

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA118111948**

Date In: <b>29/8/18-13:54</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C721805794/24</b>	SAS e-filing		
Veh No: <b>6BDJ2314</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>28/8/18-10:15</b>	i-Motor Claim Form		
OD / TP: <b>Reporting Only</b>	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: <b>557207D</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%. 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

<b>Claimant's Particulars:-</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b> In Bill	<b>Am't (\$)</b> 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		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
<b>Auditors' Comments:-</b>	Invoice dated	Fee Charged	
<b>Pat. 1:</b>	Invoice dated	Fee Charged	
<b>Pat. 2 / 3:</b>			



## 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	29/08/2018 13:54
Date Of Accident	28/08/2018 10:15
Exact Location Of Accident	ALEXANDRA RD TWDS WEST COAST HWY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5231Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S DUKE BAKERY PTE LTD
Co Reg No	201309795M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96146999
Alternative Phone No	OFFICE-96146999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T SINGLE CAB
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	REPORTING ONLY
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	DMCVSN3081531700
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 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96146999
Fax Number	
Contact Number	OFFICE-96146999
EMail Address	NOEMAIL

Address	230 PANDAN LOOP #04-02
Postcode	128445
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SJJ7207D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG WEE HIONG
NRIC/Passport Number	S7419412E
Contact Number	87268462
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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:

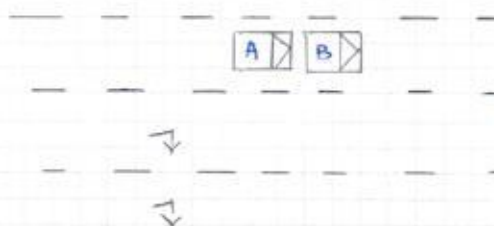
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### SKETCH PLAN

Vehicle A: GBD5231 Y

Vehicle B: RJJ 720 70



Alexandra Road towards the direction of West Coast Highway

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28<sup>th</sup> August 2018 at about 1013 hrs. 1 Vehicle A was waiting Traffic light to turn green. at Alexandra Road Traffic Junction. Suddenly, my vehicle move forward and hit onto vehicle B rear portion.

\* There is \* no injury at the point of accident.

## DECLARATION

**Duke Bakery Pte Ltd** is true in every respect.

**Duke Bakery Pte Ltd**  
230 Pandan Loop #04-02  
Singapore 128415 72

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: \_\_\_\_\_



VEHICLE NO.	GBD 5231 Y		MAKE & MODEL:	Toyota Dyna.	
DATE OF ACCIDENT	28 / 08 / 2018				
TIME OF ACCIDENT	10:13		AM / PM		
LOCATION OF ACCIDENT	Alexandra Road towards the direction of West Coast Highway.				
Exact Purpose use during accident					
NAME OF OWNER	Duke Bakery Pte Ltd				
TELP NO	9614 6999				
NRIC	20130979BM				
CLAIM TYPE	OD / THIRD PARTY / Reporting Only				
INSURANCE CO.	China Taiping DMCVSN3081531700				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.					
NAME OF DRIVER	As above / If No: Liang Cheng Yi				
NRIC	G 2632 155 M Any passengers: 1 M				
DATE OF BIRTH	08 / 01 / 1983				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	29 / 02 / 2016				
GENDER	Male / Female				
CONTACT NO.	9614 6999 Office: 6836 6964 Home:				
ADDRESS	230 Pandan Loop #04-02 Singapore 128415				
DRIVER HAVE ANY OWN Vehicle	No / If yes: Reg No.				
RELATIONSHIP	Employee / If No.				
WEATHER CONDITION	Clear / Raining / Other.				
ROAD SURFACE	Dry / Wet / Other.				
ANY INJURIES	No / If yes: Who? —				
CONTACT NO.	—				
POLICE REPORT	No / If yes: Where? —				
VEHICLE B NO.	SU 72070 Any Passenger: 0				
NAME	Ang Wee Hiong 87419412E				
CONTACT NO.	8726 8462				
VEHICLE C NO.	Any Passenger:				
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	Z-ONE AUTOMOTIVE PTE LTD				
CONTACT PERSON	1 Kaki Bukit Ave 6, Bld D				
AX NO.	#01-87/85 Autobay @ Kaki Bukit				
	Singapore 417883				
	Tel: +65 6634 2112 Fax: +65 6634 2122				

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G2632155M**

Name: **LIANG CHENGYI**

Birth Date: **08 Jan 1983**

Issue Date: **24 Jul 2015**

Valid Till: **23/07/2020**

002455119A

SG-50

**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: **075635757**

Date of Application: **14-12-2017**

Date of Issue: **29-12-2017**

Date of Expiry: **13-12-2019**

L8576377

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

**EFFECTIVE DATE**  
29 Feb 2016

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

G2632155M

S / No. 9000245478

Licence No: G2632155M

NP 428A

**VISIT PASS**  
Immigration Regulations

Name: **LIANG CHENGYI**

Date of Birth: **08-01-1983** Sex: **M** Nationality: **CHINESE**

FIN: **G2632155M** Date of Issue: **29-12-2017** Date of Expiry: **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.**



**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.	DMCVSN3081531700	Engine No : 1KD2443189 Chassis No: KDY2318017175
1. Index Mark and Registration Number of Vehicle	GBD5231Y	
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	26 NOVEMBER 2017	EX SECT. I .....S\$350.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	25 NOVEMBER 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. : ABWIN 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.**

Reg. No.: 201537467C  
172 Sin Ming Drive  
Singapore 575720  
Tel: 6933 9400 Fax: 6456 0678

Countersigned By:

Authorised Officer

Authorised Signatory