my vehicle (A).

Vehicle (A): GBF7430R

Vehicle (B): GBH1982T

Vehicle (C): YP5669H



 **KANGJIE康洁**
康洁科技 · 承诺是金
KANGJIE TECHNOLOGY LIMITED LIABILITY PARTNERSHIP
Co. Reg. No: T10LL0938L
Blk 152 Woodlands Street 13 #06-775 Singapore 730152
Mobile: (0065) 9276 6118

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Mobile: (0065) 9276 6118

SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/07/18 Time: 16:20 (hh:mm) 24 hr format

Location Woodlands Avenue 12 towards Gambus
(After Woodlands Avenue 5)

(A) Vehicle Number GBF7430R

Insured Name Kang Jie Technology Limited Liability Partnership

NRIC/FIN T10LL0938L Contact Number -

Make Nissan Model Cabstar

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes If No, Pls select: (☒) Third Party () Reporting

Insurance Company EQ Insurance

Type of Policy (☒) Comprehensive () Third Party Fire & Theft () TP Only

Policy Number DMCPHQ18-001290

Name of Driver Zhao Xingshuang () Same as Insured

NRIC/FIN G6285055N Contact Number 8714 9188

Date of Birth 23/05/1989

Driving Pass Date 20/12/2013

Occupation () Indoor (☒) Outdoor

Gender (☒) Male () Female

Email Address kangjie.sales@yeah.net () NO EMAIL

Address of Driver 7 gambus Crescent
#08-12 Singapore 757087

Was driver an employee of the Insured's Company? (☒) 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 () Raining () Others

Road Surface (☒) Dry () Wet () Others

Was any foreign vehicle involved in this accident? () Yes (☒) No

Was anybody injured in the accident? () Yes () No

If yes, injured detail Zhao Xingshuang (chest & neck & dizzy)

Was there any video captured by Car Camera? () Yes (☒) No

Was the Accident reported to the Police? () Yes (☒) No If yes attach police report

DETAILS OF 3rd party Name / Nric Contact

Veh B GBH1982J

Veh C JP5669H

Veh D


Veh E


Veh F


Passenger 1 = unknown (male)

GBF 7430R Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **G6285055N**
Name: **ZHAO XINGSHUANG**
Birth Date: **23 May 1989**
Issue Date: **05 Feb 2015**
Valid Till **19 Dec 2018**


 002393187A





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	20 Dec 2013

NP 428A

 Licence No: G6285055N

GBF 7430R Driver

S PASS	
Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore	
Employer KANG JIE TECHNOLOGY LIMITED LIABILITY PARTNERSHIP	
Sector: SERVICE	
	Name ZHAO XINGSHUANG
	Occupation MECHANICAL ENGINEERING TECHNICIAN (GENERAL)
S Pass No. 0 73420148	Date of Application 18-10-2016
	Date of Issue 10-11-2016
	Date of Expiry 09-11-2018
	
L7441441	

VISIT PASS		
Immigration Regulations		
Name ZHAO XINGSHUANG		
	Date of Birth 23-05-1989	Sex M
	Nationality CHINESE	
FIN G6285055N	Date of Issue 05-12-2016	Date of Expiry 09-11-2018
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.		
		

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive**

Certificate No. : DMCPHQ18-001290

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBF7430R

2. Name of Policyholder

KANG JIE TECHNOLOGY LLP

3. Effective Date of the Commencement of Insurance for the purpose of the Act

09/03/2018

4. Date of Expiry of Insurance

27/02/2019

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder

2. Any person on the order or with the permission of the Policyholder

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

3) Use for social domestic and pleasure purposes.

THE POLICY DOES NOT COVER

1) Use for hire or reward or for racing pace-making reliability trial or speed testing.

2) Use whilst drawing a greater number of trailers in all than is permitted by Law.

3) Use for the carriage of passengers for hire or reward.

4) Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : HL Bank

ABWIN PTE LTD

8 KAKI BUKIT ROAD 2
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841

TEL : 6842 3332 FAX : 6842 3301 / ADMIN OFFICE

A000342/Abwin Pte Ltd

Date of Issue : 07/03/2018 10:28



Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ17-001323

 A Member of Cityplan