

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 17/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/GAE18018832/13	SAS e-filing		
Veh No: 4M27284	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/10/2016 1325	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: (TEAMWORK)	Tel:	Fax:
TP Particulars:	Veh No: AC5299J	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

NA1806673

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In 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:-		
	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-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref 1:	Invoice dated	Fee Charged	
Ref 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 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. 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 17/10/2018 10:13  
 Date Of Accident 13/10/2016 13:25  
 Exact Location Of Accident TELOK AYER STREET  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YM2728G  
**Insured/Policyholder**  
 Name Of Registered Owner UNI-TAT ICE & MARKETING PTE LTD  
 Co Reg No 19946736C  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-62061739

### Vehicle Particulars

Manufacturer MITSUBISHI  
 Model -  
 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? NO  
 If No, Please state action to be taken REPORTING ONLY  
 Vehicle Category COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company GREAT AMERICAN INSURANCE COMPANY  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number MOMVC000001377-00-000  
 Cover Note Number

### Driver

Name of Driver QI LIANGZHANG  
 Passport No/FIN G2828780T  
 Date Of Birth 22/12/1990  
 Occupation OUTDOOR  
 Date Of Driving Pass 25/06/2014  
 Driving Experience 2 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91047990  
 Fax Number  
 Contact Number OFFICE-62061739  
 Email Address NOEMAIL

Address	51 UBI AVE 1 #01-26 PAYA UBI INDUSTRIAL PARK
Postcode	408933
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	SIDE SWIPE
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	PC5299S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

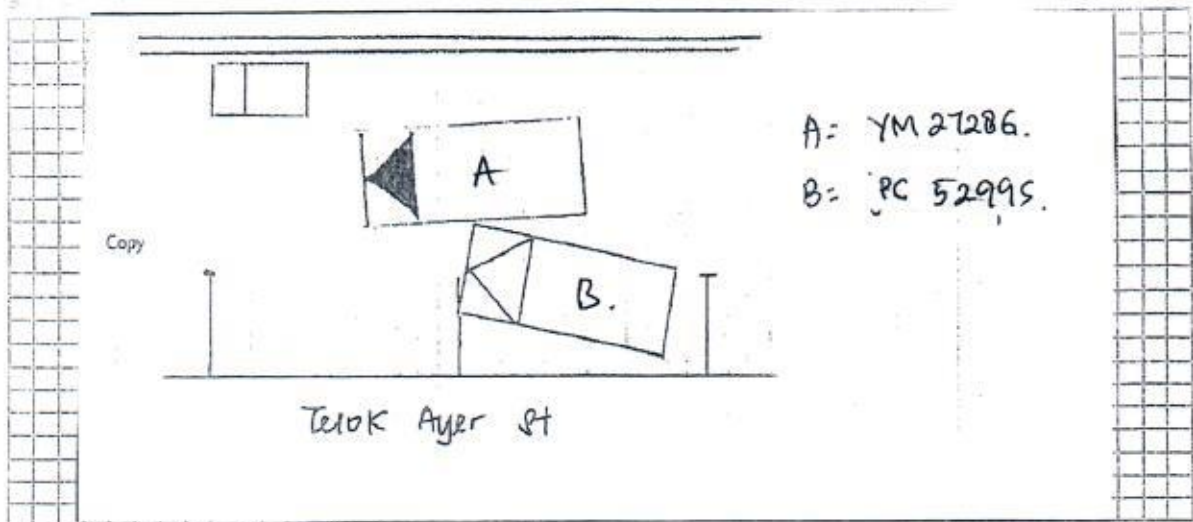
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 16/10/2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/10/2018

Reporting Centre Personnel's Signature  
Name: sym 17/10/18  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 13/10/18, 125 PM vehicle YM 27286 was moving along main road Telok Ayer Street. There was a bus PC 52995 reversing into parking lot on the left side of the road, which stopped moving and caused the driveway to be narrower due to its body length protruding out of its parking lot.

As vehicle YM 27286 passed the narrow gap, it has to slow down in speed because of the gap but the refrigeration box's frame brushed against the bus' rear mirror. As the rear mirror stayed at normal appearance and no signal by busdriver to complain, vehicle YM 27286 continued to drive away from the scene.

Insurance company: Great American Insurance.

Insurance policy no: MOMVC 05000137700.

Insurance period: 02/09/2016 - 01/09/2017.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 16/10/2018

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	13/10 /2016 .	(DD/MM/YY)
Time of accident	1.25 PM .	(HH:MM)
Exact location of accident	TELOK AYER STREET .	

