

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **SNC821610001**

Date In: 18/06/2021	Job description	Date & Time Completed	Done by
Ref No: N/A 17220006828/4	SAS e-filing		
Veh No: YN 46977	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/06/2021	I-Motor Claim Form		
OD: TP 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: **FORK LIFT** 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:	Date & Time Completed	Done by
(INC hotline 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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 Submission ..... 18/06/2021 17:52 (SGT)  
Date of Accident ..... 17/06/2021 10:30 (SGT)  
Exact Location of Accident ..... 15 Woodlands Loop, Singapore 738322  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YN4697T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GLOBAL OCEAN LINK PTE LTD  
Company Reg No ..... 2XXXXX375N  
Email Address ..... kevinlau7569@gmail.com  
Mobile Phone No ..... (Phone) +65-90683636  
Alternative Phone No ..... +65-82613326

### 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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2977

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00007562105  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WU CHANGLI  
Passport No/FIN ..... GXXXX752L

Date Of Birth	10/10/1990
Occupation	Outdoor
Date Of Driving Pass	18/01/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82613326
Alt. Phone Number	-
Email Address	kevinlau7569@gmail.com
Address	15 WOODLANDS LOOP #04-39
Address complement	-
Postcode	738322
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	Side Swipe
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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20210617/2057 (TYPE OF COLLISION T/P REVERSE AND HIT INSURED)

#### 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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the **GIARC** Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

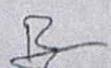
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN08215E.0004 Vehicle Registration No: SHK 94524  
Name (as shown in NRIC): EASWARAN S/O SELVAMANICKAM S8619017F  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: Blk 673A CHOA CHU KANG CRESCENT #05-413 Singapore (681673)  
Contact (Tel): 91098171 Mobile No.: \_\_\_\_\_  
Email Address: 248swaran07@hotmail.com  
Date of Accident: 13/05/2021 Time of Accident: 2200 HRS  
Place of Accident: CHOA CHU KANG ROAD (SINGAPORE)  
Insurance Company: CHINA TAIPING INSURANCE

**(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:

I WOULD LIKE TO REVISED/AMEND MY GIA REPORTS FROM  
REPORTING ONLY TO THIRD PARTY CLAIM.

  
Policyholder / Driver's Signature  
Date: 18.06.2021

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

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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:

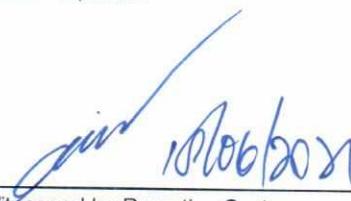
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



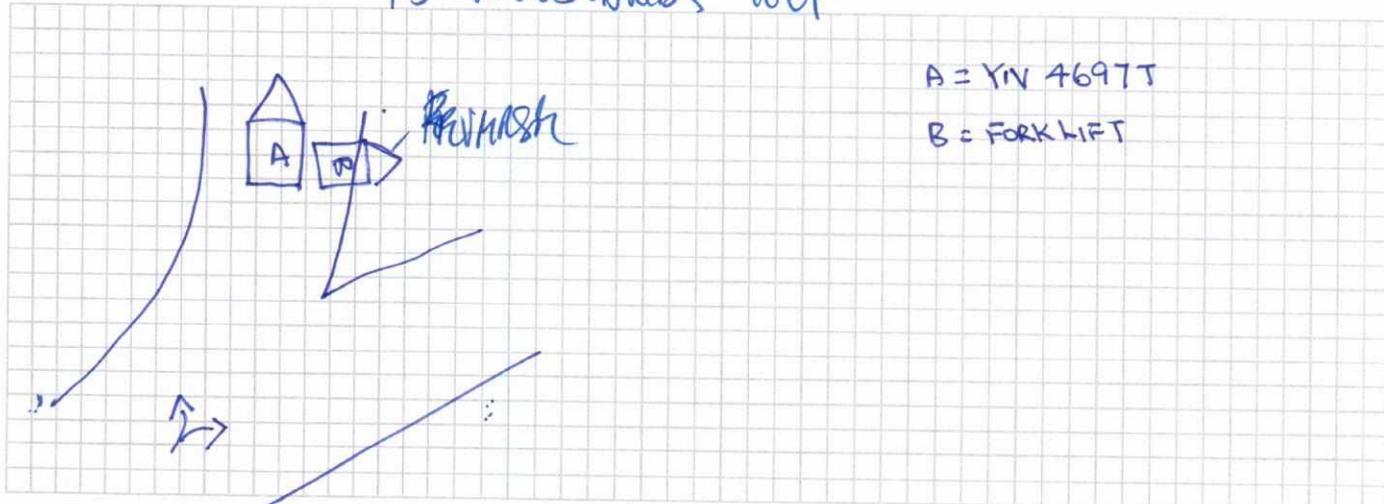
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan

