

NATIONAL Assessment Centre Services

[wef 1 Jan'05] NA/1907448

Date In: 13/1/19 - 17.39	Job description	Date & Time Completed	Done by
Ref No: NA/CT219028820/24	SAS e-filing		
Veh No: 684500VX	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/1/19 - 15.00	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: 684500VX	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

NA/1907448	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QD*			
	*N5: Courtesy Car / Tpt 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: Idac 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	17/05/2019 17:39
Date Of Accident	17/05/2019 13:00
Exact Location Of Accident	ALJUNIED AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5002X
Insured/Policyholder	
Name Of Registered Owner	M/S CREATIVE BEVERAGE INGREDIENTS PTE LTD
Co Reg No	200312236M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67441090

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMCVSN1818451800
Cover Note Number	

Driver

Name of Driver	LEE CHURN MUN (LI JUNWEN)
NRIC No	S7126087I
Date Of Birth	25/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1993
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98267866
Fax Number	
Contact Number	OFFICE-98267866
Email Address	NOEMAIL

Address	BLK 192B RIVERVALE DRIVE #13-944
Postcode	542192
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?	
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

REFER TO 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	SGU1412U
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)	1

SKETCH PLAN

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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.

CREATIVE BEVERAGE INGREDIENTS PTE. LTD.
B1K 1012 Aljunied Ave 3,
#01-49 S 239935
Tel: 6741 6636 Fax: 6741 6836

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.:

Hand-drawn diagram of a street intersection. A horizontal road on the left has a hatched curb area. A vertical road on the right is labeled "Aljunied Ave 2". Two vehicles, labeled "A" and "B", are shown at the intersection. Vehicle "A" is a car with a star on its roof, and vehicle "B" is a truck. Arrows indicate traffic flow: up and down on the vertical road, and left and right on the horizontal road. A north arrow is in the top right corner.

I was driving straight along Aljunied Ave 2 at extreme LH lane of 2 lanes.
Veh "B" in front of me turned into LH carpark lot suddenly stopped,
I unable stopped in time and collided onto veh "B" rear rt position.

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.: _____

VEHICLE NO:	GB1/5002X		MAKE & MODEL:	Toyota Hiace	
DATE OF ACCIDENT	17 / 05 / 19				
TIME OF ACCIDENT	1300			AM/PM	
LOCATION OF ACCIDENT	Aljunied Ave 2				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Creative Beverage Ingredients Pte Ltd				
TEL NO	6744-1090				
NRIC	200312236M				
CLAIM TYPE	OD / THIRD PARTY / <u>REPORTING ONLY</u>				
INSURANCE CO	China Taiping				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	DMCVSN1818451800				
NAME OF DRIVER	As Above / If No: Lee Churn mun				
NRIC	S9126087I				
DATE OF BIRTH	25 / 07 / 1971				
OCCUPATION	Outdoor / Indoor				
DATE OF DRIVING PASS	21 / 09 / 1993				
GENDER	Male / Female				
CONTACT NO.	9826-7866				
ADDRESS	Blk 192B Rinevale Drive #13-44 Singapore 542192				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIEES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	S9114126				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S71260871



Name



LEE CHURN MUN
(LI JUNWEN)

李俊文

Race

CHINESE

Date of Birth

25-07-1971

Sex

M

Country of Birth

SINGAPORE



0 1 2 9 8 3 2



NRIC No. S71260871



Blood Group
A+

Date of issue
17-10-1991

APT BLK 102B RIVERVALE DRIVE #13-944

SINGAPORE 542192

NRIC No: S71260871

Date: 06-12-1999

No: 8199257

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S71260871**

Name:

**LEE CHURN MUN
(LI JUNWEN)**

Birth Date: **25 Jul 1971**

Issue Date: **01 Oct 2003**



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

**Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

PASS DATE

21 Sep 1993

NP 428A





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MZ300/C
E SN
AN0643A
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.	DMCVSN1818451800	Engine No :1KD2807111 Chano:JTFHT02P900243172
1. Index Mark and Registration Number of Vehicle	GBH5002X	AUTOSAFE *****
2. Name of Policy Holder	M/S CREATIVE BEVERAGE INGREDIENTS PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22 June 2018 (10:59 Hours)	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	21 June 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. : MAYBANK 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: HO LI HWA IRENE
Authorised Officer

Authorised Signatory