

NATIONAL Assessment Centre Services [ver 1 Jan 2005]

Date In: 18/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/CT/19006950/13	SAS e-filing		
Veh No: GBT3501A	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 15/04/19 3100	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: 5CX64450	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%. F: 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 repaler.

( ) 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

NA1962933	Invoice Preparation Checklist		Amnt (\$) In Bill	Amnt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tp 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: Idao Mobile 30			
	Invoice dated	Fee Charged		
	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	18/04/2019 15:57
Date Of Accident	15/04/2019 21:00
Exact Location Of Accident	JLN MAS PUTEH OPEN CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3501A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S SHENG HUA RENOVATION PRIVATE LIMITED
Co Reg No	201905672R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	* OFFICE-96698226

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	
Cover Note Number	60014709

#### Driver

Name of Driver	ZHOU SHENGHUA
Passport No/FIN	G5892011N
Date Of Birth	07/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96698226
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 519 BEDOK NORTH AVE 1 #09-392
Postcode	460519
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 (including own vehicle) involved in the accident	2
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	SKX6445D
Vehicle Make/Model/Colour	HYUNDAI
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.
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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:

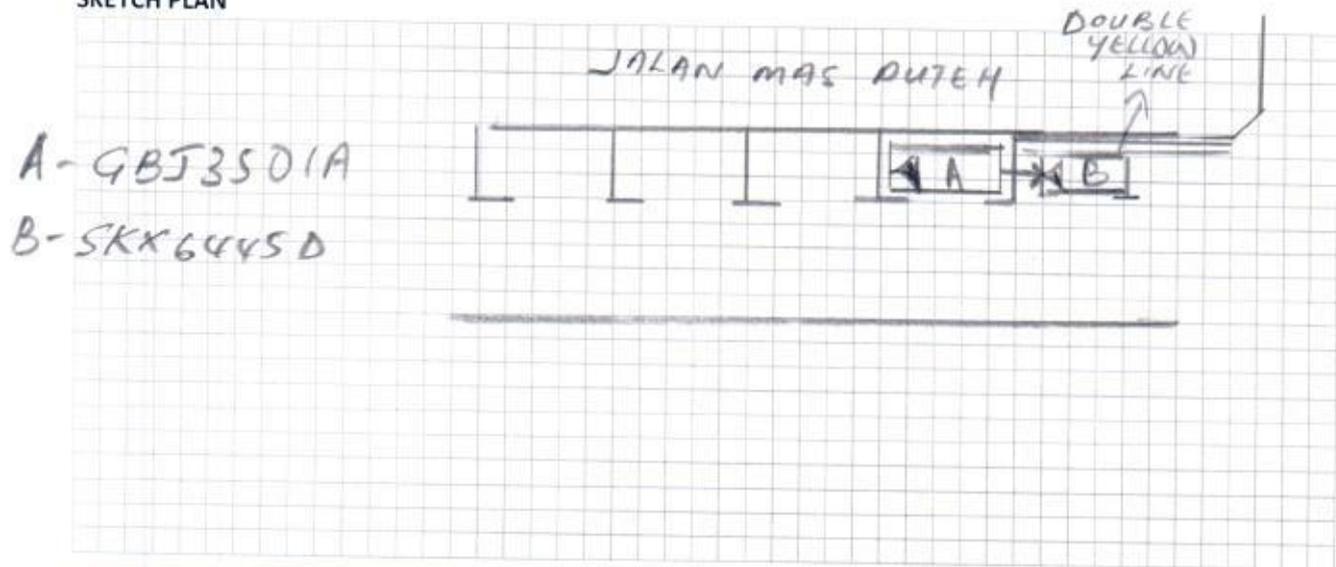
李树伟

SIAR/MC SketchPlanForm\_03

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

fyw 18/04/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the attached statement.*

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

*李加伟*

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

*shym 18/04/19*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I WAS REVERSING MY VEH FROM THE PARKING LOT AT JALAN MAS PUTEH OPEN CARPARK. WHILE REVERSING, MY VEH HIT ONTO THE FRONT PORTION OF VEH B THAT PARKED BEHIND MY VEH AT THE DOUBLE YELLOW LINES.

# ACCIDENT STATEMENT

ACCIDENT DATE: (15/04/2019) (DD/MM/YYYY), TIME: (2100) (HH:MM)

LOCATION: Jalan Mas Puteh Open Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ 3501A  
b) INSURANCE COMPANY: Chind Taiping  
c) POLICY NUMBER: 60014709  
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Dyna 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: On the way home  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Sheng Hua Renovation Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9669 8226  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Zhou Sheng Hua (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 05734427 - CONTACT: 9669 8226  
c) ADDRESS: Blk 519 Bedok North Ave 1  
#09-392

\*d) DATE OF BIRTH: (07/10/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/12/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)

b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKX 6445 D MODEL: Hyundai

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(Including driver)  
(1)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

16/04/19  
waiting for  
company stamp

Email =

fax =

video =

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**NEWSPACE INTERIOR PTE. LTD.**

Sector: **MANUFACTURING**

Name  
**ZHOU SHENGHUA**

Occupation  
**CARPENTER SUPERVISOR**

S Pass No.  
**0 5734427-**

Date of Application  
**26-01-2018**

Date of Issue  
**05-03-2018**

Date of Expiry  
**05-03-2020**

**L8630519**






**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G5892011N**

Name  
**ZHOU SHENGHUA**

Birth Date **07 Oct 1979**

Issue Date **29 Dec 2016**

Valid Till **28/12/2021**

**002643076E**





**VISIT PASS**  
Immigration Regulations

Name  
**ZHOU SHENGHUA**

Date of Birth **07-10-1979** Sex **M** Nationality **CHINESE**

FIN **G5892011N** Date of Issue **05-03-2018** Date of Expiry **05-03-2020**

**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.**




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

Class	Description	Effective Date
Class 3C	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver	29 Dec 2016

**NP 428A**

Licence No: **G5892011N**





**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.

3 Anson Road #15-00 Springleaf Tower Singapore 079009  
Tel: 6389 8111 Fax: 6222 1033  
Website: www.sg.ctaiping.com  
Co. Reg. No. 200206384E

**MOTOR COVER NOTE**

Cover Note No : 60014709  
Agent Code : AN0655A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

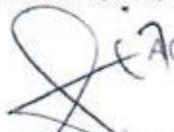
**SCHEDULE**

INSURED	M/S SHENG HUA RENOVATION PRIVATE LIMITED
MAKE/MODEL OF VEHICLE	TOYOTA DYNA 150 (GBJ3501A)
*YEAR OF MANUFACTURE	2019
YEAR OF REGISTRATION	2019
ENGINE NO.	1KD2850912
CHASSIS NO.	JTFAT35Y50K212903
ENGINE CAPACITY/TONNAGE	1.75
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM: 22 MARCH 2019 TO: 21 MARCH 2020
EXCESS	S\$ 500.00
AUTOSAFE	NO
HIRE PURCHASE CO.	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

**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).

Not valid unless counter signed by Authorised Agent

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

  
Agent Name & Date

ACER INSURANCE AGENCY  
21 Woodlands Close  
#08-44 Primz Bizhub  
Singapore 737854

Tel: 6777 8323 Fax: 6776 8323



Authorised Signatory

**PREMIUM PAYMENT WARRANTY**

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

**\*IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30DAYS FROM 21-03-2019.**