

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **NA119093877**

Date In: 8/2/09-12:49	Job description	Date & Time Completed	Done by
Ref No: 401072190066024	SAS e-filing		
Veh No: W66183	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/2/09-12:05	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **W66911E** 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)

Remarks:-	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

NA1605347 Invoice Preparation Checklist

Claimant's Particulars:-	Invoice Preparation Checklist	Amnt (\$) for Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Pat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: 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: 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	18/07/2019 10:49
Date Of Accident	17/07/2019 13:05
Exact Location Of Accident	28 SELETAR NORTH LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	WC6118S
Insured/Policyholder	
Name Of Registered Owner	YA HUAN TRANSPORT PTE LTD
Co Reg No	201610485W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83219355
Alternative Phone No	OFFICE-83219355
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYH52S
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	THIRD PARTY
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	DMCVSN1629771903
Cover Note Number	
Driver	
Name of Driver	CUI AIDONG
Passport No/FIN	G2037155U
Date Of Birth	05/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83219355
Fax Number	
Contact Number	OFFICE-83219355
EEmail Address	NOEMAIL

Address	38 DEFU LANE 10 #01-03 DEFU INDUSTRIAL ESTATE
Postcode	539215
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?	
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	WC8911E
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

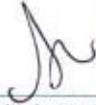
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

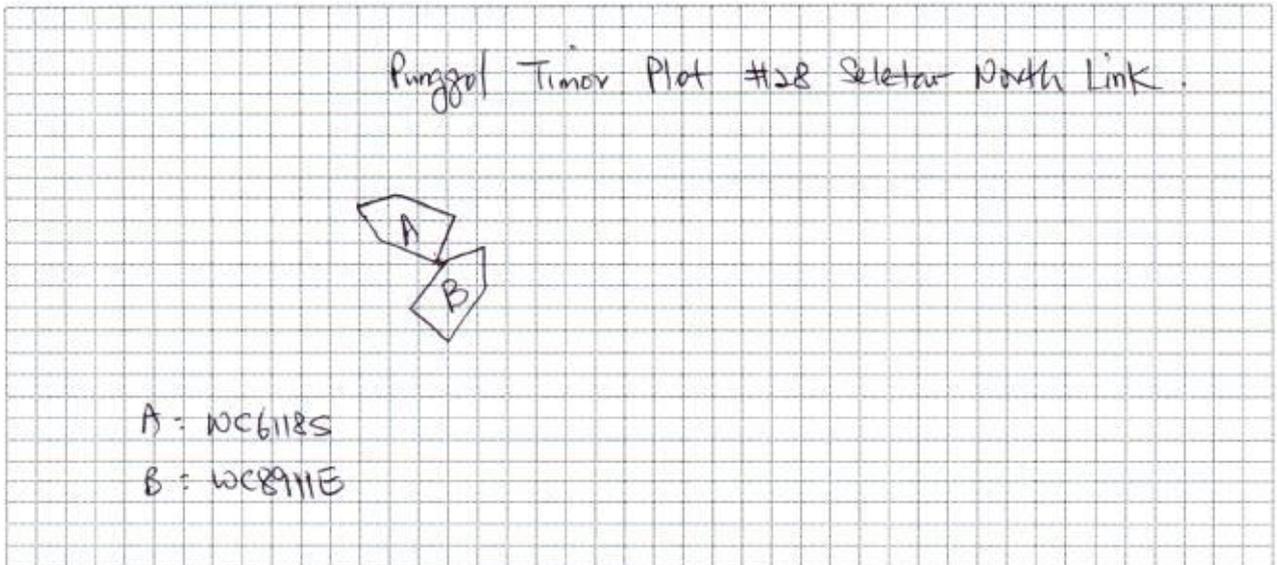

Policyholder's Signature
Date & Time:




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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

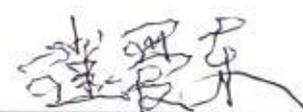
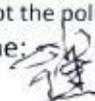
I WAS AT PUNGGOL TIMOR PLOT #28 SELETAR NORTH LINK. I WAS REVERSING SLOWLY AND I IMMEDIATELY E-BRAKE AFTER I SAW VEHICLE B MOVING OFF QUICKLY FROM STATIONARY POINT, HE DID NOT CHECK ON COMING TRAFFIC BEFORE MOVING OFF.

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.:

Accident Reporting Draft

VEHICLE NO: WC6118S

MODEL:

DATE OF ACCIDENT	18/7/19
TIME OF ACCIDENT	1305HRS HRS AM/PM
LOCATION OF ACCIDENT	PUNGGOL TIMOR PLOT #28 SELETAR NORTH LINK
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	YA HUAN TRANSPORT PTE LTD
CONTACT NO.	83219355
NRIC	201610485W
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	CHINA TAIPING
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	CUI AIDONG AS ABOVE / IF NO:
NRIC	G2037155U ANY PASSENGER: 0
DATE OF BIRTH	
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	83219355 OFFICE: HOME:
ADDRESS	38 DEFU LANE 10 #01-03 DEFU INDUSTRIAL ESTATE SINGAPORE 539215
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	WC8911E ANY PASSENGER:
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.	
PARTICULAR WORKSHOP	 Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277
MOBILE NO.	
CONTACT PERSON	
FAX NO.	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Certificate Number: **G 2037155 U**

Name: **CUI AIDONG**

Issue Date: **09 May 2017**

Valid Till: **13.05.2022**

For LKK/NAC Use Only

002681977E




For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

Motor vehicles which are not allowed to carry load or passengers and the unladen weight <= 7250kg



Licence No. G2037155U

NP 428A

S PASS

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

Employer: **TAKHUI CONSTRUCTION PTE. LTD.**

Name: **CUI AIDONG**

IC No: **0 9 40782 10**

For LKK/NAC Use Only

CONSTRUCTION





K1045671

VISIT PASS

Immigration Regulations

Download S@Work/Pass App to check status



FIN: **G2037155U**

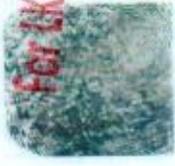
IC No: **0 9 40782 10**

For LKK/NAC Use Only

CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO RESEMBER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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. 200208384E

MZ300/C
R SN
AN0420A
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.	DMCVSN1629771903	Engine No :6WG1418485 Chano: JALCYH52SD7000171
1. Index Mark and Registration Number of Vehicle	WC6118S	AUTOSAFE
2. Name of Policy Holder	YA HUAN TRANSPORT PTE LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 May 2019	Excess Sect I S\$1,500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	09 May 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.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory