

NATIONAL Assessment Centre Services <small>(part 1 of 2)</small> MMAYC90887			
Date In: 27/06/2019 16:4	Job description	Date & Time Completed	Done by
Ref No: NBA/CT19011437/Y	SAS e-filing		
Veh No: YP 8648D	E-mail (within 2hrs, ATC 2hrs)		
D.O.A: 27/06/2019 09:00	1-Motor Claim Form		
OD: TK Reporting Only	1-Motor W/O (Within OD 2hrs TP 4hrs)		
	1-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: SW 9703E	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

XIA1904872 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Cat. 1: Cat. 2/3:	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add. Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100) INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wof 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idm DA + SMRT Survey \$160			
	8) NTWC Additional Services:			
*N3: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 *N11: TP (Nil) : TP (Non INC) original INC \$20 *N12: Idm Mobile \$30				

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	27/06/2019 16:11
Date Of Accident	27/06/2019 09:00
Exact Location Of Accident	JUNCTION OF TAMPINES AVE 1 AND TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8698D
Insured/Policyholder	
Name Of Registered Owner	EPSILON PLASTICS PTE. LTD.
Co Reg No	-
Email Address	TASKER1986@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98423878
Alternative Phone No	OFFICE-98423878

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	DMCVSN3037691900
Cover Note Number	

Driver

Name of Driver	LIN ZHENHUI, KENNETH
NRIC No	S8608297G
Date Of Birth	18/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98423878
Fax Number	
Contact Number	OFFICE-98423878
Email Address	TASKER1986@HOTMAIL.COM

Address	62 JALAN PARI BURONG
Postcode	488715
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	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	SJN9203E
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)	1

SKETCH PLAN

IMPORTANT NOTICE

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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: 27 JUNE 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27 JUNE 2019

Reporting Centre Personnel's Signature

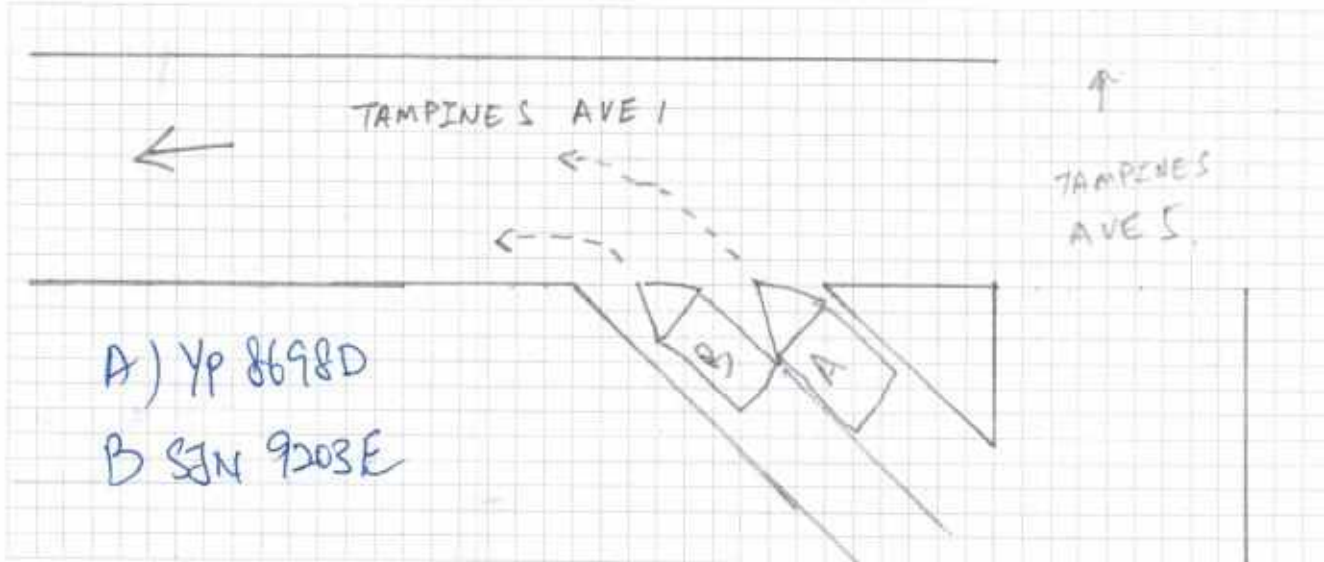
Name:

