

# NATIONAL Assessment Centre Services

Date In <u>10/08/22</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/C7I00007566/13</u>	SAS e-filing		
Veh No <u>YN2574C</u>	E-mail (within 3 hrs. AD 2hrs)		
DOA <u>02/08/22</u> <u>1730</u>	i-Motor Claim Form		
OD TP <u>Reporting Only</u>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

YN7673S

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

NA2002/12		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR : Re-inspection \$75			
Cat 2/3:		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		* 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	

## 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 Actual 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	10/08/2022 10:48 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 17:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2574C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEW CHARIS ENTERPRISE PTE. LTD
Company Reg No	2XXXXX852H
Email Address	wilsonchng@newcharis.com.sg
Mobile Phone No	(Phone) +65-64833070
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83BEOSRDEA
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	2977

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00110142100

#### DRIVER

Name of Driver	TAN SUAN JOO
NRIC No	SXXXX970Z
Date Of Birth	07/10/1960
Occupation	Outdoor

Date Of Driving Pass	29/07/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90613358
Alt. Phone Number	-
Email Address	wilsonchng@newcharis.com.sg
Address	BLK 201 YISHUN ST 21
Address complement	#08-53
Postcode	760201
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	PASSENGER
Gender	Male

#### PASSENGER 2

Name	PASSENGER
Gender	Male

#### PASSENGER 3

Name	PASSENGER
Gender	Male

#### PASSENGER 4

Name	PASSENGER
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220803/2102

## ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7673S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG CHU DAO
Passport No/FIN	GXXXX100U
Contact Number	(Phone) +65-91401111
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

NEW CHARIS ENTERPRISE PTE LTD

11 Jalan Ubi, Block 1 #01-01

Kembangan-Chai Chee Community Hub

Singapore 409074

Tel: 6483 3707 Fax: 6483 3658

Email: [enquiry@newcharis.com.sg](mailto:enquiry@newcharis.com.sg)

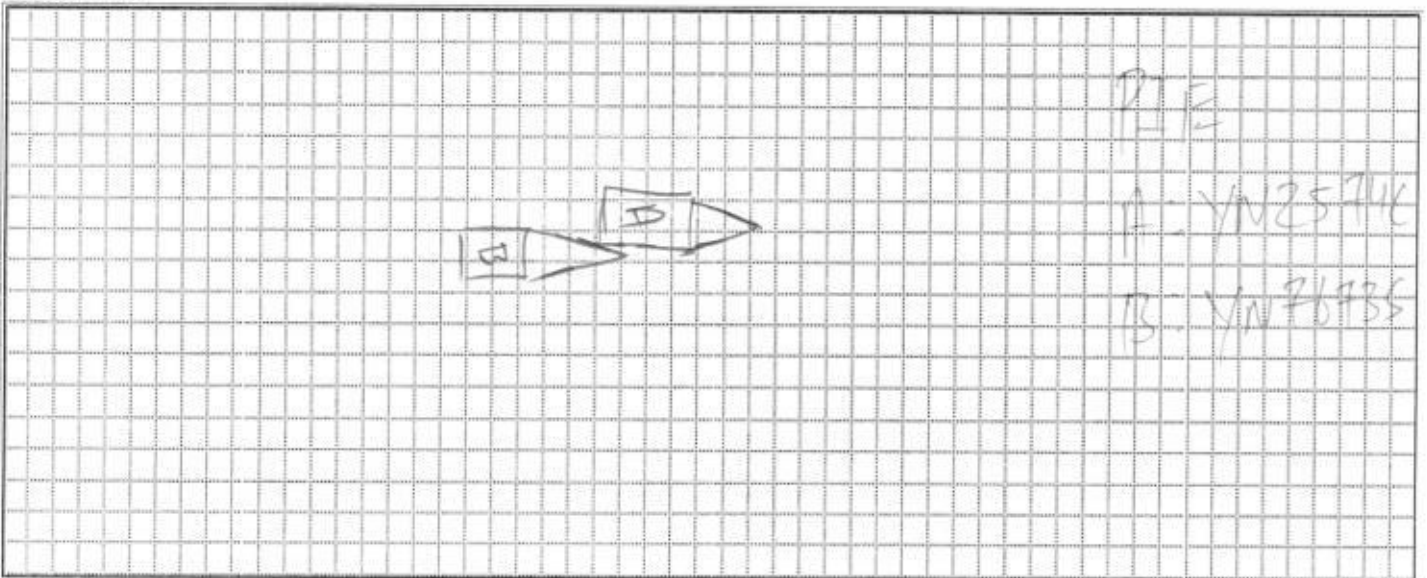
*[Signature]*

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

*[Signature]* 10/06/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20220803/2102

Declaration

NEW CHARIS ENTERPRISE PTE LTD

We declare the foregoing particulars are true in every respect.

11 Jalan Ubi, Block 1 #01-01

Kembangan-Chai Chee Community Hub

Singapore 409074

Tel: 6483 3707 Fax: 6483 3658

Email: [enquiry@newcharis.com.sg](mailto:enquiry@newcharis.com.sg)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20220803/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20220803/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2022 18:23	Vide Report No.:	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: TAN SUAN JOO			Address: APT BLK 201 YISHUN STREET 21 #08-53 SINGAPORE 760201		
ID Type / ID No.: NRIC NO / S1451970Z			Contact No.: Home/Office: Mobile: 90613358		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 07/10/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Mover			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/08/2022 17:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN2574C	Lorry				Seriously Damaged	4
YN7673S	Lorry				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/20220803/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No. T/20220803/2102

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN SUAN JOO		ID No.	S1451970Z
Related Vehicle	YN2574C (Lorry)		Contact No.	90613358
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
<b>Driver</b>				
Name	ZHANG CHU DAO		ID No.	G2189100U
Related Vehicle	YN7673S (Lorry)		Contact No.	91401111
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 above mentioned date, time and location. I was driving my Lorry and i signal right and i had already change lane, however the lorry beside did not slow down and the lorry hit the back of my lorry. We came down to check the damages and exchange particulars. No ambulance at scene. Traffic police was at scene and told us to lodge a accident report. I am lodging this report for my own record and insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20220803/2102

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20220803/2102

**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 /

SGT 1 PHUA JIA JIN, DARREN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2022 18:23

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168

10/08/22  
on my table

# ACCIDENT STATEMENT

ACCIDENT DATE: (3, 8, 22) (DD/MM/YYYY), TIME: (17, 30) (HH:MM)

LOCATION: PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN2574C  
b) INSURANCE COMPANY: CII  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Auto / MANUAL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 60833070  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TAN Suan soo (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S14519702 CONTACT: 9061358  
c) ADDRESS: 15K 701 Yishun Street 21 #08-53 760201

\* d) DATE OF BIRTH: (7, 10, 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/7/03

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: YN7673S MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(4) M

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = wilsonching@newcharis.com.sg

Fax =

VIDEO =

Motor Commercial

MZ300/C

N SN

BR0082A

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.

DMCVSNA00110142100

Engine No.: 4M42A87948

Cha. No.: FE838EA20643

1. Index Mark and Registration  
Number of Vehicle

YN2574C

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

NEW CHARIS ENTERPRISE PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment06/09/2021  
(00:00:00)Excess Sect I : S\$500.00  
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

05/09/2022

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.: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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: Yeo Kok Wei Joel

Authorised Officer



Authorised Signatory