

NATIONAL ASSESSMENT CENTRE SERVICES, [unclear] 8082100002

Date In: 13/10/2021 15:46	Job description	Date & Time Completed	Done by
Ref No: N3A/7921010540/Y	SAS e-Milling		
Val No: GRH 6526E	Tranalt (W/alt alt, Alt alt)		
D.O.A: 09/10/2021 12:05	1-Motor Claim Vpin		
	1-Motor W/O (W/alt alt, TP Curr)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asslt Report by [unclear] Hand to Owner/Vpin		

(1) TP / Reporting Only

TP Insurer:

Preferred Wksp / INO Asslt Wksp / OW:	Tel:	Fax:
TP Insurer/Vpin	Val No: SUP 81581A	INC () / Non-INC ()
Owner / Driver ()	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	[Note: Est. Slows (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 Refor of repotion.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Involves: YES () / NO () : Towing Cost ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$9,000) ()

Injury:

N3A/7921010540/Y

Driver/Owner:	1) All Accident Allowance (QD):	
Contract No:	2) PA: Outright Allowance (\$1000) INC (H)	\$1000
Damaged Portion:	3) TP: Towing Fee	\$120
	4) PT: Follow Through Survey	\$30
	5) PT: Follow Through Survey (Recovery)	\$30
	6) PT: Follow Through Survey (Recovery) (W/alt alt, TP Curr)	\$30
	7) TP: Towing Fee	\$120
	8) TP: Towing Fee	\$120
	9) TP: Towing Fee	\$120
	10) TP: Towing Fee	\$120
	11) TP: Towing Fee	\$120
	12) TP: Towing Fee	\$120
	13) TP: Towing Fee	\$120
	14) TP: Towing Fee	\$120
	15) TP: Towing Fee	\$120
	16) TP: Towing Fee	\$120
	17) TP: Towing Fee	\$120
	18) TP: Towing Fee	\$120
	19) TP: Towing Fee	\$120
	20) TP: Towing Fee	\$120

QC Checked by (Engin-Churg):

	21) TP: Towing Fee	\$120
	22) TP: Towing Fee	\$120
	23) TP: Towing Fee	\$120
	24) TP: Towing Fee	\$120
	25) TP: Towing Fee	\$120
	26) TP: Towing Fee	\$120
	27) TP: Towing Fee	\$120
	28) TP: Towing Fee	\$120
	29) TP: Towing Fee	\$120
	30) TP: Towing Fee	\$120

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	13/10/2021 15:46 (SGT)
Date of Accident	04/10/2021 12:05 (SGT)
Exact Location of Accident	3 Defu Lane 10, Singapore 539184
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6326E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZHENG FA TRADING PTE LTD
Company Reg No	1XXXXX332H
Email Address	raymondhon@zhengfa.com.sg
Mobile Phone No	(Phone) +65-91447455
Alternative Phone No	+65-91447455

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00078882103
Cover Note Number	-

DRIVER

Name of Driver	CHOONG WAN YONG
NRIC No	SXXXX407F

Date Of Birth	12/11/1951
Occupation	Outdoor
Date Of Driving Pass	14/08/1978
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91447455
Alt. Phone Number	-
Email Address	raymondhon@zhengfa.com.sg
Address	BLK 91 PAYA LEBAR WAY #03-3005
Address complement	-
Postcode	370091
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	No Collision
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 vehicle 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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CCTV FOOTAGE SHOW FROM THIRD PARTY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8158A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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

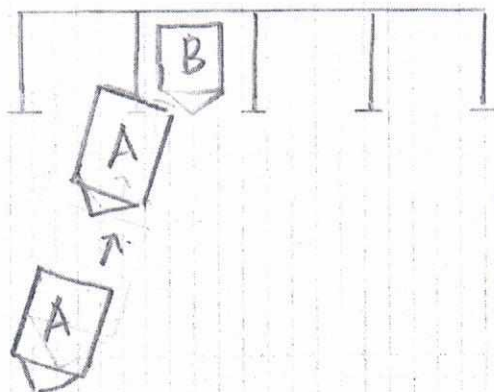
YONG

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

Witnessed by Reporting Centre Personnel

13/00/2021

Sketch Plan



Blk 3 Defu Lane 10.

(A) GRH 6326 E.
(B) SLP 8158 A.

Describe Circumstances of the Accident

At the above time and date.

I was at BLK 3 Defu Lane 10 doing delivery.
I reversed my vehicle and hit onto the front
right portion of vehicle B.

I am making a report only now because I
was not aware of the accident until owner of
vehicle B contacted my office and show us
the footage of the CCTV. The accident was
captured on the CCTV nearby.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Y/M/G

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

13/10/2021

Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

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ACCIDENT DATE: 4/10/2021	TIME: 1205hrs	(hh:mm) 24 hrs Format
LOCATION: BIK 3 Defu Lane 10 carpark.		
VEHICLE NUMBER: GBH6326E.		
INSURED NAME: ZHENG FA TRADING PTE LTD.		
NRIC / FIN: 199308332H.	CONTACT: 91447455.	
MAKE: TOYOTA	MODEL: DYNA	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: () Third Party (<input checked="" type="checkbox"/>) Reporting Only		
INSURANCE COMPANY: CHINA TAIPING		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMCVSNW 0007882103.		
NAME DRIVER: CHOONG WAN YONG () SAME AS INSURED		
NRIC / FIN: S0050407F	CONTACT:	
DATE OF BIRTH: 12-11-1951		
DRIVING PASS DATE: 14-08-1978		
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: raymond.hon@zhengfa.com.sg.	() NO EMAIL	
ADDRESS OF DRIVER: BIK 91 PAYA LEBAR WAY #03-3005 S(370091)		
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 () Other		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Other		
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? (<input checked="" type="checkbox"/>) YES () NO CCTV.		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	Contact
Veh B SLP 8158A.		No. of Paxs (incl'driver)
Veh C		() / Not Sure (<input checked="" type="checkbox"/>)
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()



Motor Commercial

MZ300/C

R SN

AN0633A

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.

DMCVSNW00078882103

Engine No.: 1KD2812863

Cha. No.: JTFAT35Y80K211082

1. Index Mark and Registration
Number of Vehicle

GBH6326E

AUTOSAFE

=====

2. Name of Policy Holder

ZHENG FA TRADING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

14/08/2021
(00:00:00)

Excess Sect I. S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/08/2022

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: SKYLINK INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory