

NATIONAL Assessment Centre Services

Date In 26/01/2023	Job description	Date & Time Completed	Done by
Ref NO NA/CT123000795 /d4	SAS e-filing		
Veh NO GBL 7469Z	E-mail (within 8hrs. AP 2hrs)		
DOA 26/01/2023 07:40	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: SLG 8297D 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)

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

NA2308267	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
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			
Checked by (Ungr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Editors' 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:-			
	CH:			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: Dr. Collect Excess Coordination \$5			
	* N9: Dr. Collect Excess Coordination \$20			

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	26/01/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	26/01/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL7469Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CJ2 LOGISTICS LLP
Company Reg No	TXXXXX263B
Email Address	johnnychua82@gmail.com
Mobile Phone No	(Phone) +65-80510014
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00037812200

DRIVER

Name of Driver	CHUA HWA HONG (CAI HUAFENG)
NRIC No	SXXXX729D
Date Of Birth	09/10/1982
Occupation	Indoor

Date Of Driving Pass	13/08/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80510014
Alt. Phone Number	-
Email Address	johnnychua82@gmail.com
Address	APT BLK 166B TECK WHYE CRESCENT
Address complement	# 20-369
Postcode	682166
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	LIOW AI HWEE (LIAO AIHUI)
Gender	Female

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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230126/7128

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	SLG8297D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	LIOW AI HWEE (LIAO AIHUI)
Gender	Female
Phone No	(Phone) +65-80510014
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT THE STOMACH- GIVEN 5 DAYS MC
Injured person in which vehicle?	GBL7469Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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;

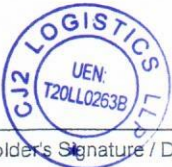
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



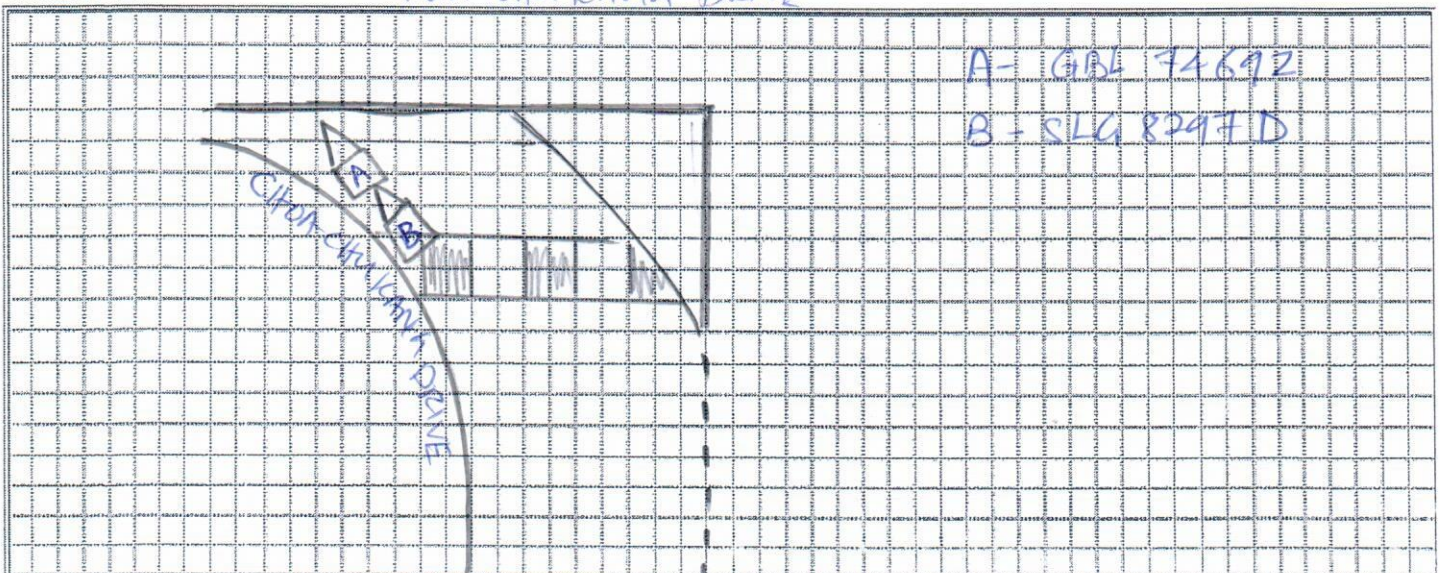
Policyholder's Signature / Date & Time

[Signature] 26/01/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 26/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

CHUA CHU KANG DRIVE



Describe Circumstance of the Accident

- please refer to the attached police Report

- T/20230126/7128 -

Declaration

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



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/20230126/7128

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

1 of 3

Report No. T/20230126/7128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 13:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIOW AI HWEE			Address: 236 BUKIT PANJANG RING ROAD #09-49 SINGAPORE 670236		
ID Type / ID No.: NRIC NO / S8017284B			Contact No.: Home/Office: Mobile: 80480049		
Nationality: SINGAPORE CITIZEN			Email: CATLIOW2@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 17/06/1980	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION ADMIN ASSSISTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2023 07:40	Type of Location: SLIP ROAD
Location: CHOA CHU KANG LOOP				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBL7469Z	Van	TOYOTA	HIACE 2.0A	Purple	Slightly Damaged	1
SLG8297D	Car	TOYOTA	WISH		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230126/7128

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

2 of 3

Report No. T/20230126/7128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL7469Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSNW000378 12200	17/03/2022	16/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	LIOW AI HWEE	ID No.	S8017284B	
Related Vehicle	GBL7469Z (Van)	Contact No.	80480049	
Hospital/Clinic	HARMONY DENTAL SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	26/01/2023	Date	26/01/2023	
No. of Days granted Medical Leave	05	Degree of	Slight	
Driver				
Name	CHUA HWA HONG	ID No.	S8229729D	
Related Vehicle	SLG8297D (Car)	Contact No.	80510014	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

At the stated date and time, The vehicle was travelling along Choa Chu Kang Drive entering the slip road to KJE. The vehicle slowed down and stopped at the give way line as there was on coming traffic on the main road. Suddenly, vehicle B (SLG8297D) collided onto the rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230126/7128

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

3 of 3

Report No. T/20230126/7128

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:
26/01/2023 13:37

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 26/01/2023 (DD/MM/YYYY), TIME: 07:40 (HH:MM)

LOCATION: CHOA CHU KANG DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBL 7469Z
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMCVSNW 06037812200
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA HIACE 2.0 AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working 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: CJ2 LOGISTICS LLP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8051 0014
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA HWA HONG (CAI HUAFENG) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8229729D CONTACT: 8051 0014
c) ADDRESS: APT BLK 166B TEECK WAYE CRESCENT # 20-369
8682166

d) DATE OF BIRTH: 09/10/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/08/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Employee

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) passenger (stomach pain)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: UB1

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 8297D 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: _____

Email = johny chua82@gmail.com

Pax =

NIDEO = NO

Motor Commercial

MZ301/C

N SN

AN0478A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 139)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 196
Road Transport Act, 1997 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00037812200

Engine No.: 1TR2407021

Cha. No.: TRH200349668

1. Index Mark and Registration
Number of Vehicle

GBL7469Z

AUTOSAFE

=====

2. Name of Policy Holder

CJ2 LOGISTICS LLP

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

17/03/2022
(00:00:00)

Excess Sect I S\$000.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

16/03/2023

Agent Assistance (IH)
Hotline: 6287 7977

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.: JCWC CREDIT (S) PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 139) 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 139) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:

Moses Chia Wei Jye
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory