

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN082266000B**

Date In: 06/06/2012 19:40	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XIA/C71220538/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: 9BH 1450L	I-Motor Claim Form		
D.O.A: 03/06/2012 12:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD : TP / Reporting Only	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: **FB59331B** 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%; P: 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury : _____

Date/Time	Actions

XIA2201537

Claimant's Particulars:

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

C Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

t. 1: _____

t. 2/3: _____

	Am't (\$)	Am't (\$)
	Inc Bill	Prod 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) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
OD*		
*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) NI2: Idao Mobile \$0		
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	06/06/2022 19:40 (SGT)
Date of Accident	03/06/2022 12:00 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1450L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE WINE GALLERY PTE LTD
Company Reg No	2XXXXX555N
Email Address	eeli.ng@magnum.com.sg
Mobile Phone No	(Phone) +65-96189581
Alternative Phone No	+65-88998631

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00008312201
Cover Note Number	-

DRIVER

Name of Driver	CHUNG CHERNG SHIAN
Passport No/FIN	GXXXX946P

Date Of Birth	22/08/1990
Occupation	Outdoor
* Date Of Driving Pass	04/01/2016
Driving experience	6 YEARS AND 5 MONTHS
* Gender	Male
Mobile Number	(Phone) +65-88998631
Alt. Phone Number	-
Email Address	chung_san23@hotmail.com
Address	8 JALAN KILANG TIMOR #01-07
Address complement	-
Postcode	159305
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 on 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	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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220603/2119

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB9331B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

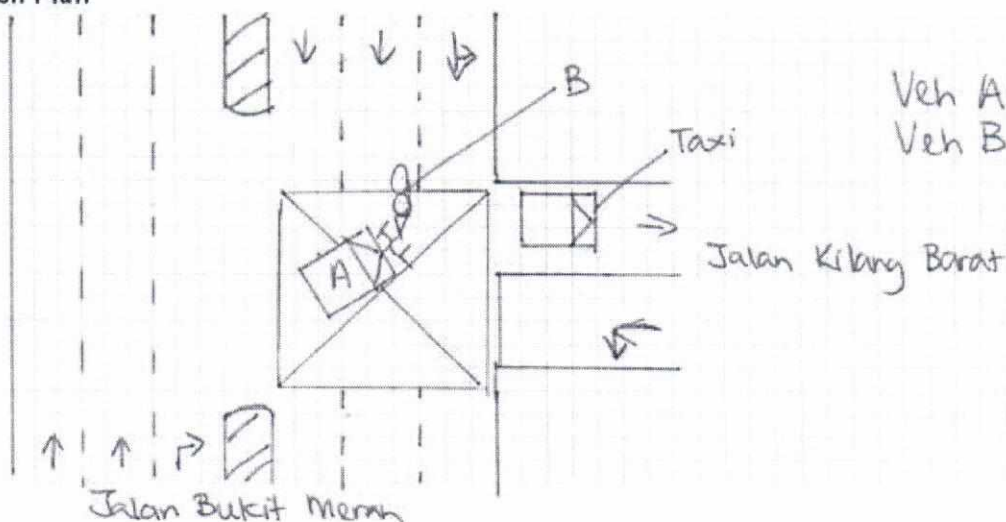


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

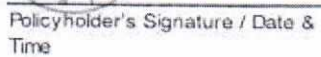


Veh A: GBH1450L
Veh B: FBB 9331B

Refer to police report

Report No: T/20220603/2119

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220603/2119

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220603/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2022 21:17		Vide Report No.: D/20220603/0058		Station Diary No.: 98	
Informant's Particulars					
Name of Informant: CHUNG CHERNG SHIAN			Address: 501 BEDOK NORTH STREET 3 #05-20 KAKI BUKIT VILLE SINGAPORE 460501		
ID Type / ID No.: FIN NO / G2047946P			Contact No.: Home/Office: Mobile: 88998631		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/08/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Wine reseller			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/06/2022 12:00	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB9331B	Motorcycle				Slightly Damaged	0
GBH1450L	Van				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220603/2119

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20220603/2119

CONTINUATION OF REPORT

Driver			
Name	CHUNG CHERNG SHIAN	ID No.	G2047946P
Related Vehicle	GBH1450L (Van)	Contact No.	88998631
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 3rd of June at around 1200pm, I was travelling along Jalan Bukit Merah Rd and was about to turn into Jln Kilang Barat. I was right behind a taxi that was turning into Jln Kilang Barat as well. After the taxi turned into the said road, I check on incoming traffic and there were no vehicles so I followed the back of the taxi. Suddenly the taxi stopped at the entrance of the road of Jln Kilang Barat leaving me in the yellow box of Jalan Bukit Merah which had incoming traffic. The taxi did not move off for awhile and suddenly I saw a motorbike (FBB9331B) travelling in my direction and on the first lane from the left. He could not stop in time and he avoid my vehicle from the front skidded after he went past me. The taxi in front of me then drove off and I moved my vehicle further into Jln Kilang Barat and alighted to check on the rider that skidded. I called for the ambulance and traffic police came after. The rider was slightly injured and was conveyed to the hospital. I handed over to them my in-car camera's SD card and they advised me to lodge a report, hence this report. Both my van and the motorbike were slightly damaged and I did not manage to take the car plat of the taxi in front of me.



