

NATIONAL Assessment Centre Services [ver 1 Jan 2005] **MMA 118167154**

Date In: 29/12/18 13:33	Job description	Date & Time Completed	Done by
Ref No: MA/CTZ18023304164	SAS e-filing		
Veh No: YP 8488 T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/12/18 08:15	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: Vch No: **YP 3503 R** 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:	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

<p>Claimant's Particulars:</p> <p>Driver/Owner: _____</p> <p>Contact No: _____</p> <p>Damaged Portion: _____</p> <p>QC Checked by (Engr-In-Charge): _____</p> <p>Auditors Comments: _____</p> <p>Sat. 1: _____</p> <p>Sat. 2/3: _____</p>		<p>MA1808586</p> <p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>OD:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$3</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> </tr> <tr> <td>Invoice dated _____</td> <td>Fee Charged _____</td> </tr> <tr> <td>Invoice dated _____</td> <td>Fee Charged _____</td> </tr> </table>	1) AR: Accident Reporting (\$30);	30.00	2) DA: Damage Assessment (\$100); INC (\$50)		3) TP: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (wef 10 Jan 2005)		6) TR: Re-inspection \$75		7) NI: Idao DA + SMRT Survey \$160		8) NTUC Additional Services:-		OD:		*N5: Courtesy Car / Tpt Allowance \$3		*N6: Repair Coordination \$10		*N7: Post Repair Inspection \$25		*N8: DV / Collect Excess Coordination \$3		TP (N11): TP (Non INC) against INC \$20		9) N12: Idao Mobile \$0		Invoice dated _____	Fee Charged _____	Invoice dated _____	Fee Charged _____
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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	29/12/2018 13:33
Date Of Accident	28/12/2018 08:15
Exact Location Of Accident	SLE TWDS BKE B4 BKE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP8488T
Insured/Policyholder	
Name Of Registered Owner	VIMBOX SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93226805
Vehicle Particulars	
Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	DMCVSN1808231800
Cover Note Number	-
Driver	
Name of Driver	WU JIAN
Passport No/FIN	G2863546Q
Date Of Birth	15/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84260205
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	24 SIN MING LANE #03-91
Postcode	573970
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 (including own vehicle) involved in the accident	4
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: : UNKNOWN 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

PLEASE REFER TO 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	YP3503R
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 SME5763T
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJC2657H
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

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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.:

SKETCH PLAN

SLE TOWARDS BKE BEFORE BKE EXIT.

VEH. A - YP848BT
 VEH. B - YP3503R
 VEH. C - SM65763T
 VEH. D - SJC 2657H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEH. 'A'

WAS TRAVELLING ON THE STATED VENUE. AS

THE FRONT VEHICLE JAM BRAKE, I FOLLOW SUIT.

SUDDENLY, VEHICLE 'B' BANG ONTO MY VEHICLE

REAR PORTION CAUSING MY VEHICLE TO PROPEL

FORWARD AND BANG ONTO VEHICLE 'D'. THIS IS

A CHAIN COLLISION INVOLVING 4 VEHICLES.



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

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.:

Date of Accident : 28/12/2018 Accident Time: 0815 (24-HR-Format)
Accident Place : SLG TOWARDS BKE BEFORE BKE EXIT.
Vehicle No. (Car Plate No.) : YP 8488T Make/Model: ISUZU
Insurance Company : CHINA TAIPING Policy No: _____
Owner or Company Name /IC No. : VIMBOX SERVICES PRIVATE LIMITED
Owner or Company Contact No. : 93226805 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : WU JIAN G2863546Q
DRIVER'S Date Of Birth : 15/10/1982 DRIVER'S License Pass Date 25/04/2017
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 24 SIN MIN G LANE #03-91.
DRIVER'S Contact No. / Alt No. : (1) 84260205 (2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: (B) YP3503R
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle No: (C) SME 5763T
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

MALE - 01

(D) SJC 2857H

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 28635460**

Name:
WU JIAN

Birth Date: **15 Oct 1982**

Issue Date: **13 Sep 2016**

Valid Till **12/09/2021**



002608963H



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

Employer
VIMBOX SERVICES PRIVATE LIMITED



Name
WU JIAN

Work Permit No.
0 77179194

Sector:
SERVICE



K0671302

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

Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	25 Apr 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg	25 Apr 2017

G2863546Q

S / No. 9000258908

NP 428A



Licence No: G2863546Q

VISIT PASS
Immigration Regulations

08-08-2018

Name
WU JIAN



FIN
G2863546Q
Date of Birth Sex
15-10-1982 M
Nationality
CHINESE

Download SGWorkPass
App to check status



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.





中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ301/CN SN
AN0582A
Cov.Type: C
AUTOSAFE

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.	DMCVSN1808231800	Engine No : 4JJ13K3943 Chassis No: JAANPR85HJ7100077
1. Index Mark and Registration Number of Vehicle	YP8488T	
2. Name of Policy Holder	VIMBOX SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 MARCH 2018	EXCESS SECT 1 \$1,000.00 EX ON WINDSCREEN \$100.00
4. Date of Expiry of Insurance	8 MARCH 2019	
5. Persons or Classes of Persons entitled to drive *	<p>(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.</p> <p>(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.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p> <p>(3) USE FOR THE CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.</p>	
<p>HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER</p> <p>* 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.</p>		

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com