

NATIONAL Assessment Centre Services

Date In: 15/06/12

Ref No: NA/CT22005680/13

Veh No: GBF47356

D.O.A: 25/05/12 1620

OD: TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 5hrs, AP: 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SLA/5696

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Tel:

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)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

Invoice Preparation Checklist

Amt (\$) 1st Bill

Amt (\$) Add 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: 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 \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

at 1:

at 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 15/06/2022 15:39 (SGT)
Date of Accident 25/05/2022 16:50 (SGT)
Exact Location of Accident Chai Chee Rd, Singapore
Additional Location Information BLK 10 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4735G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YE LIANG HOW CATERING SERVICE PTE. LTD.
Company Reg No 2XXXXX672H
Email Address derekchua199@gmail.com
Mobile Phone No (Phone) +65-68522852
Alternative Phone No (Office) +65-68522852

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 - Reporting only
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 DMCVSNW00141482101
Cover Note Number -

DRIVER

Name of Driver CHUA HOCK CHUAN
NRIC No SXXXX625H

Date Of Birth	25/09/1966
Occupation	Outdoor
Date Of Driving Pass	29/12/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98802172
Alt. Phone Number	-
Email Address	derekchua199@gmail.com
Address	BLK 427 BEDOK NORTH RD
Address complement	#03-653
Postcode	460427
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	Collided into Parked Vehicle
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?	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLD1569G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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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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.



15 June 22

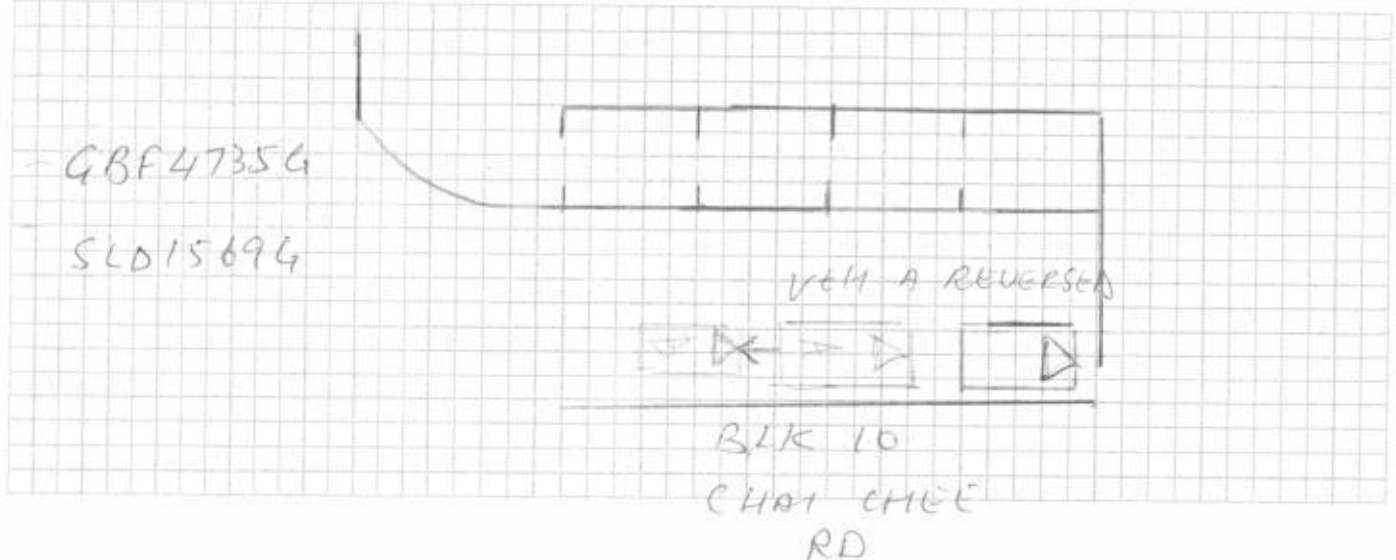
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

shym 15/06/22

Sketch Plan



Describe Circumstances of the Accident

I was reversing my veh at Blk 10 CHAI CHEE RD carpark. While reversing my veh hit onto the front portion of veh B.

Declaration

We declare the foregoing particulars are true in every respect.



15/June 22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

shym 15/06/22

ACCIDENT STATEMENT

ACCIDENT DATE: (25/05/2022) (DD/MM/YYYY), TIME: (16:50) (HH:MM)

LOCATION: ALONG BLK 10 CHAI CHEE RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF47354
b) INSURANCE COMPANY: CHINA TRADING
c) POLICY NUMBER: DMCVSNW00141482101
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA AUTO/MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: YE LIANG HON CATERING SERVICE AIR CD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 684 68522852
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA HUCK CHUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51744625H CONTACT: 98802172
c) ADDRESS: BLK 427 BEDOK NORTH RD
#03-643 (060427)
*d) DATE OF BIRTH: (25/09/1966) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 29/12/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA15696 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

Email = foodXchange@admiralty

fax =

video =

Motor Commercial

MZ300/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)

R SN

AN0679A

Cov. Type:C

CERTIFICATE No. DMCVSNW00141482101

Engine No.: 1KD2659155

Cha. No.: JTFAT35Y60K207077

1. Index Mark and Registration
Number of Vehicle

GBF4735G

AUTOSAFE

=====

2. Name of Policy Holder

YE LIANG HOW CATERING SERVICE PTE. LTD.

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment14/11/2021
(00:00:00)Excess Sect I. S\$350.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/11/2022

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.: HONG LEONG FINANCE 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: ABWIN PTE LTD
Authorised Officer

Authorised Signatory

Our Ref : SNM22D203670/GBF4735G/C02

Date : 06 Jun 2022

Via Ordinary Mail

YE LIANG HOW CATERING SERVICE PTE. LTD.
8A ADMIRALTY STREET
#03-21 FOOD XCHANGE @ ADMIRALTY
SINGAPORE 757437

Dear Policyholder

**RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GBF4735G AND SLD1569G ON 25 May 2022 16:58 ALONG
BLK 10 CHAI CHEE ROAD
Policy : DMCVSNW00141482101**

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website www.sg.cntaiping.com for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0679A ABWIN PTE LTD