

NATIONAL Assessment Centre Services

(Form 1 Jan 2018)

NA1907751

Date In: 14/06/2019 16:19	Job description	Date & Time Completed	Done by
Ref No: NBA/21990/0588/4	SAS e-filing		
Veh No: XD 1685L	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 13/06/2019 19:00	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFY 1968Z	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 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

NA1904488	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	1st Bill	Add'l Bill
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2018)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idem DA + SMRT Survey \$160		
1/1/18	8) NTU/2 Additional Services:		
	N3: Courtesy Car / Tpl Allowance \$5		
	N6: Repair Co-ordination \$10		
	N7: Post Repair Inspection \$25		
	N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idem Mobile \$0		
	Invoice dated	For Charged	For Charged
	11/1/18		

07-MAY-2018 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	14/06/2019 16:19
Date Of Accident	13/06/2019 19:00
Exact Location Of Accident	ALONG CHARTWELL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1685L
Insured/Policyholder	
Name Of Registered Owner	TIONG WOON CRANE & TRANSPORT (PTE) LTD
Co Reg No	-
Email Address	KOCKLIANG_BONG@TIONGWOON.COM
Mobile Phone No	(LOCAL) +65-86970123
Alternative Phone No	OFFICE-67769379

Vehicle Particulars

Manufacturer	HINO
Model	TRAILER
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V00274/VCH/R02
Cover Note Number	

Driver

Name of Driver	ZHANG LIJUN
NRIC No	G6771401L
Date Of Birth	07/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86970123
Fax Number	
Contact Number	OFFICE-67769379
EMail Address	KOCKLIANG_BONG@TIONGWOON.COM

Address	15 PANDAN CRESCENT
Postcode	128470
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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	SFY1968Z
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81187875
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 G.A. Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the publishing of this report at the option and at the expense of the report being made available to the public.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurers, my workshop and the General Insurance Association of Singapore ("GIAS") may be 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 insurers who have insured vehicle(s) involved in the accident (to be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Minister's Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be 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 GIAS to their third party service providers/agents (including their lawyers/law firms), which may be used 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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, settling or making any claim;
 - (ii) to regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders;


Policyholder
Signature

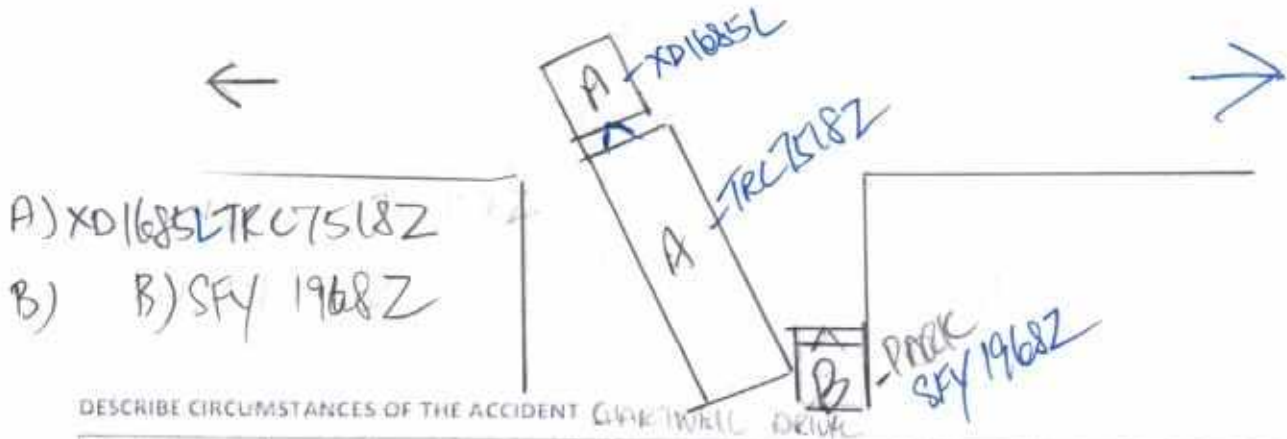
14-Jun-19.
1300hrs.


Authorised Driver
Signature
Date & Time

14/06/2019

Witness
Signature

CHARTWELL DRIVE



事故发生于13/06/19 晚上 19:00 左右, 当时北驾车头
 号 号 XD1685L, 号 号 TRC 7518Z. 从 Serangoon North Ave
 做完工回公司 (15 Pandan Crescent) 由于下大雨用谷歌
 地图导航进错小路 Chartwell Dr. 然后左转弯
 前一边碰撞到1辆停在路边的小汽车 (车牌 SFY 1968Z)

DECLARATION

I/We declare that the particulars given above are correct.


 Date & Time 14 June 19
 Boukha


 Date & Time 14 June 19


 Date & Time 14/06/2019
 Resda Uthman

ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/19 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: Chartwell Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD1685L
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: SD19 V00274 / VCH / R02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hino
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: Tiong Woon CRANE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 6771401L CONTACT: 67769379
c) ADDRESS: 15 Pandan Crescent

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zhang Li Jun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G671401L CONTACT: 86910125
c) ADDRESS: 15 Pandan Crescent

* d) DATE OF BIRTH: 07/11/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 Oct 2015

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: SFY 19682 MODEL: MB
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 81187875

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)
(0)

* No of passenger
(including driver)
()

email =
VIDEO

Kock liang = bong@tiang Woon.com
NO

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

Employee
TIONG WOON CRANE & TRANSPORT (PTE) LTD

 Name
ZHANG LIJUN

Work Permit No.
0 74097944 Sector
SERVICE

  **0 74097944**

 **K0584070**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number
G6771401L

ZHANG LIJUN

Birth Date: **07 Nov 1973**
Issue Date: **25 Oct 2015**
Valid Till: **29-11-2020**

 **002487106C**



VISIT PASS
Immigration Regulations

14 Dec 2016

Name
ZHANG LIJUN



PIN
G6771401L

Date of Birth
07-11-1973 Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

 Download SGWorkPass App to check status

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)

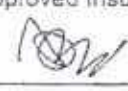
		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	30 Nov 2010
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	25 Jan 2011
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	25 Oct 2015

NP 42SA



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD19V00274 /VCH /R02
Form	MZ802
Date Of Issue:	29-DEC-2018
1.Index Mark and Registration No. of Vehicle:	XD1685L
2.Chassis number of Vehicle:	JHDSH1EEKXXX10182
3.Name of Policyholder:	TIONG WOON CRANE & TRANSPORT (PTE) LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-JAN-2019 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive: A) 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. B) Whilst the vehicle is being used for social, domestic and pleasure purposes:- 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover: A) Use for racing, pace-making, reliability trials or speed-testing. B) Use for the carriage of passengers for hire or reward. C) Use whilst drawing a greater number of trailers in all than is permitted by law.	
*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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Third Party Only SUM INSURED: EXCESS: Section II S\$800, Additional Excess for Young, Elderly & Inexperienced Drivers. S\$3000 FINANCE COMPANY: PRODUCER NAME: JARDINE LLOYD THOMPSON PTE LTD	

PLSLA/04-JAN-19

S1_CI_T1_T3_OE_Template1-Ver1. 04-JAN-19