

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

29 MAY 19 169696

Date In: 26/12/2019 14:14	Job description	Date & Time Completed	Done by
Ref No: N/A/C/1902262/y	SAS e-filing		
Veh No: G63 8542 Z	E-mail (to/for, A/C, etc)		
DOA: 26/12/2019 11:20	I-Motor Claim Form		
Old 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: SH 710 Z	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 ()	

() 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: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (N11): TP (S-n INC) against WTC \$20	
	9) N12: Ideal 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	26/12/2019 14:14
Date Of Accident	24/12/2019 11:20
Exact Location Of Accident	AYER RAJAH EXPRESSWAY TOWARDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8542Z
Insured/Policyholder	
Name Of Registered Owner	GOLDEN HARVEST SHIPPING SERVICES(SINGAPORE)PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98210128
Alternative Phone No	OFFICE-98210128

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	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	
Cover Note Number	60015851

Driver

Name of Driver	LI CHUANHUA
Passport No/FIN	GXXXX004K
Date Of Birth	07/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98210128
Fax Number	
Contact Number	OTHERS-98210128
EMail Address	NOEMAIL

Address	BLK 212 BUKIT BATOK STREET 21 #10-241
Postcode	650212
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	CHAIN COLLISION
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	4
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191224/2147

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	SJH710Z
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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM8034P

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

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJW3910P

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

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. 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: 20/11/2017


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


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

AYER RAJAH EXPRESSWAY

A

B

C

D

A: GBJB 5422

B: SJH 7102

C: SLM 8034P

D: SJW 3310P

A: GBJ85422

B. SJH7102

C. SLM 8034P

D: SJW 33/0P

As attached police report No. 7/2019/224/2147

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

Reg. No.
201538615C

Policyholder's Signature _____
Date & Time: _____

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

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

NGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 24/12/2019	TIME: 11:20	(hh:mm) 24 hrs Format
LOCATION AYER RAJAH EXPRESSWAY TOWARDS ECP		
VEHICLE NUMBER 9B78542Z		
INSURED NAME GOLDEN HARVEST SHIPPING SERVICES (SINGAPORE) PTE LTD		
NRIC / FIN	CONTACT: 9821 0128	
MAKE NISSAN	MODEL NV200	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY CHINA TAI PING		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 60015851 (COVER NOTE)		
NAME DRIVER: LI CHIA HUA () SAME AS INSURED		
NRIC / FIN 912435004K	CONTACT: 98210128	
DATE OF BIRTH: 07/12/1981		
DRIVING PASS DATE: 05/04/2018		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: (<input checked="" type="checkbox"/>) NO EMAIL		
ADDRESS OF DRIVER: BLK 212 BUKIT BATOK STREET 21 #10-241 SINGAPORE 650212		
Number Of Passenger Include Driver: Driver Only		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) 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 () Drizzling () 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 details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report		
Police Report Number (if any) T/20191224/2147		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver) Contact
Veh B SJH 710Z		() / Not Sure ()
Veh C SLA 8034P		() / Not Sure ()
Veh D SJW 3910P		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()



SINGAPORE POLICE FORCE



T/20191224/2147

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20191224/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2019 20:53	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: LI CHUANHUA			Address: APT BLK 212 BUKIT BATOK STREET 21 #10-241 SINGAPORE 650212	
ID Type / ID No.: FIN NO / G2435004K			Contact No.: Home/Office:	Mobile: 98210128
Nationality: CHINESE			Email:	
Sex: Male	Age: 38	Date of Birth: 07/12/1981	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3C	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2019 11:00	Type of Location: Flyover
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
TOWARDS ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBJ8542Z	Van A	NISSAN	NV200 DX 1.6 AUTO	Grey	Slightly Damaged	0
SJH710Z	Car B	HONDA	FIT 1.3G A	White		0
SJW3910P	Car C	HONDA	CIVIC 1.6L 5AT	Silver		0



**SINGAPORE
POLICE FORCE**



T/20191224/2147

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3

Report No. T/20191224/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI CHUANHUA	ID No.	G2435004K
Related Vehicle	GBJ8542Z (Van)	Contact No.	98210128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 24/12/2019 at about 1100hrs, I was driving in my vehicle, GBJ8542Z along Ayer Rajah Expressway. Subsequently, I drove along the flyover towards ECP. The traffic was congested. Suddenly, I heard a collision at the rear of my vehicle. I alighted and discovered that it was a chain collision. Presence of traffic police and ambulance. I am not injured. The rear bumper and door of my vehicle was dented.

1st Vehicle: GBJ8542Z
2nd Vehicle: SJH710Z
3rd Vehicle: Nil
4th Vehicle: SJW 3910Z



**SINGAPORE
POLICE FORCE**



T/20191224/2147

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE
610158

Tel No: 1800-2659999

3 of 3

Report No. T/20191224/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 LIM JUNJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF SN 124

Contact No.: 65476358

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

24/12/2019 20:53

Classification Of Case:



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.

3 Anson Road #10-05 Singapore Tower Singapore 049932
Tel: 6299 6111 Fax: 2222 1533
Website: www.cti.com.sg
Co. Reg No: 200203326E

MOTOR COVER NOTE

Cover Note No : 60015851
Agent Code : AN0633A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	M/S GOLDEN HARVEST SHIPPING SERVICES (SINGAPORE) PTE LTD
MAKE/MODEL OF VEHICLE	NISSAN NV200
*YEAR OF MANUFACTURE	2019
YEAR OF REGISTRATION	2019
ENGINE NO.	HR16143783D
CHASSIS NO.	VM20133726
ENGINE CAPACITY/TONNAGE	0.71
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM: 16 SEPTEMBER 2019 (14:13 HOURS) TO: 15 SEPTEMBER 2020
EXCESS	S\$ 350.00
AUTOSAFE	NO
HIRE PURCHASE CO.	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD



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).

Not valid unless counter signed by Authorised Agent.



Agent Name & Date

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customer

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

***IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30DAYS FROM 16-09-2019.**