

VALLEY T. ASSESSMENT Centre Services

SN0821CK000C

Date: 20/12/2021 18:42 Ref: N/A/C72210/2896/4 File No: GBE 2538C Date: 17/12/2021 20:30 (TP) Reporting Unit	Selected description SASE filing E-mail (with the Val. Data) i-Motor Claim Form i-Motor W/O (including the 201-TP 401) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner: Wksp
TP Insurer	

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBL 5027D	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%, F: 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 later or repairer

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

Drive-In () / Towel-In (); Invoice YES () / NO (); Towing Co ()

Remarks:- (INC hotline: 6788 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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	And (\$)	And (\$)
		1st Bill	Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$15		
	7) N1: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Blue Mobile		
	10) N13: Courtesy Car / Tpt Allowance \$5		
	11) N14: Repair Coordination \$100		
	12) N15: Post Repair Inspection \$25		
	13) N16: DV / Collect Excess Coordination \$5		
	14) N17: TP (D) & INC Against Ins \$40		
	15) N18: Blue Mobile		
	Invoice dated	See Charges	
	See charges		



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	20/12/2021 18:42 (SGT)
Date of Accident	17/12/2021 20:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	EXIT ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2538C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ZIAM GEI HUAT ALUMINIUM PTE. LTD.
Company Reg No	2XXXXX097K
Email Address	samchiam8@gmail.com
Mobile Phone No	(Phone) +65-82889399
Alternative Phone No	+65-82889399

VEHICLE PARTICULARS

Manufacturer	Kia
Model	K2500 6M/T
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	2497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00113242100
Cover Note Number	-

DRIVER

Name of Driver	SAM CHIAM CHOON WUI
NRIC No	SXXXX133G



Date Of Birth	03/11/1993
Occupation	Indoor
Date Of Driving Pass	24/06/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82889399
Alt. Phone Number	-
Email Address	samchiam8@gmail.com
Address	BLK 365B SEMBAWANG CRESCENT #06-123
Address complement	-
Postcode	752365
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211220/7002

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	GBL5027D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHINNAPILLAI MARUTHMUTHU
Passport No/FIN	GXXXX618T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAM CHIAM CHOON WUI
Gender	Male
Phone No	(Phone) +65-82889399
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBE2538C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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

REFER TO POLICE REPORT

T/2021250/7002

Declaration

We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time

X

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



Witnessed by Reporting Centre Personnel

20/12/2021

(R)

ACCIDENT DATE & LOCATION		
Date & Time of Accident *	Date : 17/12/2021	Time : 2030 (24 hr format)
Exact Location of Accident *	CENTRAL EXPRESSWAY	
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	GBE 2538 C	Make & Type * :
Name of Registered Owner *	ZIAM GEI HUAT ALUMINIUM PTE LTD	
NRIC / FIN / Passport / Co Regn No. *	201712097K	
Contact Number *	82889399	Email/Fax No: samchiam8@gmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SWT/ Other workshop?) / <input type="checkbox"/> Reporting Only	
Name of Insurance Company *	ACE / AIG / China / EQ / Etiqa / MSIG / Tokio Marine	
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft	
Policy No. (Certificate No.) / Cover Note No.	DMCVSNW001132421C0	
DRIVER		
Name of Driver *	SAM CHIAM CHON WUI	Gender* (Male) / Female
NRIC / FIN / Passport Number *	S93421336	
Date of Birth *	03/11/1993 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	24/06/2016	
Contact Number *	82889399	
Address	Blk 365B Sembawang Crescent, #06-123, S(752365)	
Email Address / Fax Number *	Email: samchiam8@gmail.com	Fax:
Relationship of the Driver with the Insured *	Owner / <u>Employee</u> / Spouse / Friend / Others:	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company * <i>NO</i>	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others: Head to Rear	
Weather Conditions *	<u>Clear</u> / Raining / Others:	
Road Surface *	Wet / <u>Dry</u> / Others:	
OTHER INFORMATION		
Was anybody Injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)	
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____	
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes	
DETAILS OF POLICE ACTION		
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station TRAFFIC POLICE, 10 UBI AVE 3	
Was Notice of Intended Prosecution given? *	<input type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____	
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) <u>GRL 5027-D</u> 2) _____	
Vehicle Make / Model / Colour	_____	
Damage to Vehicle/Property?	_____	
Name of Driver	CHINNAPILLAI MARUTHMUTHU	
NRIC/Passport Number	A2659618 T	
Contact Number	BES TECHNOLOGY PTE LTD	
Address	40 KALLANG PLACE	
Insurance Company Name	_____	
DETAILS OF WITNESS		
Name	_____	
Contact No. / Email Address	_____	



SINGAPORE POLICE FORCE



T/20211220/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211220/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 08:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAM CHIAM CHOON WUI			Address: 365B SEMBAWANG CRESCENT #06-123 SINGAPORE 752365		
ID Type / ID No.: NRIC NO / S9342133G			Contact No.: Home/Office:		Mobile: 82889399
Nationality: SINGAPORE CITIZEN			Email: samchiam8@gmail.com		
Sex: Male	Age: 28	Date of Birth: 03/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manufacturing			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2021 20:30	Type of Location: Flyover
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE2538C	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211220/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211220/7002

CONTINUATION OF REPORT

Driver				
Name	SAM CHIAM CHOON WUI		ID No.	S9342133G
Related Vehicle	GBE2538C (Lorry)		Contact No.	82889399
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was going to exit Ang Mo Kio Ave 1 at the end of the exit, going to turn left (towards Serangoon). I stopped at the stop line but the behind lorry (GBL5027D), rear ended my lorry. No foul play involved and conditions are perfectly normal and clear. Moment was brief, we just came out, took some photos and exchange details then left, as we are holding up many cars behind that are waiting to exit.



**SINGAPORE
POLICE FORCE**



T/20211220/7002

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211220/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/12/2021 08:30
Classification Of Case:

NP168



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

N SN

AN0008A

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.

DMCVSNW00113242100

Engine No.: D4CBF837064

Cha. No.:KNCSJX76LG7014660

1. Index Mark and Registration
Number of Vehicle

GBE2538C

AUTOSAFE

2. Name of Policy Holder

ZIAM GEI HUAT ALUMINIUM PTE.LTD

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

09/10/2021
(00:00:00)

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

4. Date of Expiry of Insurance

08/10/2022

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.

HIRE PURCHASE CO.: ETHOZ CAPITAL 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.

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:

ALPINE FINANCIAL PTE LTD

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