

NATIONAL Assessment Centre Services. [part 1 Jan 2021] MAY 20070807

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/08/2020 16:27 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/C/7200086914 | SAS e-illing | | |
| Veh No: YR 8800 J | E-mail (Update this, A/C this) | | |
| D.O.A: 24/07/2020 13:40 | I-Motor Claims Form | | |
| OD: TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Asst Report by Fax / Hand to Owner/Vicar | | |

| | | |
|--|---|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: XD 4449H | 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: _____

| | | |
|--------------------------------|---|-------------|
| Driver/Owner: | 1) All Accident Reporting (\$30) | |
| Contract No: | 2) DA: Damage Assessment (\$100) INC (\$10) | |
| Uninjured Portion: | 3) TP: Towing Fee \$40/\$45 | |
| IC Checked by (Eng-In-Charge): | 4) PT: Follow-Through Survey \$125 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (var 10 Jan 2005) | |
| | 6) TH: Re-inspection \$75 | |
| | 7) NI: Ideal DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services | |
| | OD: | |
| | *N3: Courtesy Car / Tpl Allowance \$5 | |
| | *N6: Repair Coordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (N11): TP (N/A INC) against DRG \$20 | |
| | *N12: Ideal Mobile \$0 | |
| | Invoice dated | Fee Charged |
| | Invoice dated | Fee Charged |

X/A2004361

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 | 19/08/2020 16:27 |
| Date Of Accident | 24/07/2020 13:40 |
| Exact Location Of Accident | YISHUN VICOM AT YISHUN IND PK A SMALL ENTRANCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | YQ8480J |
| Insured/Policyholder | |
| Name Of Registered Owner | YISHUN TOWING PTE LTD |
| Co Reg No | 2XXXXX908W |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96288480 |
| Alternative Phone No | OFFICE-84921249 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | ISUZU |
| Model | NPR75UH5A-5.2 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | DMCVSN1832041901 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YU QINGZHI |
| NRIC No | GXXXX206T |
| Date Of Birth | 05/09/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/10/2016 |
| Driving Experience | 3 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96288480 |
| Fax Number | |
| Contact Number | OTHERS-84921249 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 634 CHOA CHU KANG NORTH 6 #04-295 |
| Postcode | 680634 |
| 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 | 3 |
| 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 | 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 |
| Police Station Address | ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200808/2055

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 | XD4449H |
| Vehicle Make/Model/Colour | MITSUBISHI FV51JP4RDEA |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

QX499S

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

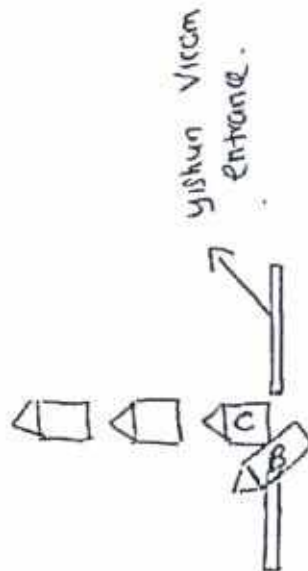
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



A = YQ 8480J

B = XD4449H.

C = QX499S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* PS rep to police report attached *

T/20200808/2055

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Will Qing Shi

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

19/08/2020
[Signature]

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

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident: _____

Does driver own a vehicle: yes / no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC: _____
Driver Name: _____
Driver Pass date: _____
Driver Birth date: _____

Relationship with insured: Employee x Employee
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: X D 4449 H (veh B) x QX 499 S (veh C)
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: _____

Police report (if any) yes/no
Police report reported at which police station: _____
Any intended prosecution given: yes / no
if yes, against whom: veh A / veh B driver

Action taken: claiming third party / claiming own damage / reporting only
No of Pax: 1 pax

Connect3 client vehicle no: Y084803
Owner contact no: 96288480
Date of accident: 24/07/2020
Location of accident: Yishun Ind Park A twd small entrance to Yishun Vicom
Time of accident: 13:40hrs
Any Injury: yes / no (if yes, must have police report)



