

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN08226E0001**

Date In: 14/06/2022 16:23	Job description	Date & Time Completed	Done by
Ref No: NBA/C722005643/Y	SAS e-filing		
Veh No: GBF 4697H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/05/2022 14:50	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: YM 5909G 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

1/A2201645

Claimant's Particulars:	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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

auditors' Comments: _____

L. 1: _____

L. 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
Date of Accident 14/06/2022 16:23 (SGT)
Exact Location of Accident 30/05/2022 14:50 (SGT)
Additional Location Information Sungei Kadut Loop, Singapore
Country/State of Loss -
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4697H
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner ZOOKEEPER
Company Reg No 5XXXX031E
Email Address greyhousemedia@gmail.com
Mobile Phone No (Phone) +65-85115110
Alternative Phone No +65-85115110

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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 Auto
CC 1597

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00138072100
Cover Note Number -

DRIVER

Name of Driver WONG KAI KIT, JONATHAN
NRIC No SXXXX197G

Date Of Birth	05/11/1987
Occupation	Outdoor
Date Of Driving Pass	08/01/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85115110
Alt. Phone Number	-
Email Address	greyhousemedia@gmail.com
Address	BLK 209B PUNGGOL PLACE #07-1286
Address complement	-
Postcode	822209
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220608/2030

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	YM5909G
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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.

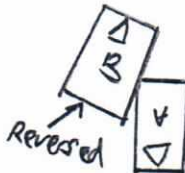


Policyholder's Signature / Date & Time

Sketch Plan

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

SUNGLER KADU7 LOOP



Witnessed by Reporting Centre Personnel

Vehicle A : GPF4697H

Vehicle B : YMJ909G

Describe Circumstances of the Accident

REFER TO POLICE REPORT - T/20220608/2030

Large lined area for describing the circumstances of the accident, containing a large blue scribble.

Declaration

We declare the foregoing particulars are true in every respect.

X
Policyholder's Signature / Date & Time



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

Handwritten signature of the driver.

Witnessed by Reporting Centre Personnel

Handwritten signature and date 14/06/2022.



**SINGAPORE
POLICE FORCE**



T/20220608/2030

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220608/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2022 11:26		Vide Report No.:	Station Diary No.: 32
Informant's Particulars			
Name of Informant: WONG KAI KIT, JONATHAN		Address: APT BLK 209B PUNGGOL PLACE #07-1286 SINGAPORE 822209	
ID Type / ID No.: NRIC NO / S8736197G		Contact No.: Home/Office: Mobile: 85115110	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 05/11/1987	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: VIVARIUM DESIGNER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2022 14:30	Type of Location: Car Park
Location: SUNGEI KADUT LOOP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF4697H	Van	NISSAN	nv 200	Silver	Slightly Damaged	0
YM5909G	Truck			White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220608/2030

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Report No. T/20220608/2030

CONTINUATION OF REPORT

Vehicle Owner			
Name	WONG KAI KIT, JONATHAN	ID No.	S8736197G
Related Vehicle	GBF4697H (Van)	Contact No.	85115110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/05/2022, at around 2pm, I parked my silver vehicle bearing registration number, GBF4697H, 'Nissan' model: NV 200 at a parking lot of 59 Sungei Kadut Loop.

At around 3pm when I got back I discovered that my vehicle was damaged on the rear right, there are multiple dents and the rear red light was broken as well.

I have a video footage that I retrieved from my client that is the owner of the building.

After reviewing the cctv footage, I discovered that the white dumpster truck bearing registration number: YM5909G has hit my van when the truck was reversing at around 2.30pm.

I believed the white truck (YM5909G) belongs to the company: Yong Soon General Contractor Pte Ltd as informed by my client and the damage is estimated to be S\$1500/-.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220608/2030

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Report No. T/20220608/2030

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:

F /

SGT 2 PHUA YUYING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Other SUFIYAN BIN KHAIRI

Contact No.: 65476148

Signature Of Informant:

Date/Time:

08/06/2022 11:26

Classification Of Case:

NP168

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 05 / 2022 (dd/mm/yy) Time of Accident: 14 : 50 (24-HR-FORMAT)
Vehicle No.: GBF4697H Vehicle Make & Model: NISSAN NV200
*Transmission: ☒ Manual ☐ Auto *C.c : 1597
Exact location of Accident: SUNGEI KADUT LOOP
Policyholder's Name: ZOOKEEPER NRIC/FIN/REG No.: 53380031E
*Policyholder's email address : GREYHOUSEMEDIA@GMAIL.COM
Driver's Name: WONG KAI KIT, JONATHAN NRIC/FIN/REG No.: S8736197G
*Driver's email address : GREYHOUSEMEDIA@GMAIL.COM
Driver's Contact No.: 85115110 Company Contact No (If any): _____
Date of birth: 05/11/1987 Driving Pass Date: 08/01/2011
Driver's Address: BLK 209B PUNGGOL PLACE, #07-1286, SINGAPORE (822209)
Insurance Company: CHINA TAIPING
Policy No.: DMCVSNW00138072100 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 HIT & RUN
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 0
*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: PUNGGOL NPC

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: YM5909G
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

N SN

AN0643A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.	DMCVSNW00138072100	Engine No.: HR16074641D	
		Cha. No.: VM20100448	
1. Index Mark and Registration Number of Vehicle	GBF4697H	AUTOSAFE	
		=====	
2. Name of Policy Holder	ZOOKEEPER		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/11/2021 (00:00:00)	Excess Sect I .	SS\$450.00
		EX ON WINDSCREEN .	SS\$100.00
4. Date of Expiry of Insurance	06/11/2022		

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.

HIRE PURCHASE CO. : SSL HOLDINGS PTE. LTD.

* 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: RADICAL TRADING 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