NRIC/FIN No.:

27/06/2019

Rohi Vitor

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT TIMING 0900H 27 JUNE 2019, I WAS DRIVING ALONG TAMPINES AVES AND TURNING TO TAMPINES AVE 1 VIA SLIP RD. I WAS ON THE OUTER LANE OF THE SLIP ROAD AND COMING TO A STOP TO LOOK FOR ONCOMING ~~TARA~~ TRAFFIC FROM TAMPINES AVE 1 THEN I REALISED AT THE THIRD PARTY WANTED TO INCH FORWARD TO MOVE OFF. I JAMMED MY BRAKES HARD, BUT STILL RESULTED IN SLIGHT CONTACT. I SHIFTED MY VEHICLE AT THE EXTREM LEFT LANE IMMEDIATELY NOT TO OBSTRUCT TRAFFIC AND INSPECT THE VEHICLE. THE THIRD PARTY WAS A LADY AND I CHECKED IF SHE WAS INJURED. THEN BOTH OF US INSPECTED THE DAMAGE. HER VEHICLE BACK BUMPER HAD NO DENTS, JUST SOME MINOR PAINT MARKS. SHE STATED IT WAS OK, HOWEVER I DID INSISTED ON EXCHANGING NUMBERS AND PARTICULARS. SHE INSITED THAT IT WAS OK AND ASK US TO CARRY ON, AS SHE DEEMED IT WAS MINOR. AFTERWARD BOTH OF US PARTED AND TOOK PHOTOS ONLY OF THE VEHICLE NUMBER PLATE.

DECLARATION

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

Policyholder's Signature
Date & Time: 27 JUNE 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27 JUNE 2019

Reporting Centre Personnel's Signature
Name: Ross
NRIC/FIN No.: 27/06/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (27/06/2019) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: JUNCTION OF TAMPINES AVE 1 AND AVE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP8698D
 b) INSURANCE COMPANY: TAIPIING
 c) POLICY NUMBER: DMCVSN3037691900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: ISSUE REWARD NPK 858 HSA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY (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: M/S EPSILON PLASTICS PTE LTD. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: 6 YISHUN INDUSTRIAL STREET 1
#01-19 NORTH VIEW BIZHUB 768090

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIN ZHENHUI KENNETH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 586082976 CONTACT: 96423878
 c) ADDRESS: 62 JALAN PARI BURONG

* d) DATE OF BIRTH: (18/03/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 AUG 2006

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: STN9203 E 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 passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 (1)

No of passengers
 (including driver)
 ()

email = tasker1986@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8608297G



Name
LIN ZHENHUI, KENNETH
林振輝

Race
CHINESE

Date of Birth
18-03-1986

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number S8608297G

Name
LIN ZHENHUI, KENNETH

Birth Date 18 Mar 1986

Issue Date 28 Aug 2013

002216453J



A6002357



NRIC No. S8608297G



Health Category O+

Date of Issue 20-03-2001

Address
62 JALAN PARI BURONG
SINGAPORE 488715

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE 26 Aug 2001

3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

NP 426A

Licence No. S8608297G



太平
CHINA TAIPING
COMMERCIAL

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME300/C
N 5X
AN0671A
COMPREHENSIVE
AUTOSAVE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.

DHCVEN3037691900

Engine No: 4JJ1M6145

Chassis No: JAANPES5HJ7100115

1. Index Mark and Registration
Number of Vehicle

YP8698D

2. Name of Policy Holder

M/S EPSILON PLASTICS PTE. LTD.

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

22 MAY 2019
(16:17 HOURS)
21 MAY 2020

EX SECT. 1 S\$450.00
EX ON WINDSCREEN S\$160.00

4. Date of Expiry of Insurance

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 CRANING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* Limitations rendered inoperative by Section 9 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.

Endorsed By:

Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MA0419083787 Vehicle Registration No: YP 86980
Name (as shown in NRIC): LIN ZHANHUI, KHANNUA NRIC/FIN/Passport No: S86082979
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98423828

Email Address: _____

Date of Accident: 27/06/2019 Time of Accident: 09:00

Place of Accident: JUNCTION OF TAMPINES AVENUE 1 / TAMPINES AVENUE

Insurance Company: CHINA TAMPINES

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO YP 86980.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rolli Vithan
NRIC/FIN No.:
Date: 03/07/2019