

# NATIONAL Assessment Centre Services *SA 2220001*

Date In: <i>14/2/22 12:40</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA CT122001372/T</i>	SAS e-illing	<input checked="" type="checkbox"/>	
Veh No: <i>GBK 1815C</i>	E-mail (within 4hrs. Aft. 2hrs.)		
DOA: <i>9/2/22 15:00</i>	I-Motor Claim Form		
OD: <i>TP</i> Reporting Only	I-Motor W/O (Within 04 hrs. 1P 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner (Wksn)		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <i>GBK 1815C</i>	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

<i>1A2200397</i> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC. Only (wef 10 Jan 2015)			
	6) TR: Re-inspection \$75			
	7) NI: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
*N3: Courtesy Car / Tst Allowance \$3 *N6: Repair Coordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idm Mobile \$0				
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	14/02/2022 12:40 (SGT)
Date of Accident	09/02/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION BETWEEN WOODLANDS AVE 10 & WOODLANDS AVE 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1815C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YONG CHUAN MARINE ENGINEERING PTE LTD
Company Reg No	2XXXXX596D
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-84299163
Alternative Phone No	(Office) +65-84299163

### 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	DMCVSNW00017672201
Cover Note Number	-

### DRIVER

Name of Driver	WANG RONGSHUI
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Passport No/FIN	GXXXX262Q
Date Of Birth	24/05/1984
Occupation	Outdoor
Date Of Driving Pass	07/02/2015
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-84299163
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	718 BEDOK RESERVOIR ROAD
Address complement	#02-4568
Postcode	470718
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	Raining
Road Surface	Wet

#### 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

#### 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	YP8105Z
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANG RONGSHUI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	GBK1815C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



## 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.

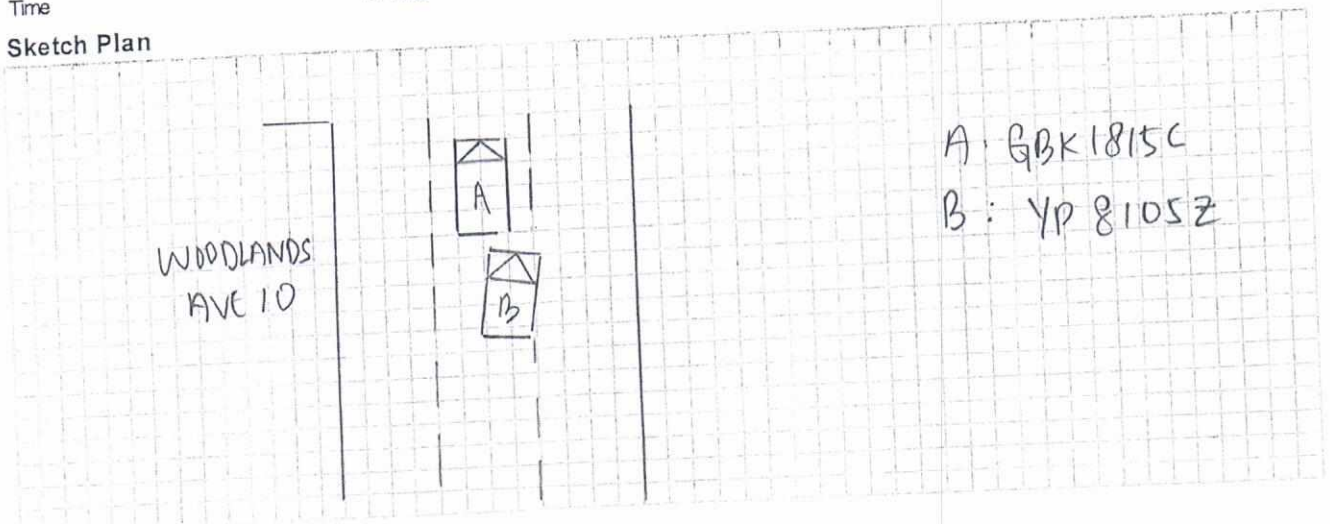
  
Policyholder's Signature & Date & Time



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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan




