

# NATIONAL Assessment Centre Services: [ver 1 Jan 03] MMA 120052053

Date In: 17/16/20 10:02	Job description	Date & Time Completed	Done by
Ref No: MA1CT3 2000 6349/44	SAS e-illing		
Veh No: YN 1573 L	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 17/16/20 07:20	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: {	Tel:	Fax:
TP Particulars:	Veh No: CB 7291J.	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: ( )

Remarks: (INC 46046 6740 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	Action

MA2003275

Client's Particulars:	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Driver/Owner:	1) All: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: 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		
Tel. 1:	For claiming against INC Only (ver 10 Jan 2003)		
Tel. 2:	6) TR: Re-inspection \$75		
	7) NI: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idco 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	17/06/2020 10:02
Date Of Accident	17/06/2020 07:20
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 & WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1573L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S JKS TRANSPORT & RECYCLING PTE LTD
Co Reg No	2XXXXX287R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81893906

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSN1675531903
Cover Note Number	

### Driver

Name of Driver	SHENG GUOAN
NRIC No	GXXXX944N
Date Of Birth	21/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81893906
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	357C ADMIRALTY DR #13-132
Postcode	753357
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	AFTER RAIN
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?	
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

#### 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	CB7291J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	JUSTIN TOH ENG SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

### JKS TRANSPORT & RECYCLING

2, Sirat Road  
Singapore 545750  
Tel: 6387 3710 / 6387 6907  
Fax: 6387 3826  
Reg No: 29820200W

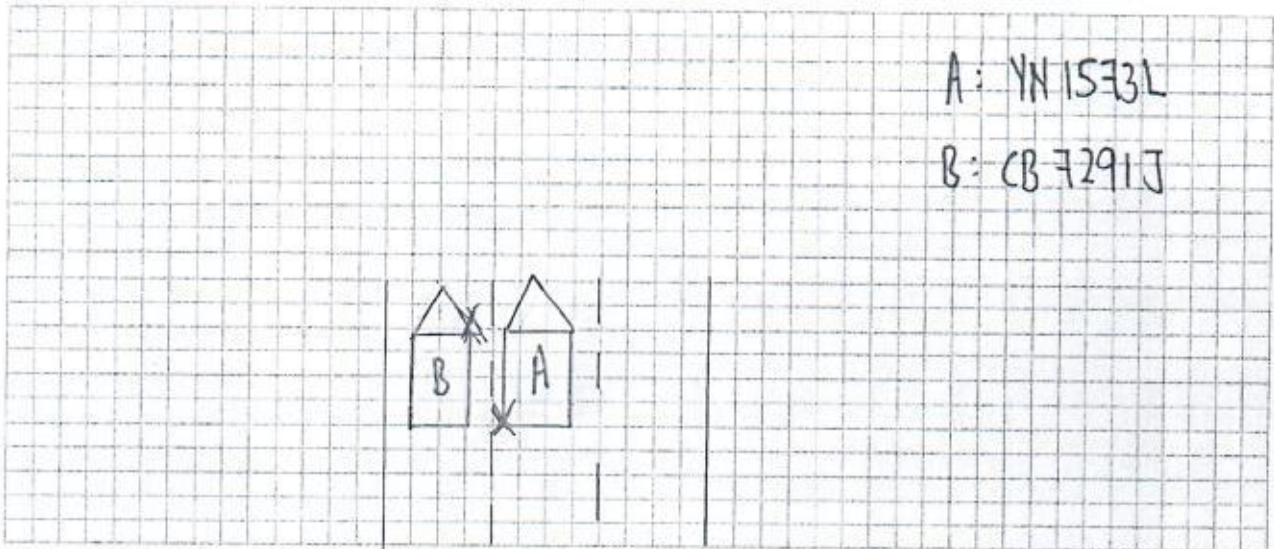
Policyholder's Signature  
Date & Time:

  
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

On 17.06.2020 at about 7.20am, I was travelling along  
 Junction of Woodlands Ave 12 And Woodlands Ave 5, I was stationary  
 at the traffic light. Suddenly Vehicle B came down and said  
 his RH mirror hit my Vehicle A.

## DECLARATION

I declare the foregoing particulars are true in every respect.

**JKS TRANSPORT & RECYCLING**

2, Sirat Road  
 Singapore 545750

Tel: 6387 3710 / 6387 6907

Fax: 6387 3826  
 Policyholder's Signature  
 Date & Time: 20020200W

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

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



Date of Accident : 17.06.2020 Accident Time: 7.20am (24-HR-Format)  
 Accident Place : Junction of Woodlands Ave 12 And Woodlands Ave 5  
 Vehicle. No. (Car Plate No.) : YN 1573L Make/Model: Mitsubishi FK 61FMJ1RDEA.  
 Insurance Company : China Taiping Policy No: DMCVSN 1675531903.  
 Owner or Company Name /IC No. : m/s JKS Transport & Recycling Pte Ltd. (201528287R)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Sheng Guoan (G5428944N)  
 DRIVER'S Date Of Birth : 21.01.1976 DRIVER'S License Pass Date 14.03.2014.  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 357C Admiralty Dr # 13-132 (C) 753357.  
 DRIVER'S Contact No./ Alt No. : 1) 8189 3906. 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1 Driver / 1 passengers.  
 Was there any video Captured by car camera: YES \ NO .  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): NO .

**Other Party Driver's Particular (if any)**

Vehicle. No: CB 7291J  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: Justin Toh Eng Soon  
 IC No. Driver/Contact: \_\_\_\_\_

Vehicle. No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**

Unknown - Male.

**JKS TRANSPORT & RECYCLING**  
 2, Sirat Road  
 Singapore 545750  
 Tel: 6387 3710 / 6387 6907  
 Fax: 6387 3826  
 Reg No: 29820200W





中国太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200238384E

MZ301/C  
R SN  
AN0478A  
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, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1955 (Malaysia)

ORIGINAL

CERTIFICATE No	DMCVSN1675531903	Engine No : GM60145465 Chano: FK61FMA00150
1. Make and Registration Number of Vehicle	YN1573L	AUTOSAFE
2. Name of Policy Holder	M/S JKS TRANSPORT & RECYCLING PTE LTD	
3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment	22 November 2019	Excess Sect 1 ..... \$11,000.00 EX. ON WINDSCREEN ..... \$1100.00
4. Date of Expiry of insurance	21 November 2020	
5. Persons or Classes of Persons entitled to drive*	<p>(1) 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.</p> <p>(2) whilst the vehicle is being used for social, domestic or pleasure purposes Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p>	
6. Limitations as to use*	<p>(1) use in connection with the Policyholder's business.</p> <p>(2) use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) use for social, domestic or pleasure purposes.</p> <p>The Policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>(3) Use for the carriage of passengers for hire or reward.</p>	

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

\* 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.

**/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 stamp



Issued By: INSURANCE PTE. LTD.  
Authorized Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6349 6111 Fax: 6225 3552 Website: www.ctaiping.com