## DETAILS OF VEHICLE

Vehicle registration number	YM 2728G ..		
Vehicle make and model	Lorry		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input checked="" type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input checked="" type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	GREAT AMERICAN Insurance .		
Policy number	MOMVC 000001371 -00-000		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	UNI-TAT ICE & MARKETING PTE LTD . Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	199406736C .
Contact	620 61739 .
Address	51 Ubi Ave 1 # 01-26 PAYA UBI INDUSTRIAL PARK SG 408933 .

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Qi LIAN ZHANG .	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G 2828780T .	
Contact	91047990 / 620 61739 .	
Address	51 Ubi Ave 1 # 01-26 PAYA UBI INDUSTRIAL PARK . SG 408933 .	
Email address	-	
Date of birth	22/12 /1990	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>
Driving date pass	06/11 /2017 .	



# GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1. (inclusive of driver)

## PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

## WITNESS 1

Name	
------	--

## WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	PC 5299S.
Vehicle make model	Bus.
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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

Employer  
**UN-TAT ICE & MARKETING PTE LTD**

Sector: **MANUFACTURING**

Name  
**QI LIANGZHANG**

Occupation  
**DRIVER**

Work Permit No.  
**0 77084592**

Date of Application  
**28-04-2016**

Date of Issue  
**23-05-2016**

Date of Expiry  
**28-04-2018**

 **L6843896**

Name: Qi Liang Zhang  
Address: Blk 338 Ubi Ave 1 #08-255 SG 40338  
Contact 9104 7990

**VISIT PASS**  
Immigration Regulations

Name  
**QI LIANGZHANG**



Date of Birth **22-12-1990** Sex **M** Nationality **CHINESE**

FIN **G2626780T** Date of Issue **23-05-2016** Date of Expiry **28-04-2018**

**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.**





TRANSLATION

DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA		
Licence No: 23018319901222234		
Name: <b>QI LIANGZHANG</b>	Sex: Male	Nationality: China
Address: No. 40, South Street, Huancun, Longwei Village, Yangzhuang Town, Laicheng District, Laiwu City, Shandong Province		
Traffic Police Detachment, Laiwu City Public Security Bureau, Shandong Province	Date of Birth: 22-12-1990	
	Licence was first obtained on: 25-06-2014	
	Licensed to drive vehicles in Class(es) : C1	
Valid Period: 25-06-2014 to 25-06-2020		



This is a translation by

  
WONG HEE HUANG  
Certified Translator/Interpreter  
A member of the Singapore Interpreters' & Translators' Union  
Republic of Singapore  
wongheehuang@gmail.com  
Date: 29 APR 2016



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

EFFECTIVE DATE

Class 3	Motor cars ≤ 3500 kg with ≤ 7 passengers, exclusive of the driver; and motor trailers/vehicles ≤ 3500 kg	06 Nov 2017	6
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G2828780T

S / No. 9000303425

NP 428A



Name: Qi Liang Zhang  
 Address: Blk 338 Ubi Ave 1 # 08-855 SG 400 338  
 Contact: 9104 7990

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2828780T

Name:

QI LIANGZHANG

Birth Date: 22 Dec 1990

Issue Date: 07 Nov 2016

Valid Till 06/11/2021





GREAT AMERICAN INSURANCE COMPANY  
UEN: T16FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

## 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)

### Policy Details

Certificate Number	: MOMVC000001377-00-000	Cover	: Commercial Vehicle (Third Party Only)
Policyholder Name	: Uni-Tat Ice & Marketing Pte Ltd	Chassis Number	: FE639EA45402
NCD Entitlement	: 20% Fleet Discount	Engine Number	: 4D34J68546
Hire Purchase	: N/A	Registration Number	: YM2728G
Period of Insurance	: From 02/09/2016 (00:00) To 01/09/2017 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

a) 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 or so has been Vehicle 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

### Limitations as to Use

- a) Use in connection with Policyholder's business  
b) Use for carriage of passengers (other than for hire and reward) in connection with the Policyholder's business  
This Policy does not cover:  
a) Use for Hire and Reward  
b) Use for racing, pace making, reliability trial or speed testing

\* 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

Excess (Section 1) : N/A  
Excess (Section 2) : N/A  
Windscreen Excess : N/A

### Driver Details

Named Driver 01 : Any driver driving on the policyholder's order or permission  
Name of Intermediary : Tan Insurance Brokers Pte Ltd  
Date of Issue : 16/08/2016

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of  
Great American Insurance Company

Authorised Signatory  
mlow