

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

Sub 225-P0001

Date In: 25/05/2022 17:21	Job description	Date & Time Completed	Done by
Ref No: N/A/1722004937/4	SAS e-filing		
Veh No: 984 682	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/05/2022 18:30	i-Motor Claim Form		
OD: (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: 984 682	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:	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 220/420

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:

Invoice Preparation Checklist	Am (S)	Van (S)
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); RNC (\$80)		
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 2009)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON*		
*N3: 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 \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

t. 1:

t. 2 / 3:

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	25/05/2022 17:21 (SGT)
Date of Accident	24/05/2022 14:30 (SGT)
Exact Location of Accident	171 Woodlands Rd, Singapore
Additional Location Information	TOWARDS KJE (BKE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL668L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHENG CHUA TRADING
Company Reg No	5XXXX779D
Email Address	chengchuatrading@gmail.com
Mobile Phone No	(Phone) +65-91749758
Alternative Phone No	(Office) +65-69093057

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	DMCVSNW00140892100
Cover Note Number	-

DRIVER

Name of Driver	SUN XIAOYE
Passport No/FIN	GXXXX256W

Date Of Birth	18/03/1987
Occupation	Outdoor
Date Of Driving Pass	29/10/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91749758
Alt. Phone Number	-
Email Address	chengchuatrading@gmail.com
Address	BLK 202 CHOA CHU KANG AVENUE 1
Address complement	-
Postcode	680202
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?	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	GBH6828Z
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 SG3074E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
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

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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 if needed.
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 be 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 making 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")

(a) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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.

Cheng Chun Trading

Blk 202 Choa Chu Kang Ave 1

#07-71

Singapore 680202

Hp: 9026-1748

Policyholder's Signature / Date &
Tara

Sketch Plan

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

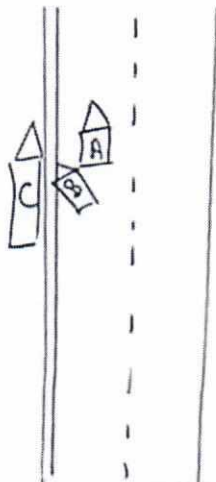
Witnessed by Reporting Centre
Personnel

WOODLANDS ROAD TOWARDS KJE (RKE)

Vehicle A = GBL 668L

Vehicle B = GBH 6828Z

Vehicle C = SH 3074E



Describe Circumstances of the Accident

On the stated date and time, I while A was travelling straight on the stated venue. As the front vehicle stop, I followed suit. Suddenly vehicle B collided into my rear after which vehicle B swerved to lane 3 and collided into vehicle C.

Declaration

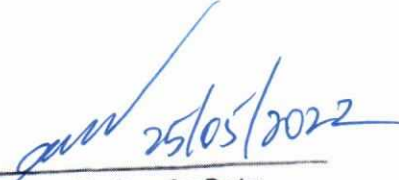
We declare the foregoing particulars are true in every respect.

Cheng Chua Trading
Blk 202 Choa Chu Kang Ave 1
#07-71
Singapore 680202
Hp: 9028 1748



Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Date of Accident : 24/05/2022 Accident Time: 1430 (24-HR-Format)
 Accident Place : 171 WOODLANDS ROAD TOWARDS KJE (BRE)
 Vehicle No. (Car Plate No.) : GBL 668L Make/Model: TOYOTA DYNA
 Insurance Company : CHINA THAIPIH Policy No: DmCVSNW00190692100
 Owner or Company Name / IC No. : CHENG CHUA TRADING 53163779D
 Owner or Company Contact No. : 69093057 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : SUN XAO Y6 G8800256W
 DRIVER'S Date Of Birth : 18/03/1987 DRIVER'S License Pass Date 29/10/2019
 Relationship of Owner & Driver : Spouse/Parent/Children/Sibling/Employee/Others: _____
 DRIVER'S Address : Blk 202 QUA LUN KANG AVE 1 680202
 DRIVER'S Contact No./ Alt No. : 1) 974 9758 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : Cheng Chua trading @ gmail . com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES / ☒ NO
 Exact purpose for which vehicle was being used at time of accident: Private use / ☒ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any):
 Vehicle No: GBL 6828 Z Vehicle No: SG 3074E
 Vehicle Make / Model: _____ Vehicle Make / Model: _____
 Name Driver: _____ Name Driver: _____
 IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

NEW - Passenger's name & gender:

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. DMCVSNW00140892100

Engine No.: 1KD2860566

Cha. No.: JTFAT35Y00K213747

1. Index Mark and Registration
Number of Vehicle

GBL668L

AUTOSAFE
=====

2. Name of Policy Holder

CHENG CHUA TRADING

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

27/11/2021
(00:00:00)

Excess Sect I . S\$800.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

26/11/2022

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.

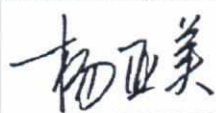
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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:  DENSO INSURANCE AGENCY PTE LTD
Authorised Officer


Authorised Signatory