

# NATIONAL Assessment Centre Services

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 24/01/22          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTI 22000836/12 | SAS e-filing                             |                       |         |
| Veh No: 4P9341B            | E-mail (w/den. 3hrs, AP 2hrs)            |                       |         |
| D.O.A: 22/01/22 1235       | i-Motor Claim Form                       |                       |         |
| OD: (TP) Reporting Only    | i-Motor W/O (Within: Q1: 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: SGV8765A   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA2200249

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

|   | Amt (\$) | Amt (\$) |
|---|----------|----------|
|   | 1st Bill | Add Bill |
| 1) AR : Accident Reporting (\$30);              |          |          |
| 2) DA : Damage Assessment (\$100); INC (\$80)   |          |          |
| 3) TF : Towing Fee \$40/\$45                    |          |          |
| 4) FT : Follow-Through Survey \$120             |          |          |
| 5) RT : Follow-Through Survey (Resurvey) \$30   |          |          |
| For claiming against INC Only (wef 10 Jan 2005) |          |          |
| 6) TR : Re-inspection \$75                      |          |          |
| 7) N1 : Idac DA + SMRT Survey \$160             |          |          |
| 8) NTUC Additional Services:-                   |          |          |
| OD:   |          |          |
| *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

Invoice dated

Fee Charged

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 18:12 (SGT) |
| Date of Accident                | 22/01/2022 12:35 (SGT) |
| Exact Location of Accident      | Hume Ave, Singapore    |
| Additional Location Information | TWDS HILLVIEW AVE      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | YP9341B |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |  |
|--------------------------|--|
| Is company?              | Yes  |
| Name Of Registered Owner | YEOW HENG VEGETABLES & FRUITS SUPPLIES PTE LTD |
| Company Reg No           | 2XXXXX725E                                     |
| Email Address            | khyhveg@singnet.com.sg                         |
| Mobile Phone No          | (Phone) +65-98313905                           |
| Alternative Phone No     | +65-98313905                                   |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mitsubishi                |
| Model  | Canter                    |
| 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   | 2998                      |

#### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMCVSNW00095662102                            |
| Cover Note Number         | -   |

#### DRIVER

|                 |           |
|-----------------|-----------|
| Name of Driver  | CAO QIANG |
| Passport No/FIN | GXXXX122Q |

|  |                        |
|--|------------------------|
| Date Of Birth  | 27/11/1986             |
| Occupation   | Outdoor                |
| Date Of Driving Pass   | 26/03/2018             |
| Driving experience   | 3 YEARS AND 10 MONTHS  |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-98967938   |
| Alt. Phone Number  | -                      |
| Email Address  | khyhveg@singnet.com.sg |
| Address  | 59B JLN TUA KONG       |
| Address complement   | -                      |
| Postcode   | 457254                 |
| 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?  | 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   | KHANAN |
| 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

PLS 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 | SGV8765A    |
| 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

### 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.

Yeow Heng Fresh Vegetables & Fruit Supplier

No 59-B, Jalan Tua Kong Singapore 457252

Tel: 6445 8553 Fax: 6876 0713

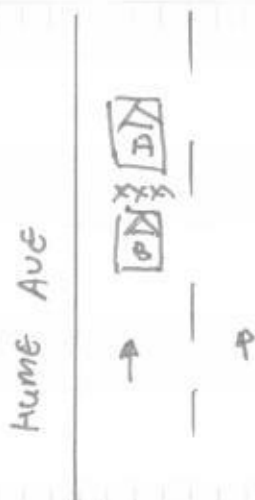
E-mail: khyhveg@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A: 4P 9341B

B: SGV 8765A

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG THE LEFT LANE OF 2 LANES  
ALONG HUME AVE, WHILE TRAVELLING STRAIGHT, VEHICLE IN FRONT  
BRAKE AND STOP, I ALSO SLOWED DOWN AND STOP, WHEN  
SUDDENLY ONE M/CAR 3GV 8765A CAME FROM MY REAR AND  
COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

