

# NATIONAL Assessment Centre Services

SN0822290002

Date In: 16/01/2022 15:16	Job description	Date & Time Completed	Done by
Ref No: N/A/CID22001507/N	SAS e-filing		
Veh No: GBT 4861E	E-mail (within 3hrs. Aft. 2hrs.)		
DDA: 15/01/2022 17:20	I-Motor Claim Form		
DD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within 14. 2hrs. 11* 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSM		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJT 6195H	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

N/A 2200453	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	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)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2 / 3:	7) NI: Idan DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NTUC Additional Services:-			
	*N5: Courtesy Car / Trip 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: Idan 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	16/02/2022 15:16 (SGT)
Date of Accident	15/02/2022 17:20 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4361E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Y3 CONSTRUCTION PTE LTD
Company Reg No	2XXXXX339H
Email Address	hr@y3construct.com
Mobile Phone No	(Phone) +65-86045608
Alternative Phone No	+65-86045608

### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1499

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00044872102
Cover Note Number	-

### DRIVER

Name of Driver	CHAI YANJUN
Passport No/FIN	GXXXX763L

Date Of Birth	09/01/1981
Occupation	Outdoor
Date Of Driving Pass	07/06/2019
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86045608
Alt. Phone Number	-
Email Address	hr@y3construct.com
Address	39 WOODLANDS CLOSE #04-09
Address complement	MEGA @ WOODLANDS
Postcode	737856
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)	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 SKETCH PLAN

#### 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	SJT6195H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

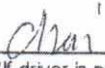
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

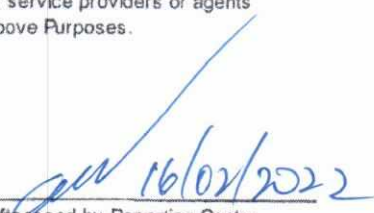
## SKETCH PLAN

### 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.

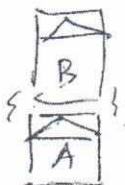
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

MCE TOWARDS CHONG AIRPORT



A : GBJ 4361 E.

B : SJT 6195 H.

Describe Circumstances of the Accident

I DRIVING ALONG MCE HIGHWAY, INFRONT CAR SUDDENTLY  
JAM BRAKE AND I CAN'T STOP IN TIME  
THEN, HIT ON HIS REAR PORTION.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

chai

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

Witnessed by Reporting Centre  
Personnel

16/02/2022

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 02 / 2022 (dd/mm/yy) Time of Accident: 17 : 20 ( 24-HR-FORMAT)  
Vehicle No.: GBJ4361E Vehicle Make & Model: CITREON BELINGO  
\*Transmission : ☐ Manual ☒ Auto \*C.c : 1499  
Exact location of Accident: MCE TOWARDS CHANGI AIRPORT  
Policyholder's Name: Y3 CONSTRUCTION PTE LTD NRIC/FIN/REG No.: 201509339H  
\*Policyholder's email address : HR@Y3CONSTRUCT.COM  
Driver's Name: CHAI YANJUN NRIC/FIN/REG No.: G3831763L  
\*Driver's email address : HR@Y3CONSTRUCT.COM  
Driver's Contact No.: 86045608 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 09/01/1981 Driving Pass Date: 07/06/2019  
Driver's Address: 39 WOODLANDS CLOSE, 04-09 MEGA@WOODLANDS, SINGAPORE (737856)  
Insurance Company: CHINA TAIPING  
Policy No.: DMCVSNW00044872102 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please **CIRCLE** one only)  
Owner /Spouse / Children / Friend / Parents / Sibling / Relative Employee / Hirer or Others specify: \_\_\_\_\_  
What do you wish to claim? (Please **TICK** one only)  
☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 1  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☐ Yes ☒ No  
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: \_\_\_\_\_  
Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SJT6195H  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Motor Commercial

MZ300/C

R SN

AN0633A

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.

DMCVSNW00044872102

Engine No.: 10Q3BN0002629

Cha. No.: VR7EFYHZRJ884101

1 Index Mark and Registration  
Number of Vehicle

GBJ4361E

AUTOSAFE  
\*\*\*\*\*

2 Name of Policy Holder

Y3 CONSTRUCTION PTE LTD

3 Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment26/04/2021  
(00:00:00)Excess Sect I . S\$450.00  
EX ON WINDSCREEN . S\$100.00

4 Date of Expiry of Insurance

25/04/2022

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.

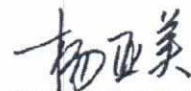
HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA &amp; ASIA PACIFIC LTD AS HP OWNER

\* 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: SKYLINK INSURANCE AGENCY PTE LTD  
Authorised Officer  
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com