**SINGAPORE
POLICE FORCE**



T/20220603/2119

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20220603/2119

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
Other CHIA SHENG HUA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2022 21:17

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168

UB1

VEHICLE NO:	GBH1450L	MAKE & MODEL:	Nissan N350	AUTO / MANUAL
DATE OF ACCIDENT:	03/06 / 2022	CC:	2.5	
TIME OF ACCIDENT:	1200 HRS			
LOCATION OF ACCIDENT:	Along Jalan Bukit Merah			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	The Wine Gallery Pte Ltd			
TEL NO:	H/P: 96189581 OFFICE:	HOME:		
NRIC:	201120555N			
ADDRESS:	8 Jalan Kilang Timor #01-07 S(159305)			
EMAIL:	eeli.ng@magnum.com.sg			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	China Taiping			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	DmCVSNW 00008312201			
NAME OF DRIVER:	AS ABOVE / IF NO: Chung Cherng Shiam			
NRIC:	G 2047946P ANY PASSENGER: N/A			
DATE OF BIRTH:	22 / 8 / 1990 LICENCE PASSED DATE: 4 / 1 / 2016			
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 88998631 OFFICE:	HOME:		
ADDRESS:	8 Jalan Kilang Timor #01-07 S(159305)			
EMAIL:	chung-san23@hotmail.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Employee			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE? Bedok NPE			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	FBB 9331B	ANY PASSENGERS:	N/A	
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Front portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	N51 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Brandon			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor (Commercial)

WZ306C

R St

AN0534A

Cov Type C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Road Transport Act, 1987 (Malaysia)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

CERTIFICATE No.	DMCVSMAG0000012201	Engine No.	YD25422766A
		Chassis No.	4N1MAC66262000850
Motor Vehicle Registration Number of Vehicle	GBH1450L	AVTOSAFE	*****
Name of Policy Holder	THE WINE GALLERY PTE LTD		
Effective Date of the Commencement of Insurance for the purpose of the Regulations, Date of Expiry of Insurance	24/01/2022 (00:00:00)	Excess Sect 1	\$S1,000.00
		EX ON WINDSCREEN	\$S100.00
Date of Expiry of Insurance	23/01/2023		

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.

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: **GMS INSURANCE AGENCY PTE LTD**
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springlight Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Vehicle Registration Details

Vehicle No. GBH1450L	Make/ Model NISSAN/NV350 PANEL VAN 2.5 SMT 5DR	Vehicle Scheme -
Current Propellant Diesel	Chassis No. JN1MC2E26Z0008593	Vehicle Type Goods (Closed) Van /Van Panel (Delivery)

Owner's Details

Owner Name:

THE WINE GALLERY PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

201120555N

Registered Address

32 KALLANG PLACE KALLANG BASIN
SINGAPORE 339160

Mailing Address:

-

Birth Date

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

24 Jan 2018

Original Registration Date:

24 Jan 2018

Registration Date:

24 Jan 2018

No. of Transfers:

0

IU Label No.:

1043002912

Vehicle Specifications

Engine No.:

YD25422786A

Chassis No.:

JN1MC2E26Z0008593

Year of Manufacture:

2017

Primary Colour:

Silver

CO₂ Emission:

232.00 (g/km)

CEV/VES Rate Utilised Amount:

-

CO Emission:

0.142000 (g/km)

HC Emission:

0.007500 (g/km)

NO_x Emission:

0.072000 (g/km)

PM Emission:

0.000000 (mg/km)

Message:

The vehicle is registered under Early Turnover Scheme.

Printed on 24 Dec 2020 15:54:37

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Seating Capacity:	Passenger Capacity:
-	2
Engine Capacity / Power Rating:	Maximum Power Output:
2488 cc / -	-
Max Unladen Weight:	Maximum Laden Weight:
1780 kg	3300 kg
Vehicle Attachment 1:	Vehicle Attachment 2:
No Attachment	-
Vehicle Attachment 3:	
-	

Additional Registration Fee (ARF) and COE Information

Open Market Value:	Additional Registration Fee Rate:
\$25,062.00	5.00 %
Actual ARF Paid:	Vehicle Lifespan Expiry Date:
\$1,254.00	23 Jan 2038
OPC Cash Rebate Eligibility:	QP during COE Bidding Exercise:
No	\$0.00
COE No.:	COE Expiry Date:
2018012405000798N	23 Jan 2028
COE Category:	COE Registration Category:
C - Goods Vehicle & Bus	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	PQP Paid
- / \$50,607.00	\$39,708.00
QP (Regn Cat):	
--	

PARF Rebate Details

PARF Eligibility:	PARF Eligibility Expiry Date:
No	-
Minimum PARF Benefit:	
-	

Vehicle Emissions Details