

NATIONAL Assessment Centre Services. part 1 Jan 09 SW0921530009

Date Inc: 5/5/21 14:14	Job description	Date & Time Completed	Done by
Ref No NA/CTI 21005379/U	SAS e-filing		
Veh No XD 425/K XD 425/K	E-mail (within 3hrs, AIC 2hrs)		
TPA 3/3/21 09:05	I-Motor Claim Form		
OID: TP: <u>Reporting Only</u>	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 / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SHD 6045 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 10/11/12 0700 4616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: () Action: ()

NA 2102 993

Client/Particulars	Invoice/Preparation Checklist	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant status INC Only (w/c 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*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: Idno Mobile \$0		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

SW0921530009

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 Submission	03/05/2021 14:14 (SGT)
Date of Accident	03/03/2021 09:05 (SGT)
Exact Location of Accident	Tuas West Rd, Singapore
Additional Location Information	TURNING TO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4251K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FUSHENG ENGINEERING CONSTRUCTION PTE LTD
Company Reg No	-
Email Address	FUSHENGNGRG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98484561
Alternative Phone No	+65-98484561

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	13000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00014672101
Cover Note Number	-

DRIVER

Name of Driver	CHEN TAO
Work Permit No	GXXXX184P

Date Of Birth	06/07/1974
Occupation	Outdoor
Date Of Driving Pass	04/01/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90860318
Alt. Phone Number	-
Email Address	FUSHENGNGRG@YAHOO.COM.SG
Address	510 MACPHERSON ROAD
Address complement	-
Postcode	368208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD604S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUA SWEE POH
NRIC No	SXXXX657C
Contact Number	(Phone) +65-81575708
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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.

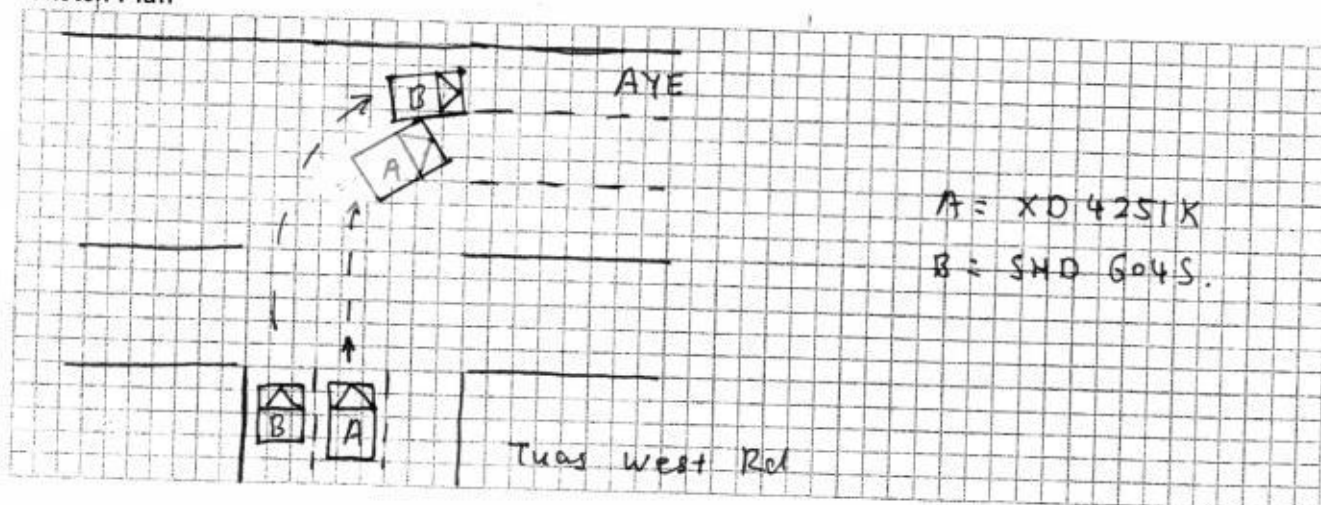


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Tuas West Rd on the center lane, while approaching a traffic junction, I keep inside my lane turning right into AYE, At a sudden I felt an impact when I driving along AYE, suddenly a taxi come to stop me, we both stop to the road side, I ask the driver what happened, the taxi driver told me, my veh call hit onto his veh. I thought my boss and I thought I in wrong so I wrote a admitted letter to the taxi driver. After that I went back to my construction site and view my in-car camera. then I realized * * it was the taxi went into my lane when we both turning right from the junction. As the result, the taxi hit onto my veh left front portion.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SNO921530009 Vehicle Registration No: XD425/K
Name (as shown in NRIC) : Chen Tao NRIC/FIN/Passport No : GXXXX184P
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : FushengTengrg@yahoo.com.sg
Date of Accident : 3/3/21 Time of Accident : 09:05
Place of Accident : Tuas west road
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Carplate from XD4215K to XD425/K

Policyholder / Driver's Signature
Date:


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



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.

Motor Commercial

MZ300/C

R SN

AN0420A

Cov. Type F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

1. Motor Vehicle No.

DMCV5NW00014672101

Engine No.: 6M70429233

Chassis No.: FV51JJA00450

2. Motor Vehicle Registration
Number of Vehicle

XD4251K

3. Name of Policyholder

FUSHENG ENGINEERING CONSTRUCTION PTE LTD

4. Effective date of the Commencement of
insurance for the purpose of the Regulations,
Defendants or Enactments

02/02/2021
(00:00:00)

5. Date of Expiry of Insurance

01/02/2022

6. 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.

7. 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 169)
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 169) 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.cti.com.sg

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 3 / 21) (DD/MM/YYYY), TIME: (09 : 05) (HH:MM)

LOCATION: Tuas South West Rd turn to AYE.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XD 4251 K
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Fusheng Engineering (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98484561
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chen Tao (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90860318
c) ADDRESS: 510 Macpherson Rd # C3 368208

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 6045. MODEL: _____
b) DRIVER'S NAME: Chua Swee Poh
c) NRIC/FIN/PASSPORT: S1830657C. CONTACT: 81575708

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* chop

Email = Fushengengr@yahoo.com.sg

fax =

VIDEO = Yes