Yeow Heng Fresh Vegetables & Fruit Supplier

No 59-B, Jalan Tua Kong Singapore 457252

Tel: 6445 8553 Fax: 6876 0713 CAO QIANG

E-mail: khyhveg@singnet.com.sg

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

CAO QIANG

Shm 24/10/22

|  |   |                |                   |                      |
|--|---|----------------|-------------------|----------------------|
| VEHICLE NO.  | Yp9341B   | MAKE & MODEL : | MITSUBISHI CANTER | AUTO / <u>MANUAL</u> |
| DATE OF ACCIDENT   | 22 / 01 / 2022  | *C.C.          |                   |                      |
| TIME OF ACCIDENT   | 12.35 AM / PM   |                |                   |                      |
| LOCATION OF ACCIDENT   | HUME AVE TOWARDS HILLVIEW AVE                                 |                |                   |                      |
| EXACT PURPOSE USED AT TIME OF ACCIDENT   | <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE                |                |                   |                      |
| NAME OF OWNER  | YEOW HENG VEGG TABLES & FRUITS SUPPLIES PTE LTD               |                |                   |                      |
| TELP NO  | Mobile: 98313901 Office: Home:                                |                |                   |                      |
| NRIC   | 201135725E  |                |                   |                      |
| CLAIM TYPE   | OD / <u>THIRD PARTY</u> / REPORTING ONLY                      |                |                   |                      |
| FLEET POLICY   | YES / <u>NO</u> ?   |                |                   |                      |
| INSURANCE CO.  | CHINA TAIPING   |                |                   |                      |
| TYPE OF COVERAGE   | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft |                |                   |                      |
| POLICY NO.   | DMCVSNW 00095662102   |                |                   |                      |
| NAME OF DRIVER   | AS ABOVE / IF NO: CAO QIANG                                   |                |                   |                      |
| NRIC   | G8595122Q   |                |                   |                      |
| DATE OF BIRTH  | 27 / 11 / 1986  |                |                   |                      |
| ANY PASSENGER  | YES / NO : 01   |                |                   |                      |
| NAME OF PASSENGER  | KHANAN (M)  |                |                   |                      |
| GENDER OF PASSENGER  | <u>MALE</u> / FEMALE  |                |                   |                      |
| OCCUPATION   | Outdoor / Indoor  |                |                   |                      |
| DATE OF DRIVING PASS   | 26 / 03 / 2018  |                |                   |                      |
| GENDER   | <u>Male</u> / Female  |                |                   |                      |
| CONTACT NO.  | Mobile: 98967938 Office: Home:                                |                |                   |                      |
| EMAIL:   | KHYHVEG @ SINGNET.COM.SG                                      |                |                   |                      |
| ADDRESS  | 59-B JAWAHAR KONG S (457254) SOUTH UNION PARK                 |                |                   |                      |
| DOES DRIVER OWN OTHER VEHICLES?  | <u>NO</u> / If yes, Reg No.                                   |                |                   | INSURER:             |
| RELATIONSHIP   | <u>Employee</u> / If No.                                      |                |                   |                      |
| WEATHER CONDITION  | <u>Clear</u> / Raining / Other :                              |                |                   |                      |
| ROAD SURFACE   | <u>Dry</u> / Wet / Other :                                    |                |                   |                      |
| ANY INJURIES   | <u>No</u> / If yes, <b>Who</b> ?                              |                |                   |                      |
| CONTACT NO.  |   |                |                   |                      |
| POLICE REPORT  | <u>No</u> / If yes, Where?                                    |                |                   |                      |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <u>NO</u> / IF YES, WHO?                                      |                |                   |                      |
| VEHICLE B NO.  | SGV 8765A Any Passenger : <u>NO</u>                           |                |                   |                      |
| NAME   |   |                |                   |                      |
| CONTACT NO.  |   |                |                   |                      |
| VEHICLE C NO.  | Any Passenger :   |                |                   |                      |
| VEHICLE D NO.  | Any Passenger :   |                |                   |                      |
| VEHICLE E NO.  | Any Passenger :   |                |                   |                      |
| VEHICLE F NO.  | Any Passenger :   |                |                   |                      |
| ANY WITNESS  |   |                |                   |                      |
| WITNESS CONTACT NO.  |   |                |                   |                      |
| WAS THERE ANY VIDEO CAPTURE?   | YES / <u>NO</u>   |                |                   |                      |
| WAS THERE ANY AUDIO RECORDED?  | YES / <u>NO</u>   |                |                   |                      |
| SCENE ACCIDENT PHOTOS TAKEN?   | YES / <u>NO</u>   |                |                   |                      |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <u>NO</u>   |                |                   |                      |

SM AUTOMOTIVE

Email: sm\_automotive@hotmail.com

Tel: 6747 9241



Motor Commercial

MZ300/C

R SN

AN0679A

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.

DMCVSNW00095662102

Engine No.: 4P10D20275

Cha. No.: FEB21EA25213

1. Index Mark and Registration  
Number of Vehicle

YP9341B

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

YEOW HENG VEGETABLES & FRUITS SUPPLIES PTE. LTD.

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

12/09/2021  
(00:00:00)

Excess Sect I S\$450.00  
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/09/2022

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.

**新时代汽车保险代理私人有限公司**  
**NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD**  
Blk 9010 Tampines Street 93  
#02-79 Singapore 528844  
Tel: 6260 8705 / 6260 8706 / 9846 6078  
Email: enquiry.newtimes@gmail.com

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:

ABWIN PTE LTD  
Authorised Officer

Authorised Signatory