Describe Circumstances of the Accident


On 09/02/2022, at about 15:00hrs, I was travelling along Woodlands Ave 9. Upon reaching the T-junction between Woodlands Ave 10 and Woodlands Ave 9, I stopped my vehicle before the stop line as the traffic was red. Out of a sudden, I felt a huge impact from the rear. I then realised vehicle B could not stop in time and collided onto the rear portion of my vehicle.

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

  
Witnessed by Reporting Centre Personnel



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 9th February 2022 TIME: 15:00 (hh:mm) 24 hrs Format  
LOCATION T-JUNCTION BETWEEN WOODLANDS AVE 10 & WOODLANDS AVE 9

VEHICLE NUMBER GBK 1815C  
INSURED NAME YONG CHUAN MARINE ENGINEERING PTE. LTD.  
NRIC / FIN 2017055960 CONTACT: 8429 9163

MAKE Toyota MODEL Dyna  
Are you claiming under your own insurance policy for repair to your vehicle?  
( ) Yes, If No, Pls Select: ( ☒ ) Third Party ( ) Reporting Only

INSURANCE COMPANY China Taiping  
TYPE OF POLICY ( ☒ ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT  
POLICY NUMBER: DMCVS NW000 19672201

NAME DRIVER: WANG RONGSHUI ( ) SAME AS INSURED

NRIC / FIN 931072620 CONTACT: 8429 9163

DATE OF BIRTH: 24-05-1984  
DRIVING PASS DATE: 07-02-2015

OCCUPATION: ( ) INDOOR ( ☒ ) OUTDOOR

GENDER: ( ☒ ) MALE ( ) FEMALE

EMAIL ADDRESS: estp166@gmail.com ( ) NO EMAIL

ADDRESS OF DRIVER: 718 BEDOK RESERVOIR ROAD #02-4568 S(470718)

Number Of Passenger Include Driver: DRIVER ONLY

Was driver an employee of the Insured's Company? ( ☒ ) YES ( ) NO

If No, Relationship Of The Driver With The Insured

( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others

Does The Driver Own Any Other Vehicle? : ( ) YES ( ☒ ) NO

If Yes, Vehicle Registration Number Of Driver's Own Vehicle:

Insurance Company Of Driver's Own Vehicle

Weather Conditions: ( ) Clear ( ☒ ) Raining ( ) Drizzling ( ) Others

Road Surface : ( ) Dry ( ☒ ) Wet ( ) Others

Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ☒ ) NO

Was Anybody Injured In The Accident? ( ☒ ) YES ( ) NO

If YES, Injured details: DRIVER (BODY PAIN)

Convey By Ambulance: ( ) YES ( ☒ ) NO

Was There Any Video Capture By Car Camera? ( ) YES ( ☒ ) NO

Was There Accident Reported To The Police? ( ) YES ( ☒ ) NO If Yes Attach Police Report

Police Report Number (if any)

Details Of 3rd Party Name / NRIC Contact

Veh B YP 8105 Z

Veh C

Veh D

Veh E

Veh F

Veh G





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

R SN

AN0083A

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, 1960 (Malaysia)

CERTIFICATE No.

DMCVSNW00017672201

Engine No.: 1KDB024198

Chs. No.: JTFAT35Y70K214796

1. Index Mark and Registration  
Number of Vehicle

GBK1815C

AUTOSAFE

2. Name of Policy Holder

YONG CHUAN MARINE ENGINEERING PTE. LTD.

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

06/02/2022  
(00:00:00)

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

4. Date of Expiry of Insurance

05/02/2023

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.

\* 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

KO3 AGENCY

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208364E)  
110 Robinson Road #16-03 Springleaf Tower Singapore 079909

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☎ 6222 1033

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