

NATIONAL Assessment Centre Services

Date In: 26/10/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT22010569/r3	SAS e-filing		
Veh No: GBC 8844P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/10/2022	i-Motor Claim Form		
<input checked="" type="radio"/> OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: Railing	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

NA2202984		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
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			
		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*			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11) : TP (N-T INC) Against INC \$20			
		9) N12: Idac Mobile \$30			
Auditors' Comments :-		Invoice dated		Fee Charged	
Cat. 1:		Invoice dated		Fee Charged	
Cat. 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 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	26/10/2022 13:35 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 16:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STILL ROAD TOWARD ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8844P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EBENEZER NDT SERVICES PTE LTD
Company Reg No	1XXXXX920N
Email Address	SELPHK38@GMAIL.COM
Mobile Phone No	(Phone) +65-97823996
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Dongfeng
Model	EC35
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	38

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00059232100

DRIVER

Name of Driver	LOW WEI ZHAO
NRIC No	SXXXX394C
Date Of Birth	12/11/1995
Occupation	Outdoor

Date Of Driving Pass	25/04/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97776729
Alt. Phone Number	-
Email Address	SELPHK38@GMAIL.COM
Address	NO.33 KIAN TECK WAY
Address complement	-
Postcode	S (628746)
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report.

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	Video with workshop

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 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. 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

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


26/10

Witnessed by Reporting Centre Personnel

Sketch Plan



A. ABC8844P.

Describe Circumstances of the Accident

REFER TO POLICE REPORT..

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]



Policyholder's Signature / Date & Time

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

[Signature] 26/10
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221022/2003

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221022/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 00:40		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LOW WEI ZHAO			Address: APT BLK 210 BOON LAY PLACE #10-121 SINGAPORE 640210		
ID Type / ID No.: NRIC NO / S9541394C			Contact No.: Home/Office: Mobile: 97776729		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 12/11/1995	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SOLAR ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 21/10/2022 22:00	Type of Location: Bend
Location: EAST COAST PARKWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8844P	Van	DFSK	EC35	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221022/2003

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221022/2003

CONTINUATION OF REPORT

Driver			
Name	LOW WEI ZHAO	ID No.	S9541394C
Related Vehicle	GBC8844P (Van)	Contact No.	97776729
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 21 October 2022 at about 1622hrs, I was driving my company's van (GBC8844P) along the slip road into ECP (City). It is a 1 lane way road. While negotiating the right bend. I was tapping the brakes to slow down. However, my van suddenly skidded to the left side and collided onto the left guard railing and thereafter topple to the right.

Thereafter, I called the police. The traffic police and the ambulance arrived. I was not conveyed to hospital. The traffic police interview me and advise me to lodge a police report. I have also handover my in-car camera micro SD card to the police.

I am also lodging this police report for insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20221022/2003

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221022/2003

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:

J /

SGT 3 LOH JIAN HONG, DAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Signature Of Informant:

Date/Time:

22/10/2022 00:40

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ301/C

E SN

AN0679A

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.

DMCVSNA00059232100

Engine No.: -

Cha. No.:LVPRPB4B1NC890277

1. Index Mark and Registration
Number of Vehicle

GBC8844P

2. Name of Policy Holder

EBENEZER NDT SERVICES PTE LTD

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

29/04/2022
(00:00:00)

Excess Sect I . \$S\$1,300.00
EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance

23/05/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
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 racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: MAYBANK

* 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: Gan Li Jia Jesca
Authorised Officer

杨亚美
Authorised Signatory

China 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



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: G1BC8844P MAKE/MODEL: DONUT FANG

DATE OF ACCIDENT 21/10/2022 TIME 16 HR 22 MIN AM PM

LOCATION OF ACCIDENT STILL ROAD TOWARD BCP

EXACT PURPOSE USE DURING ACCIDENT WORKING

CAR OWNER

NAME OF CAR OWNER EBENIEZAR NDT SERVICES P/L

CONTACT NO 9723986 SELPK38@GMAIL.COM

NRIC 19970392011

CLAIM TYPE ☒ OD ☐ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY CHINA-

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER

NAME OF DRIVER LOW WBI ZHAO ☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NRIC 89541394C NO OF PASSENGER/S 0

DATE OF BIRTH 12-11-1995

OCCUPATION _____ ☒ OUTDOOR ☐ INDOOR

DATE OF DRIVING PASS 25/04/2017

GENDER 97776729 ☒ MALE ☐ FEMALE

CONTACT NO _____

ADDRESS NO-33 KAN TALK WAY

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: DRIVER

WEATHER CONDITION ☐ CLEAR ☒ RAINING OTHER: _____

ROAD SURFACE ☐ DRY ☒ WET OTHER: _____

ANY INJURIES ☒ NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT ☒ NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE ☒ NO/ YES

3RD PARTY INFO

VEHICLE B NO _____ NO OF PASSENGER/S ☐

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____