

NATION 17 Assessment Centre Services

520822180001

Date In: 28/1/22 19:18	Job description	Date & Time Completed	Done by
Ref No: N/A CT1 220010217	SAS e-filing		
Veh No: CR8487E	E-mail (within 8hrs. Alt. 2hrs.)		
DOA: 28/1/22 14:10	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 01: 2hrs. 10 mins)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkst		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Veh No: SFY 60997	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

1/A2200431	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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 \$75		
	7) NI: Idue DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q11:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idue Mobile \$30		
Cat. 2 / 3:	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	28/01/2022 19:18 (SGT)
Date of Accident	28/01/2022 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SCOTTS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8487E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAL TRANSPORT PTR LTD
Company Reg No	2XXXXX086E
Email Address	KALTRANSPORT@TTS.EDU.SG
Mobile Phone No	(Phone) +65-67767371
Alternative Phone No	(Office) +65-67767371

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	DMB1SNW00001992104
Cover Note Number	-

DRIVER

Name of Driver	LI JUNYI
NRIC No	SXXXX575Z

Date Of Birth	21/11/1949
Occupation	Outdoor
Date Of Driving Pass	01/03/1967
Driving experience	54 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91881001
Alt. Phone Number	-
Email Address	KALTRANSPORT@TTS.EDU.SG
Address	BLK 891B WOODLANDS DR 50
Address complement	#05-185
Postcode	731891
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	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

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 NO: T/20220128/7016

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	SFY6099Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT1168H
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

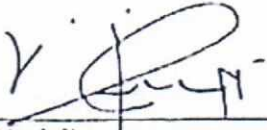
1. Please report correctly the details of the accident to speed up the claims process
2. This form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:


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

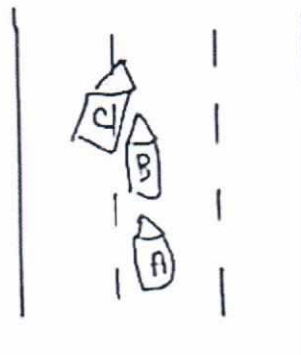

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - CB8487E

B - SFT 60992

C - SKT 1168H.



Scotts Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20220128/7016

1 of 3

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

Report No. T/20220128/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2022 16:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI JUNYI		Address: 891B WOODLANDS DRIVE 50 #05-185 SINGAPORE 731891			
ID Type / ID No.: NRIC NO / S0836575Z		Contact No.: Home/Office:		Mobile: 91881001	
Nationality: SINGAPORE CITIZEN		Email: LIJUNYI@ME.COM			
Sex: Male	Age: 72	Date of Birth: 21/11/1949		Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2022 14:10	Type of Location: Straight Road
Location: SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB8487E	Van					0
SFY6099Z	Car			Maroon		0
SKT1168H	Car			White		0



**SINGAPORE
POLICE FORCE**



T/20220128/7016

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

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Report No. T/20220128/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved. No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI JUNYI	ID No.	S0836575Z
Related Vehicle	CB8487E (Van)	Contact No.	91881001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 28/01/2022 AROUND 1412RS, I WAS DRIVING MY BUS CB8487E ALONG SCOTTS ROAD. SUDDENLY THERE IS A WHITE VEHICLE SKT1168H SWERVED INTO A MAROON CAR SFY6099Z AND BRUSH AGAINST VEH SFY6099Z LEFT PORTION. VEH SFY6099Z JAM BRAKE, I CANNOT STOP IN TIME AND COLLIDED ONTO VEH SFY6099Z. THE WHITE VEHICLE SKT1168H DID NOT STOP AND DROVE OFF THE SCENE.



**SINGAPORE
POLICE FORCE**



T/20220128/7016

3 of 3

Report No. T/20220128/7016

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

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 /
NEO ZHI YUAN
Contact No.: 65476079

NP168

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

Date/Time:
28/01/2022 16:28

Classification Of Case:

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes/no
if yes, veh number plate: _____
veh insurance co: _____

Driver IC:
Driver Name :
Driver Pass date :
Driver Birth date :

Relationship with insured: Employer & Employer
Witness (if any): yes/no
Witness name: _____
Witness hp: _____
Witness email (if any): _____
Witness add: _____
Witness IC no: _____

Third party veh number: SXT 116SH , SFT 60992
Name of third party driver: _____
IC of third party driver: _____
HP of third party driver: _____
Address of third party driver: _____
Insured/Co name of third party vehicle: _____
Contact number of insured/Co: _____
Insurance co of third party vehicle: India

Police report (if any): yes/no
Police report reported at which police station: 10661 Ave 3
Any intended prosecution given: yes/no
if yes, against whom: veh A /veh B driver

Action taken: claiming third party / claiming own damage / reporting only
No of Pax: _____

Male

Female

Connect3 client vehicle no: CB8487E
Owner contact no: 6776 7371
Date of accident: 28/01/2022
Location of accident: Scotts Road
Time of accident: 14 12hrs
Any Injury: yes/no (if yes, must have police report)

Email Address: KALTransport@TTS.edu.sg



Motor Bus

MZ601

E SN

AN0580A

Cov. Type:F

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.

DMB1SNW00001992104

Engine No.: ZD30048741K

Cha. No.: JN1TG4E25Z0715412

1. Index Mark and Registration
Number of Vehicle

CB8487E

2. Name of Policy Holder

KAL TRANSPORT PTE LTD

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

15/07/2021
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

05/03/2022

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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:*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) 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:

Zhong Wei Jiang
Authorised Officer



杨亚美

Authorised Signatory