SINGAPORE POLICE FORCE



T/20200808/2055

1 of 3

Report No: T/20200808/2055

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 08/08/2020 13:54 | | Vide Report No.: T/20200724/2083 | | Station Diary No.: 90 | |
| Informant's Particulars | | | | | |
| Name of Informant: YU QINGZHI | | | Address: APT BLK 634 CHOA CHU KANG NOTH 6 #04-295 SINGAPORE 680634 | | |
| ID Type / ID No.: FIN NO / G2131206T | | | Contact No.: Home/Office: | | Mobile: 84921249 |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 36 | Date of Birth: 05/09/1983 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: TOW TRUCK DRIVER | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 24/07/2020 13:40 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 YISHUN INDUSTRIAL PARK A TOWARDS A SMALL ENTRANCE TO VICOM YISHUN | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------------|------------------|-------|----------------------|-----------------|
| QX499S | Car | TOYOTA | COROLLA ALTIS | White | Seriously Damaged | 0 |
| XD4449H | Lorry | MITSUBISHI | FV51JP4RD EA | White | No Damage | 0 |

Details of Person Involved

| | | |
|---------------------------------|--|--------------------------------|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | | |



SINGAPORE POLICE FORCE



T/20200808/2055

2

Report No. T/20200808/2.

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689285
Tel No: 1800-7659999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Driver | | | |
| Name | YU QINGZHI | ID No. | G2131206T |
| Related Vehicle | NIL | Contact No. | 84921249 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Kannaiah Muneeswaran | ID No. | F7477152K |
| Related Vehicle | NIL | Contact No. | 98066511 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 24/07/2020 at about 1340hrs, I was driving along Yishun Industrial Park A and I turned into Vicom Yishun to do servicing for the police vehicle QX499S that I was driving. As there was a queue, I waited inside the police vehicle QX499S.

After about 5 minutes, a lorry XD4449H turned into Vicom Yishun and stopped a for a while behind the police vehicle QX499S. The driver namely Kannaiah Muneeswaran stopped for a split second and drove over to the left side of the police vehicle. The collision then took place when he collided onto the left side of the police vehicle.

Kannauan Muneeswaran and I exchanged particulars on the spot and took photos of the damages. Nobody was injured. No ambulance or Traffic Police came to the accident location.



SINGAPORE
POLICE FORCE



T/20200808/2055

3 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20200808/2055

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 3 MUHAMMAD KHAIRIL RIFDI BIN JEFFRY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TPA/GIA POLICE FORCE
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP188 SIGNATURE

Signature Of Informant: 于永亮

Date/Time:
08/08/2020 13:54

Classification Of Case:

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, 1952 (Malaysia)

ORIGINAL


| | | | |
|---|--|------------------------|-------------------|
| CERTIFICATE No. | DWCVSN1837041901 | Engine No. | 4MK1738417 |
| | | Chassis No. | JAANPR75H97101723 |
| 1. Index Mark and Registration Number of Vehicle | YQ8480J | | |
| 2. Name of Policy Holder | M/S YISHUN TOWING PTE LTD | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 16 December 2019 | Excess Sect. II | S\$1,000.00 |
| 4. Date of Expiry of Insurance | 15 December 2020 | | |
| 5. Persons or Classes of Persons entitled to cover | <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> | | |

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:  INSURE HUB PTE. LTD.
Authorised Officer


Authorised Signatory

NRIC/Passport/Company Certificate:

20010070097

Owner ID Type:

Company

Owner Name:

YISHUN TOWING PTE LTD

Registered Address:

4015 ANG MO KIO INDUSTRIAL PARK 1 #01-502 ANG MO KIO INDUSTRIAL PARK SINGAPORE 569631

Mailing Address:

-

Birth Date:

-

Vehicle Particulars

Vehicle No.:

YQ8480J

Previous Vehicle No.:

YN309R

Effective Date of Ownership:

10 Oct 2018

Original Regn Date:

16 Jun 2009

Registration Date:

16 Jun 2009

Year of Manufacture:

2009

Vehicle Type:

Goods (Open) Recovery Vehicle

Vehicle Scheme:

-

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Vehicle Make:

ISUZU

Vehicle Model:

NPR75UH5A

Primary Colour:

Blue

Secondary Colour:

-

Passenger Capacity:

2

Chassis No.:

JAANPR75H97101723

Engine No.:

4HK1738417

Engine Capacity / Power Rating:

5193 cc / -

Maximum Power Output:

-

Propellant:

Diesel

Max Unladen Weight:

3980 kg

Maximum Laden Weight:

7900 kg

Open Market Value:

\$43,767.00

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

No. of Transfers:

1

IU Label No.:

1510747900

COE No.:

2009050105000253K

COE Expiry Date:

15 Jun 2019

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium:

\$6,610.00 / -

Actual QP Paid:

\$6,610.00

QP (Regn Cat):

\$6,610.00

QPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$6,610.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$2,189.00

Vehicle Lifespan Expiry Date:

No Lifespan

CO2 Emission:

-

CO Emission:

-

HC Emission:

-