

NATIONAL Assessment Centre Services

Date: 09/12/22	Job description	Date & Time Completed	Done by
Ref No NA/CTI 22012316/12	SAS e-filing		
Veh No GBL 4074Z	E-mail (within 3hrs, AP 2hrs)		
DOA 08/12/22 0915	i-Motor Claim Form		
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: 4P2222H	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
(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

NA 2203 451	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add'l
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: 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)			
	6) TR: Re-inspection \$75			
	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			
Cal 1:	Invoice date:	Fee Charged		
Cal 2/3:	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	09/12/2022 10:23 (SGT)
Reported by	Driver
Date of Accident	08/12/2022 09:15 (SGT)
Exact Location of Accident	369 Changi Rd, Singapore 419969
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4074Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BEST STONE PTE LTD
Company Reg No	2XXXXX394R
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-93766666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00086392201

DRIVER

Name of Driver	ZHANG YI
NRIC No	SXXXX636G
Date Of Birth	12/03/1986
Occupation	Outdoor

Date Of Driving Pass	21/09/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93766666
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 441D FERNVALE RD
Address complement	#19-345
Postcode	794441
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20221208/7024

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP2222H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHANG YI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	GBL4074Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

Handwritten notes on the grid:

- Top right: A: GBL 4044Z, B: VP 2222H.
- Bottom left: MERCHANT PTE LTD.
- Bottom center: 369 CHANG ROAD

Describe Circumstance of the Accident

REFER TO POLICE REPORT ~~7/2022~~ 2022/208/0106. — 7/2022/208/7024

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 09/12/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221208/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20221208/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 12:47	Vide Report No.: G/20221208/0106	Station Diary No.:
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Informant's Particulars

Name of Informant: ZHANG YI		Address: 441D FERNVALE ROAD #19-345 SINGAPORE 794441	
ID Type / ID No.: NRIC NO / S8677636G		Contact No.: Home/Office: Mobile: 93766666	
Nationality: SINGAPORE CITIZEN		Email: 56851741@QQ.COM	
Sex: Male	Age: 36	Date of Birth: 12/03/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DIRECTOR		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2022 09:15	Type of Location: SMALL ROAD ONE WAY OUT
Location: CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL4074Z	Van				Seriously Damaged	0
YP2222H	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221208/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221208/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG YI	ID No.	S8677636G
Related Vehicle	GBL4074Z (Van)	Contact No.	93766666
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/12/2022	Date	08/12/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I ZHANG YI SXXXX636G WAS THE DRIVER BEARING GBL 4074 Z, I WAS STATIONARY AT 369 CHANGI ROAD BESIDE KAI LIM BUILDERS MERCHANT PTE LTD WITH MY HANDBRAKE ON. OUT OF A SUDDEN VEHICLE BEARING YP 2222 H REVERSED AND COLLIDED ONTO MY VEHICLE FRONT PORTION. THE IMPACT WAS QUITE HUGE THAT MY NECK WAS IN PAIN. AFTER AWHILE VEHICLE YP 2222H TRIED TO MOVE OUT OF THE SMALL ROAD AND COLLIDED ONTO MY RIGHT SLIDING DOOR PANEL AREA AND REAR RIGHT PORTION AREA AGAIN. I ALIGHT FROM MY VAN AND CALLED TRAFFIC POLICE FOR ASSISTANCE. TRAFFIC POLICE TOOK MY SD CARD AND STATEMENT OF BOTH INVOLVED PARTY FOR INVESTIGATION PURPOSES. AFTER AN HOUR I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL AND WAS GIVEN 3 DAYS OF MC FOR MY INJURIES.

VEHICLE A : GBL 4074 Z
VEHICLE B : YP 2222 H

THIS TRAFFIC ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSES.



**SINGAPORE
POLICE FORCE**



T/20221208/7024

3 of 3

Report No. T/20221208/7024

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/12/2022 12:47

Classification Of Case:

VEHICLE NO: GBL 40742		MAKE & MODEL: TOYOTA HIACE		AUTO/ <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT		08 / 12 / 2022		C.C.
TIME OF ACCIDENT		0915		AM/ PM
LOCATION OF ACCIDENT		369 CHANGI ROAD		
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT/ PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER		BEST STONE PTE. LTD.		
EMAIL	OPTIONS GARAGE@HOTMAIL.COM		OFFICE:	MOBILE: 9376 6666
NRIC	201113394R			
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY	YES / NO?			
INCURANCE CO.	CHWA TAIPING			
TYPE OF COVERAGE	Comprehensive/ Third Party / Third Party Fire & Theft			
POLICY NO.	DMCVSNW00086392201			
NAME OF DRIVER	AS ABOVE / IF NO: ZHANG YI			
NRIC	S8677636G			
DATE OF BIRTH	12 / 03 / 1986			
ANY PASSENGER	YES / NO			
NAME OF PASSENGER				
GENDER OF PASSENGER	MALE / FEMALE			
OCCUPATION	Outdoor/ Indoor			
DATE OF DRIVING PASS	21 / 09 / 2012			
GENDER	MALE/ FEMALE			
CONTACT NO.	Mobile: 9376 6666 Office: Home:			
EMAIL				
ADDRESS	441D FERNVALE ROAD #19-345 794441			
DOES DRIVER OWN OTHER VEHICLES?	NO/ If yes, Reg No:		INSURE:	
RELATIONSHIP	Employee / If No: OWNER			
WEATHER CONDITION	Clear/ Raining / Other:			
ROAD SURFACE	Dry/ Wet / Other:			
ANY INJURIES	No / If yes, Who? ZHANG YI			
CONTACT NO.				
ROLICE REPORT	No / If yes, Where? ONLINE			
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?			
VEHICLE B NO.	YP 2222H			
NAME	Any Passenger:			
CONTACT NO.				
VEHICLE C NO.	Any Passenger:			
VEHICLE D NO.	Any Passenger:			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS	Any Passenger:			
WITNESS CONTACT NO.				
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO			
WHO IS REPORTING	DRIVER/ OWNER/ BOTH			
Original Language Used	English/ Mandarin/ Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			



Motor Commercial

MZ300/C

R SN

AN0597A

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.

DMCVSNW00086392201

Engine No.: 1TR2340442

Cha. No.: TRH2005047156

1. Index Mark and Registration
Number of Vehicle

GBL4074Z

AUTOSAFE
=====

2. Name of Policy Holder

BEST STONE PTE. LTD.

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

19/07/2022
(00:00:00)

Excess Sect I . S\$500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

18/07/2023

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. : MITSUBISHI HC CAPITAL ASIA PACIFIC 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: ABS INSURANCE AGENCY PTE LTD
Authorised Officer

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