

NATIONAL Assessment Centre Services. [sent 1 Jan'03] MRA 11867183.

Date In:	Job description	Date & Time Completed	Done by
29/12/18 14:18	SAS e-filing		
Ref No: MA/CTZ 18023306164	E-mail (within 3hrs, AIC 2hrs)		
Vch No: GBE 53166	i-Motor Claim Form		
D.O.A: 24/12/18 15:50	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: SD 32108 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 repaller.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	(INC 140) (638) (6616)	Date & Time Sampled	11/2/80	Done by	W. J. ...
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
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2) OC Check / Post Repair Inspection	( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		
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**Injury:** \_\_\_\_\_

Date/Time	Actions
11/11/2019 14:00	1. 检查了11月11日的销售数据，发现销售额比目标低10%。 2. 与销售团队开会，分析原因，可能是促销活动力度不够。 3. 决定增加促销力度，并通知各销售人员。 4. 检查了库存情况，确保有足够的货物供应。 5. 更新了销售计划，增加了新的销售目标。

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Amir (5) Amir (5)

NA1808581	Invoice # 1808581	Invoice Date 08/08/2018	Invoice Time 10:00 AM	Invoice Status Paid
	13.432 - Accident Reporting (\$30)			30.00

1) A/C: Adjustment to Depreciation	\$ 27
2) DA : Dairingo Assessment	INC (\$50)
	\$40/\$45

Driver/Owner:	3) TP: Towing Fee	\$120
	4) FT: Follow-Through Survey	\$120

5) WT: Follow-Through Survey (Reurvey)	\$30
Not claiming against INC Only (wef 10 Jan 2003)	

6) TR: Re-inspection	375
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7) NI : Idno DA + SMRT Survey	\$100
8) NTIC Additional Services:-	

Cl. Cl. 1-1-1-1 (12-1-1-1) (Chemical)	Q11	12-1-1-1-1	\$3
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*N5: Courtesy Call / 1st Allowance	510
*N6: Repair Coordination	525

Auditors' Comments:	*N7: Post Repair Inspection	33
	*N8: DV / Collect Excess Coordination	33

TP (N11): TP (N11) INC against INC	\$20
TP (N11): TP (N11) INC against INC	30

1. 2. 3.	Invoice dated	Fee charged
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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 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 14:18
Date Of Accident	24/12/2018 15:50
Exact Location Of Accident	SLIP RD OF ENTERING CTE B4 ISTANA
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBE5316G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE YIE CONSTRUCTION ENGINEERING
Co Reg No	52849004D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96659619

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	DYNA
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	DMCVSN1702981801
Cover Note Number	-

**Driver**

Name of Driver	LOK GIM TEONG
NRIC No	S2607384G
Date Of Birth	23/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96659619
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 523C TAMPINES CENTRAL 7 #14-101
Postcode	523523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
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)	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

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	SJD3210B
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 2

Vehicle Registration Number	SLN5304A
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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.

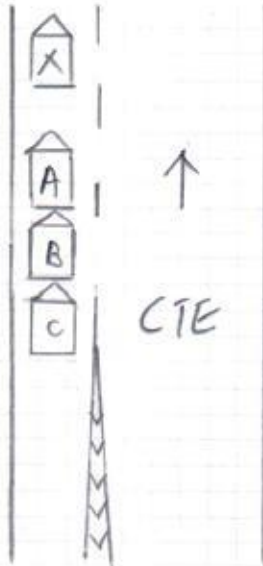


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A = GBE 5316G

B = SJD 3210B

C = SLN 5304A

Slip road of entering  
CTE before Istana

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 24.12.18 at about 15:50 hours at along Slip road of entering CTE before Istana. I was travelling on the extreme left lane and stopping at the abovementioned road waiting for oncoming traffic to clear before turning into CTE.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

Vehicle (A) : GBE5316G

Vehicle (B) : SJD3210B

Vehicle (C) : SLN5304A





## SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/12/18	Time: 15:50	(hh:mm) 24 hr format
Location Slip road of entering CTE before Istana		
(A) Vehicle Number GBE53169		
Insured Name Wee Jie Construction Engineering		
NRIC/FIN 52849004D	Contact Number -	
Make Toyota	Model Dyna	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company Chuan Tai Ping Insurance (S) Pte. Ltd		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number JMCVSN170298/801		
Name of Driver LOK Gim Teong		( ) Same as Insured
NRIC/FIN 52607384G	Contact Number 96659619	
Date of Birth 23/09/1964		
Driving Pass Date 11/04/1994		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address weejie@hotmail.com		( ) NO EMAIL
Address of Driver 81K 523C Tampines Central 7, #14-101 S (523523)		
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No Sales - Emphy		
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 ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SDJ 3210 B	
Veh C	SLN 5304 A	
Veh D		
Veh E		
Veh F		

Driver Only



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2607384G



NAME  
LOK GIM TEONG

CHINESE

RACE

CHINESE

DATE OF BIRTH

23-09-1964

SEX

M

COUNTRY OF BIRTH

MALAYSIA

GIM S316 G  
driver

4593709



NRIC No: S2607384G



DATE OF ISSUE

30-06-2010

APT BLK 523C TAMPINES CENTRAL 7 #14-101  
SINGAPORE 523523

NRIC No: S2607384G

DATE: 01/06/2014



GIB 53166  
driver







中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208364E

MZ300/C  
R SN  
BR0085A  
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

### 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)

ORIGINAL

CERTIFICATE No.	DMCVSN1702981801	Engine No :1KD2581241 ChaNo:JTFAT35Y10K205821
1. Index Mark and Registration Number of Vehicle	G8E5316G	AUTOSAFE =====
2. Name of Policy Holder	WEE YIE CONSTRUCTION ENGINEERING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 January 2018	Excess Sect I ..... S\$500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	11 January 2019	
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.

\* 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.

Issued By: HO LI HWA IRENE  
Authorised Officer

Authorised Signatory