

<b>NATIONAL Assessment Centre Services</b> [and 1 Jan 2019] <b>NA19052838</b>			
Date In: <b>08/05/2019 17:50</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/CT2/900867/7</b>	SAS e-filing		
Veh No: <b>YM 90825</b>	E-mail (within 4hrs, ATC 2hrs)		
D.O.A: <b>06/05/2019 09:30</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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBG 281U</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%; F: 80-100%]			
Year of Registration: ( ) Warranty: YES ( ) / NO ( )			
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )			

<b>General Remarks:-</b>	
( ) 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] ( )		

<b>Injury:</b>
----------------

Date/Time	Actions

<b>NA1903295</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) In Bill	Am't (\$) Add. Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$40)			
<b>Contact No:</b>	3) TP: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120			
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)			
<b>Auditors' Comments:-</b>	6) TR: Re-inspection \$75			
<b>Cat. 1:</b>	7) N1: Idno DA + SMRT Survey \$160			
<b>Cat. 2/3:</b>	8) NTUC Additional Services:-			
<b>1 / 1 'd</b>	9) N12: Idno Mobile \$30			
	Invoice dated	Pen Charged		
	Invoice dated	Fee Charged		

07-MAY-2019 16:39



## 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	08/05/2019 17:50
Date Of Accident	06/05/2019 09:30
Exact Location Of Accident	27 WOODLANDS LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN9082J
Insured/Policyholder	
Name Of Registered Owner	TIONG LIAN FOOD PTE LTD
Co Reg No	200600109M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83980296
Alternative Phone No	OFFICE-83980296
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMCVSN1826071800
Cover Note Number	
Driver	
Name of Driver	LIU SHENGZHOU
Passport No/FIN	G6706129U
Date Of Birth	16/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83980296
Fax Number	
Contact Number	OTHERS-83980296
Email Address	NOEMAIL

Address	11 CHIN BEE DRIVE
Postcode	619862
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	COLLIDED INTO PARKED VEHICLE
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

PLEASE REFER TO SKETCH PLAN

#### 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	GBG281U
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)	



## 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.

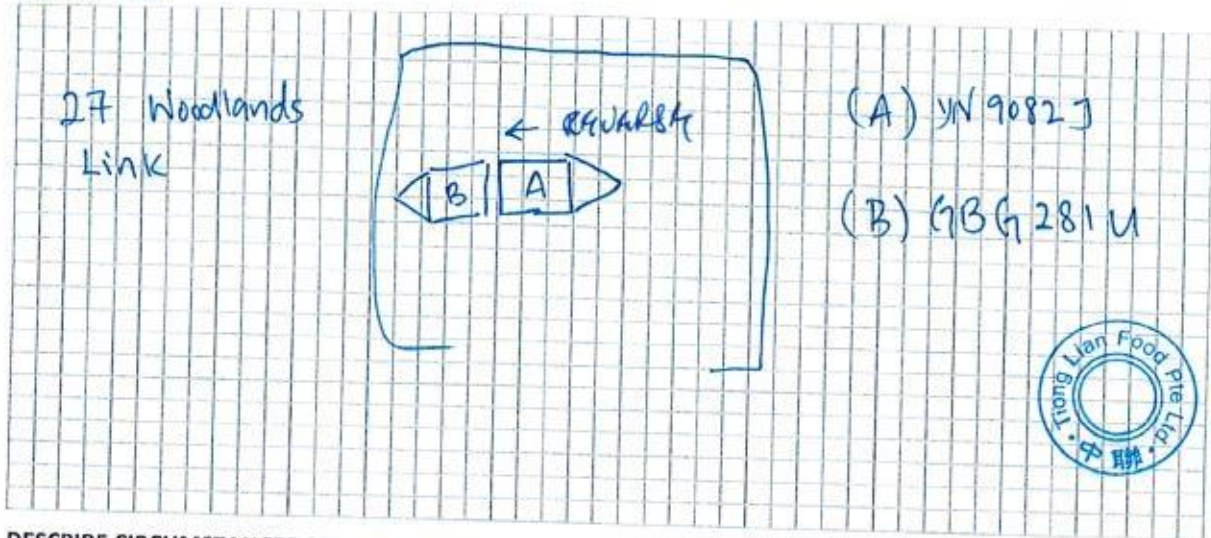


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *For L*  
NRIC/FIN No.: *123456789*

