

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NAI19091648

Date In: 13/07/2019 14:58	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/90124124	SAS e-filing		
Veh No: GW 4067C	E-mail (3 days after, AIC 2hrs)		
D.O.A: 12/07/2019 13:20	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/When		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: —	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: —

Date/Time	Actions

NAI1905215	1) Alt: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
Auditors Comments:	6) TR: Re-inspection	\$160
Ref: 1:	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TE (N11): TP (Non INC) against INC	\$10
	9) N12: Idas Mobile	\$0
	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	13/07/2019 14:58
Date Of Accident	12/07/2019 13:20
Exact Location Of Accident	NUH ENTERING THE CARPARK COH LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW4067C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUP SENG FOOD INDUSTRIES
Co Reg No	52938930D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96173762
Alternative Phone No	OFFICE-96173762

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1526281904
Cover Note Number	

### Driver

Name of Driver	CHIA CHUNG ONN
NRIC No	S1410314G
Date Of Birth	18/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1989
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96173762
Fax Number	
Contact Number	OTHERS-96173762
EMail Address	NOEMAIL

Address	BLK 751 PASIR RIS STREET 71 #04-72
Postcode	510751
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 PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

## 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.



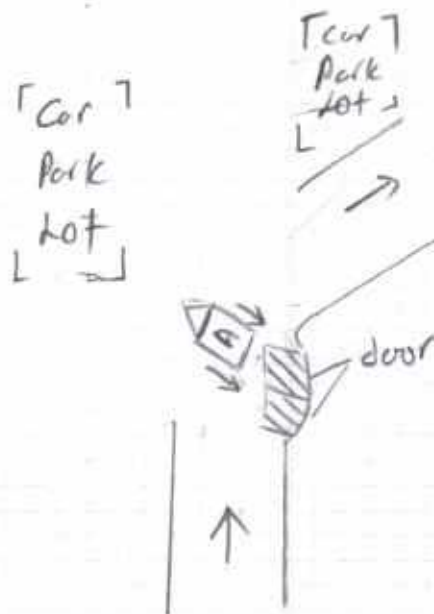
Policyholder's Signature  
Date & Time:

*CHIA*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*13/07/2019*  
Reporting Centre Personnel's Signature  
Name: *Perk*  
NRIC/FIN No.:



SKETCH PLAN



A = GW4067C

National University  
Hospital entering  
the car park  
COH 4/Boy

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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.:

18/07/2018

Rohit Kumar

On 12.07.19 at about 13:20 hours at National University Hospital entering the car park COH L/Bay, my lorry (GW4067C) slowly reversing and accidentally hit the TEL RISER DOOR and cause the door damaged.

12/07/2019  
Resh  
H. H. H.

CHIA



Damage of NUH property  
Statement and acknowledgment of person involve.Name: Chia Chung Ann, NRIC no. S1410314G  
Address: —Contact no. 9617 3762  
On 12.07.2019, at about 1320 hrs, while I  
was entering leaving the car park COH L/BAY, my vehicle  
no. GW4067C accidentally hit against the TEL RISER DOOR and caused  
the door to be damaged

The said accident is due to my negligent and I am willing to pay for the damage.

Name: Chia Chung AnnDate/ Time: 12/07/2019 1339 hrsSignature: ChiaWitnessed By: SonerDate/ Time: 12/07/2019 1339 hrsSignature: [Signature]12/07/2019  
Boon Han TanCHIA



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/07/2019		Time: 13:20		(hh:mm) 24 hr format	
Location National University Hospital entering the car park COH 4 Bay					
Vehicle Number GW4067C					
Insured Name Hup Sang Food Industries					
NRIC / FIN 52938930D			Contact Number -		
Make Toyota		Model Aygo			
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					
Insurance Company China Taiping					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number DMCRSN1526281904					
Name of Driver Chia Chung Onn ( ) Same as Insured					
NRIC / FIN 514103149		Contact Number 96173762			
Date of Birth 18/03/1960					
Driving Pass Date 22/09/1989					
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address - No e-mail - ( ) NO EMAIL					
Address of Driver Blk 751, #04-72, Pasir Ris St 71, S (510751)					
Was driver an employee of the Insured's Company? ( ) Yes ( ) No					
If No, Relationship of the Driver with the Insured					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) 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 ( ) 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 detail					
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1410314G



**For LKK/NAC Use Only**

CHIA CHUNG ONN



謝 長 安

Race  
CHINESE

Date of Birth  
18-03-1960 M

Country of Birth  
SINGAPORE

GW4067C

driver



1529775

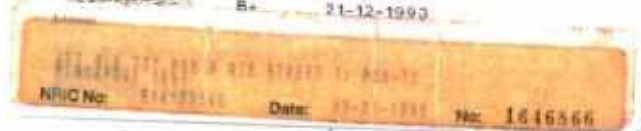
NRIC No. S1410314G



**For LKK/NAC Use Only**

Blood Group: Date of issue

B+ 21-12-1993



BIK 751 # 04-72

Pasir R25 ST71

S'pore 510751

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1410314G**

Name: **CHIA CHUNG ONN**

**For LKK/NAC Use Only**

Birth Date: **10 Mar 1950**  
 Issue Date: **18 Jun 2003**

000578232D




GW4067C  
 driver

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

		PASS DATE
Class 2B	Motorcycles not exceeding 250 cc	07 Aug 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1989
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	10 Feb 1992
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	24 Jul 1992

**For LKK/NAC Use Only**

Licence No: S1410314G



NP 425A





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.

Co. Reg. No. 200208524E

M2300/C

R SN

AN0365A

Cov. Type: F

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.

DMCVSN1526281904

Engine No : 5L5338512

Chano: JTFUF34Y403001269

1. Index Mark and Registration

GW4067C

Number of Vehicle

2. Name of Policy Holder

M/S. HUP SENG FOOD INDUSTRIES

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

24 June 2019

4. Date of Expiry of Insurance

23 June 2020

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.

\* Limitations rendered inoperative by Section 6 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

勁力企業  
HIGH POWER ENTERPRISE  
Blk 150 Bishan Street 11  
#01-137 Singapore 570150  
Tel: 6258 1968 Fax: 6258 7167  
Email: gi@highpower.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: HIGH POWER ENTERPRISE

Authorised Officer

Jenny Lim

Authorised Signatory