

NATIONAL Assessment Centre Services

Date In 24/01/22	Job description	Date & Time Completed	Done by
Ref No NA/CRI22000804/13	SAS e-filing		
Veh No GBH2819B	E-mail (within 2hrs, AD 2hrs)		
D.O.A 23/01/22 1740	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: WC2819B	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

NA200051	Invoice Preparation Checklist	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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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) N12: Idac 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	24/01/2022 17:08 (SGT)
Date of Accident	23/01/2022 17:40 (SGT)
Exact Location of Accident	Choa Chu Kang Grove, Singapore
Additional Location Information	JUNCTION OF BRICKLAND RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2819B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUANG YI ENGINEERING PTE. LTD.
Company Reg No	2XXXXX784M
Email Address	reginawellscope@yahoo.com.sg
Mobile Phone No	(Phone) +65-92700538
Alternative Phone No	+65-92700538

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 - Claiming third party
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	DMCVSNW00042252103
Cover Note Number	-

DRIVER

Name of Driver	SHEN GUISEN
Passport No/FIN	GXXXX292X

Date Of Birth	14/04/1972
Occupation	Outdoor
Date Of Driving Pass	26/02/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93797992
Alt. Phone Number	-
Email Address	reginawellscope@yahoo.com.sg
Address	2022 BUKIT BATOK ST 23
Address complement	#02-142 BUKIT BATOK INDUSTRIAL ESTATE PARK A
Postcode	659527
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?	Yes
Number of vehicles involved in the accident	3
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JQA6780
Vehicle Category	Motorcycle

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

PLS REFER TO THE POLICE REPORT:T/20220123/7026

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC2819B
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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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JQA6780
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 willful 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

Sketch Plan

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

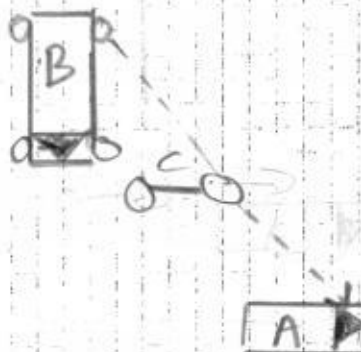
Witnessed by Reporting Centre Personnel

shen gui Sen 24/1/2022

shym 24/01/22

CHOA CHU KANG GROUP

A - GBH289B
B - WC2819B
C - JQA6780



BRICKLAND RD

Describe Circumstances of the Accident

P/s refer to the police report: T/20220123/7026

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

shen gui sen

24/1/2022

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

shen 24/01/22

Witnessed by Reporting Centre Personnel

Google Maps Brickland Rd



Image capture: Sep 2019 © 2022 Google

Singapore

Google

Street View - Sep 2019





SINGAPORE POLICE FORCE



T/20220123/7026

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

1 of 3

Report No. T/20220123/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 20:14	Vide Report No.: J/20220123/0164	Station Diary No.:
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Informant's Particulars

Name of Informant: SHEN GUISEN			Address: 2022 BUKIT BATOK STREET 23 #02-142 BUKIT BATOK INDUSTRIAL ESTATE PARK A SINGAPORE 659527		
ID Type / ID No.: FIN NO / G8166292X			Contact No.: Home/Office: Mobile: 93797992		
Nationality: CHINESE			Email: SHENGUISEN72@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 14/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Construction			Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2022 17:40	Type of Location: T-Junction
Location: CHOA CHU KANG GROVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH2819B	Lorry			Silver	Slightly Damaged	0
WC5368T	Heavy vehicle truck			Blue		0



**SINGAPORE
POLICE FORCE**



T/20220123/7026

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

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Report No. T/20220123/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHEN GUISEN	ID No.	G8166292X
Related Vehicle	GBH2819B (Lorry)	Contact No.	93797992
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 23/01/2022 at about 1740hrs, i was driving my lorry (GBH2819B) along Brickland Road on the most right lane. Nearing the traffic junction of Brickland Road and Choa Chu Kang Grove, i continued driving forward as the light had turned green. However, just as my lorry started crossing the junction, a big water container truck (WC5368T) to the left side of the junction had jammed on the brake, casuing it's last rear left tyre to roll out. The tyre rolled towards my direction and hit onto a motorbike (JQA6780) who was driving alongside me to my left, before rolling over and collided into my vehicle's front left tyre. My vehicle sustained damages of a broken and dented area near the bottom of the left passenger door and the front left tyre. I did not suffer from any injuries, however the bike rider was conveyed to the hospital via Ambulance. The traffic Police was at scene ref J/20220123/0164.



**SINGAPORE
POLICE FORCE**



T/20220123/7026

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

3 of 3

Report No. T/20220123/7026

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 / TPB /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

This report is lodged at Bukit Batok NPP Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/01/2022 20:14

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 22) (DD/MM/YYYY), TIME: (17 : 40) (HH:MM)

LOCATION: CHOA CHU KANG GROVE

1. DETAILS OF VEHICLE

Q) VEHICLE NUMBER: GB42819B

b) INSURANCE COMPANY: CHINA TAIPING

c) POLICY NUMBER: DMCKNW00042752/03

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: TOYOTA DYNA Auto Manual

1) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME:

1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO

IF NO, PLEASE STATE THIRD PARTY CLAIM/ REPORTING ONLY

2. INSURED / POLICY HOLDER

A) NAME: CHUAN YI ENGINEERING PL (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: _____ CONTACT: 92700538

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

C) NAME: SHEN GUISEN (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: G8166292X CONTACT: 93797992

C/ADDRESS: 2032 BUKIT BATUK ST 23

*d) DATE OF BIRTH: (14/04/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

F) YEARS OF DRIVING EXPERIENCE: 26/02/2016

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

d) VEHICLE NUMBER: WC2819B MODEL: _____

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: 19A678D MODEL: _____

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = reginawellscope@yahoo.com - 59

$$f_{ax} =$$

VIDEO = yes, sd card with tp



Motor Commercial

MZ300/C

R SN

AN0643A

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. DMCVSNW00042252103

Engine No.: 1KD2788727

Cha. No.: JTFAT35Y70K209968

1. Index Mark and Registration Number of Vehicle GBH2819B

AUTOSAFE

=====

2. Name of Policy Holder CHUANG YI ENGINEERING PL

3. Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment 05/04/2021 (00:00:00)

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

4. Date of Expiry of Insurance 04/04/2022

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. : ABWIN PTE LTD AS HP OWNER

* 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: RADICAL TRADING PTE LTD
Authorised Officer


Authorised Signatory