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was make delivery at 27 Woodlands Link. After my job, when I planned to exit the building, I reversed my vehicle and slightly collided the rear of vehicle B. The driver of vehicle B was not there at the point of accident. However, the security guard told me he will help to inform the driver of vehicle B and ask me to leave first.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

2/1

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	6/5/2019	TIME:	9:30am	(hh:mm) 24 hrs Format
LOCATION	27 woodlands Link			
VEHICLE NUMBER	YN 9082J			
INSURED NAME	Tiang Lion Food Pte Ltd			
NRIC / FIN	2006 0010903	CONTACT:	8398 0296	
MAKE	ISUZU	MODEL	NPR 85UH5A	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select : ( ) Third Party ( <input checked="" type="checkbox"/> ) Reporting Only				
INSURANCE COMPANY	China Taiping			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER :	DMCVSN 1826071800			
NAME DRIVER :	Liu Shengzhen	( ) SAME AS INSURED		
NRIC / FIN	G6706129U	CONTACT:	8398 0296	
DATE OF BIRTH:	16-12-1974			
DRIVING PASS DATE :	26-10-2017			
OCCUPATION :	( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR			
GENDER :	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	( <input checked="" type="checkbox"/> ) NO EMAIL			
ADDRESS OF DRIVER:	11 Chin Bee Dr. Singapore 619862			
Number Of Passenger Include Driver:	Driver Only			
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) YES ( ) NO				
If No, Relationship Of The Driver With The Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) 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 ( ) Drizzling ( ) 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 details :				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact	
Veh B	GBG 281 U	( ) / Not Sure ( )		
Veh C		( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		



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

Employer  
**QUALITY MEAT PTE. LTD.**




Name  
**LIU SHENGZHOU**

Work Permit No.  
**0 73870429**

Sector  
**MANUFACTURING**







**K0319385**

**VISIT PASS**  
Immigration Regulations 26-04-2018


Name  
**LIU SHENGZHOU**

FIN  
**G6706129U**


Date of Birth  
**16-12-1974**

Sex  
**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.**








**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G6706129U**  
Name: **LIU SHENGZHOU**

Birth Date: **16 Dec 1974**  
Issue Date: **19 Aug 2015**  
Valid Till **30/08/2020**



 002463571K




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

		EFFECTIVE DATE	
<b>C</b>	<b>Class 3</b>	<b>Motor cars <math>\leq</math> 3000 kg with <math>\leq</math> 7 passengers, exclusive of the driver; and motor tractors/vehicles <math>\leq</math> 2500 kg</b>	<b>26 Oct 2017</b>
<b>3</b>			
<b>C</b>	<b>Class 4</b>	<b>Heavy motor cars and motor tractors <math>&gt;</math> 2500 kg</b>	<b>09 Jul 2018</b>

**S / No. 9000282262**

G6706129U

NP 428A

 Licence No: G6706129U



PLM 318135

MOTOR COMMERCIAL VEHICLE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVEN1626071800

Engine No :40J11T7631

Chassis No: JAANPR85HE7100930

1. Index Mark and Registration  
Number of Vehicle

YN9082J

2. Name of Policy Holder

TIONG LIAN FOOD PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

02 September 2016 Excess Sect I ..... S\$2,500.00  
EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

01 September 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.

HIRE PURCHASE CO. : DBS BANK 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.

Issued By:

Authorised Officer

Authorised Signatory



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0109M
Vehicle Details	
Vehicle No.:	YN9082J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	ISUZU
Vehicle Model:	NPR85UH5A
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	4JJ11T7631
Chassis No.:	JAANPR85HE7100930
Maximum Power Output:	-
Open Market Value:	\$42,586.00
Original Registration Date:	02 Sep 2015
First Registration Date:	02 Sep 2015
Transfer Count:	0
Actual ARF Paid:	\$2,130.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	01 Sep 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$4,971.00
COE Rebate Amount:	\$3,108.00
<b>Total Rebate Amount:</b>	<b>\$3,108.00</b>

The information contained herein is correct as at 09 May 2019

OK