15 WOODLANDS LOOP



**Describe Circumstances of the Accident**

Refer to police report. U20210617/2057

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]* 10/06/2021  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



L/20210617/2057

1 of 2

Report No. L/20210617/2057

**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

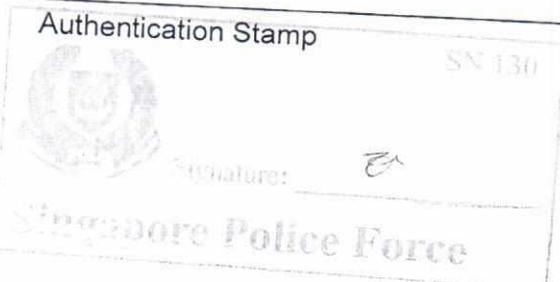
Date/Time Report Made 17/06/2021 17:24		Vide Report No.		Station Diary No. 72	
Name Of Informant WU CHANGLI		Address 15 WOODLANDS LOOP #04-39 SINGAPORE 738322			
ID Type / ID No. FIN NO / G2563752L		Contact No. Home/Office		Mobile 82613326	
Nationality CHINESE		Email Address			
Occupation DELIVERY DRIVER		Sex Male	Age 30	Date of Birth 10/10/1990	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 17/06/2021 10:30 - 17/06/2021 11:00		Location Of Incident 15 WOODLANDS LOOP UNNAMED SINGAPORE 738322 1ST FLOOR			

**Brief details.**

I am the above-mentioned person. I have been a delivery driver for the past 2 months.

On 17/6/2021 at around 1030hrs, I was driving my company's lorry (YN4697T) from the 4th floor of 15 woodlands loop S738322, down to the first floor as I was on my way to make a delivery. When I reached the first floor of the building, I observed that there was a forklift parked at the side of the road. I then made a left turn after seeing that the forklift was already parked and no longer moving. However, while I

Signature Of Officer Recording The Report: L / SCSGT(1) LEE ZHENG QUAN <i>z.</i>	Signature Of Informant: <i>吴起</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2021 17:24
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp WONG XIAO HUI Contact No.:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**



L/20210617/2057

2 of 2

Report No. L/20210617/2057

was making the turn, the forklift suddenly reversed and hit the back right side of my lorry. This resulted in the back door of the lorry cracking and being damaged. There were no injuries as a result of the accident.

Subsequently, I got off my lorry and exchanged particulars with the other driver. The other driver is from the company Ken Hong Seng Pte Ltd, 15 woodlands loop #01-58 S738322.

I am lodging this report for insurance purposes, my company would also like to pursue against the other driver.

I wish to state that my lorry does not have an in car camera.

Signature Of Officer Recording The Report:

L / SCSGT(1) LEE ZHENG QUAN *[Signature]*

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
Insp WONG XIAO HUI  
Contact No.:

Signature Of Informant:

*[Signature]*

Date/Time:  
17/06/2021 17:24

Classification Of Case:

Authentication Stamp

SN 130

Signature: *[Signature]*

Singapore Police Force

Date of Accident : #17/06/21 Accident Time: 1030 (24-HR-Format)  
 Accident Place : 15 WOODLAND LOOP  
 Vehicle No. (Car Plate No.) : YN 469TT Make/Model: M11 FUSO -  
 Insurance Company : CHINA TAIPING Policy No: DMCUSNW0000 7562105  
 Owner or Company Name / IC No. : GLOBAL OCEAN LINK PTE LTD  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 90683636 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : WU CHANGLI 92563752L  
 DRIVER'S Date Of Birth : 10/10/1990 DRIVER'S License Pass Date 18-01-2018  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 15 WOODLAND LOOP #04-39 S(738322)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 82613326  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : kevinlau7569@gmail.com  
 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): 01  
 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): \_\_\_\_\_

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

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

\* NEW - Passenger's name & gender:

Motor Commercial

MZ300/C  
R SN  
AN0575A  
Cov. Type:C

**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)

CERTIFICATE No.	DMCVSNW00007562105	Engine No.:	4P10B06140
		Cha. No.:	FEB21EA00251
1. Index Mark and Registration Number of Vehicle	YN4697T	AUTOSAFE =====	
2. Name of Policy Holder	GLOBAL OCEAN LINK PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/01/2021 (00:00:00)	Excess Sect I.	S\$1,000.00
		EX ON WINDSCREEN.	S\$100.00
4. Date of Expiry of Insurance	19/01/2022		

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.

\* 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: \_\_\_\_\_



Authorised Officer

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.sg.cntaiping.com