

# NATIONAL Assessment Centre Services

Date In: <b>28/12/2021</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA / CTI 21013252/r3</b>	SAS e-filing		
Veh No: <b>GBC 296C</b>	E-mail (within 24hrs. After 2hrs)		
DGR: <b>28/12/2021 08:55</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (within 24hrs. After 2hrs)		
	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: <b>GBC 9119T</b>	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 refer of repairer.

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

Drive-In ( ) / Towed-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

<b>NA 2104856</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$15		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NIUC Additional Services:-		
	9) NI: Idac Mobile		
	• N5: Courtesy Car / Tpt 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) NI2: Idac Mobile \$10		
	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	28/12/2021 17:36 (SGT)
Date of Accident	28/12/2021 08:55 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARD SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG296C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRANK POWER ENGINEERING PTE LTD
Company Reg No	2XXXXXX143R
Email Address	josephchai55@gmail.com
Mobile Phone No	(Phone) +65-96743653
Alternative Phone No	(Office) +65-67556529

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00046882101
Cover Note Number	-

#### DRIVER

Name of Driver	CHAI SWEE FATT
NRIC No	SXXXX837J

Date Of Birth	26/04/1975
Occupation	Indoor
Date Of Driving Pass	26/01/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90627332
Alt. Phone Number	-
Email Address	josephchai55@gmail.com
Address	BLK 627 SENJA ROAD
Address complement	#24-178
Postcode	670627
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	Chain 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	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LUA MING CHAI
Gender	Male

#### 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 THE ATTACHED STATEMENT

#### 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	GBC9119T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ5550B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MD SHOHAG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YQ2187X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN KWANG MENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

### 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



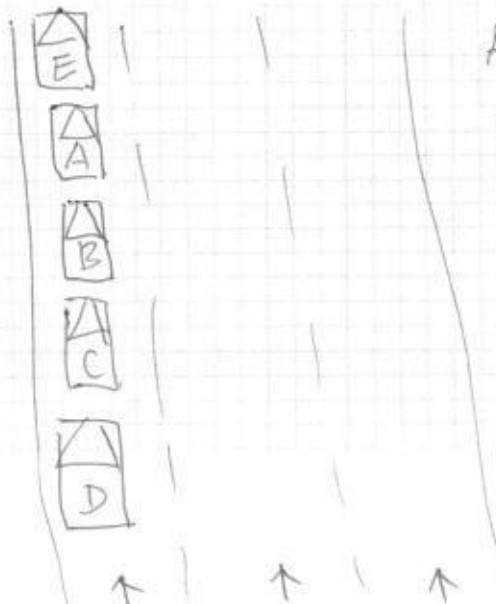
Driver's Signature (If driver is not the policyholder) / Date & Time

Rm 28/12/2021

Witnessed by Reporting Centre Personnel

### Sketch Plan

woodland Ave 12 toward SLE



A - GBG 296C

B - GBC 9119T

C - G2 5550B

D - YQ 2187X

E - Unknown.

### Describe Circumstances of the Accident

On the date and time, I driving my company Lorry GBG 296C along Woodland Ave 12. when traveling straight and just cross the junction front vehicle stop. So I follow to stop and waiting. Suddenly I felt a very strong impact push my lorry forward and contact the front a big lorry. I then drop out my lorry to check and realised the was few lorry behind was contact together and windscreen wear crack. This impact cause my car front slightly dent and rear portion badly damage. and behind the was another three lorry was contact together. After the accident I check in front the ~~car~~ lorry just drive away. So I didn't took any photos and particular about the front big lorry.

A - GBG 296C

B - GBG 9119T

C - G25550B

D - YQ 2187X

E - Unknown.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

28/12/2021

Witnessed by Reporting Centre Personnel

VEHICLE NO: 386296C

MAKE &amp; MODEL : Nissan Cabstar AUTO (MANUAL)

DATE OF ACCIDENT	28 / 12 / 2021	*C.C: 3.0 (2453cc)
TIME OF ACCIDENT	8.55 (AM) / PM	
LOCATION OF ACCIDENT	Woodland Ave 12 toward 8LE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	(EMPLOYMENT) (PRIVATE USE) / PRIVATE HIRE	
NAME OF OWNER	Crank Power Engineering P/L	
EMAIL: Josephchai55@gmail.com	Office: 67556529	MOBILE: 96743653
NRIC	200404143 R	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES (NO)?	
INSURANCE CO.	ching tai	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMCVSNW00046882101	
NAME OF DRIVER	AS ABOVE / (IF NO:) chai swee fatt	
NRIC	57576827J	
DATE OF BIRTH	26 / 04 / 1975	
ANY PASSENGER	(YES) / NO:	
NAME OF PASSENGER	Lua ming chai	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	28 / Jan / 2005	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 90627332 Office:	Home:
EMAIL:	Josephchai55@gmail.com	
ADDRESS	Bik 627, Senja Rd #24-178 S' 870627	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes : Reg No:	INSURER:
RELATIONSHIP	(Employee) / If No:	
WEATHER CONDITION	(Clear) / Raining / Other :	
ROAD SURFACE	(Dry) / Wet / Other :	
ANY INJURIES	(No) / If yes : Who?	
CONTACT NO.	NIL	
POLICE REPORT	(No) / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES: WHO?	
VEHICLE B NO. 38C9119T	Adi Boli Tik	Any Passenger : 0
NAME		
CONTACT NO.		
VEHICLE C NO. G25550R	MD SHOMAG	Any Passenger : 0
VEHICLE D NO. YQ2187X	Tan Kiang Meng	Any Passenger : 0
VEHICLE E NO. UNKNOWN		Any Passenger : 0
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.	NIL	
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		



中国太平保险(新加坡)有限公司

1A/2000.

R. 2.11

130642

### Future Research

### CERTIFICATE OF INSURANCE

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third Party Risks) and Compulsory Air Cleaner 1894  
Motor Vehicles (Third Party Risks) and Compulsory Risks 1895  
Horse Transport 1896 (Horse 1896)  
Motor Vehicles (Third Party Risks) and Compulsory Risks 1897

E-Mail: [V5.N2530044.0002103](mailto:V5.N2530044.0002103)

Figure 16: ZC003073 Data

Chang-Hsin Hsiao, 2024/08/25/11

Index Mark and Registration

5346 J. Neurosci., September 24, 2008 • 28(39):5341–5346

大英皇太子愛德華王子

Number of Variables

2 Name of Policy Holder

CRANK POWER ENGINEERING PTE. LTD.

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

24/05/2021  
(00:00:00)

Excess, Sept 1	\$5,100.00
EX ON WINDSCREEN	\$5,100.00

4. Date of expiry of insurance

230152022

Any person who is driving on the Policyholder's order is with their permission.

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(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 hire or reward or racing, pace-making, reliability trial or speed testing.

7. Use, whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HP PURCHASE CO, TAN CHONG CREDIT PTE LTD AS HP OWNER

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: INSURANCE AGENCIES PTE LTD  
Authorised Officer:

杨亚美  
Authorised Signatory

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

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6222 1033

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