

NATIONAL Assessment Centre Services

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In 21/03/2023 | Job description | Date & Time Completed | Done by |
| REFNO NA/CT123002925/d4 | SAS e-filing | | |
| VehNo YQ 9425M | E-mail (within 8hrs, AP 2hrs) | | |
| DOA 20/03/2023 | 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: GBC 752Z | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|-----------|------|
| NA2300827 | Invoice Preparation Checklist | | Am't (\$) | Am't |
| Claimant's Particulars | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add |
| 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) | | | |
| Call 1: | 6) TR: Re-inspection \$75 | | | |
| Call 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 | | |
| | 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 | 21/03/2023 13:37 (SGT) |
| Reported by | Driver |
| Date of Accident | 20/03/2023 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BARTLEY ROAD EAST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | YQ9425M |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TPY 177 FURNITURE |
| Company Reg No | 5XXXX276L |
| Email Address | tpy177furniture@gmail.com |
| Mobile Phone No | (Phone) +65-98298215 |
| Alternative Phone No | - |

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 | 2755 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMCVSNW00148662200 |

DRIVER

| | |
|-----------------|--------------|
| Name of Driver | LING JIZHENG |
| Passport No/FIN | GXXXX037P |
| Date Of Birth | 09/01/1974 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 24/01/2022 |
| Driving experience | 1 YEAR AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89422999 |
| Alt. Phone Number | - |
| Email Address | tpy177furniture@gmail.com |
| Address | 177 TOA PAYOH CENTRAL |
| Address complement | # 01-118/120 |
| Postcode | 310177 |
| 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 | 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) | 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 | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230320/2115

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 | GBC752Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Government |
| 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) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~fill in~~ complete the details of the accident to speed up the claims process.
2. This Form ~~must~~ 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 ~~use~~ use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~the~~ the reporting may be referred to the Traffic Police Department for investigation.
6. This Form ~~will~~ 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 ~~submission~~ submission 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~~ being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

I understand and 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 and 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 the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

f. 8. 

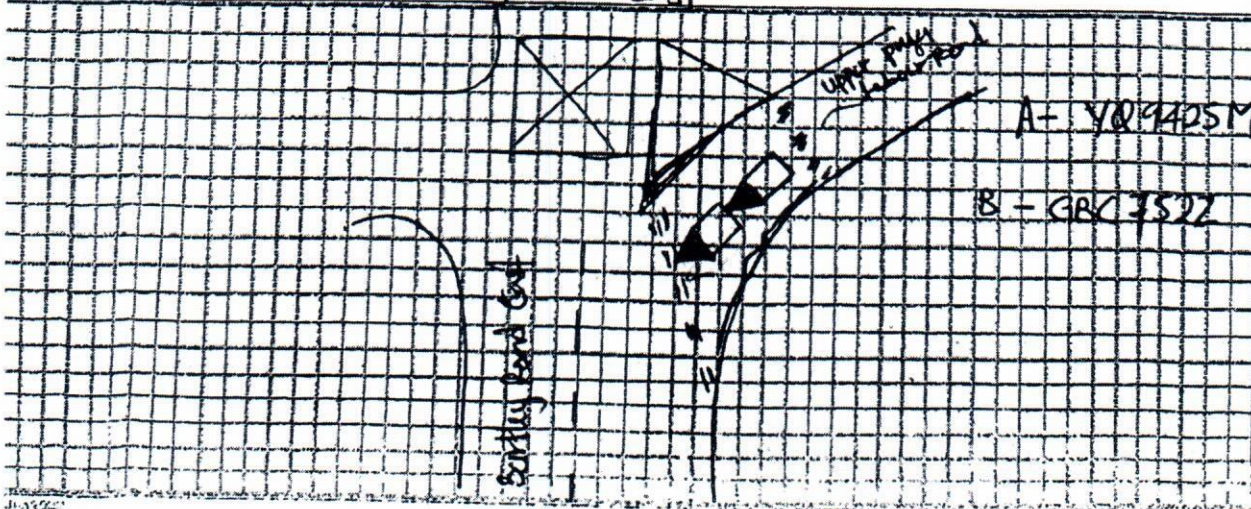
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Bartley Road East



Describe Circumstances of the Accident

please Refer to the attached

police Report - 7120230320/2115 -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

21/3/23

[Signature] 21/03/2023

Witnessed by Reporting Centre Personnel
(Name as in CRIC/ID Card)



SINGAPORE POLICE FORCE



T/20230320/2115

1 of 3

Report No. T/20230320/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|---------------------------|--|
| Date/Time Report Made: 20/03/2023 19:46 | | Vide Report No.: F/20230320/0137 | | Station Diary No.: 118 | |
| Informant's Particulars | | | | | |
| Name of Informant: LING JIZHENG | | | Address: | | |
| ID Type / ID No.: FIN NO / G8968037P | | | Contact No.: Home/Office: Mobile: 89422999 | | |
| Nationality: CHINESE | | | Email: | | |
| Sex: Male | Age: 49 | Date of Birth: 09/01/1974 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: Chauffeur | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/03/2023 17:55 | Type of Location: Flyover |
| Location: KIM CHUAN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|----------------|--------|------------------|-----------------|
| GBC752Z | Van | NISSAN | Urvan Microbus | Blue | Slightly Damaged | 0 |
| YQ9425M | Lorry | TOYOTA | Dyna | Silver | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230320/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20230320/2115

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------|--|-----------------------------------|
| Name | LING JIZHENG | ID No. | G8968037P |
| Related Vehicle | NIL | Contact No. | 89422999 |
| 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-mentioned Date, Time and Location, i was driving along Bartley Road East when i rear ended a Police Vehicle as i was turning left out of a slip road. Nobody was injured. I was told to make a police traffic report by the Traffic Police that attended to the accident.



**SINGAPORE
POLICE FORCE**



T/20230320/2115

3 of 3

Report No. T/20230320/2115

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 TAN HONG WEI ADRIEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Signature Of Informant:

Date/Time:

20/03/2023 19:46

Classification Of Case:

NP168

TPY 177 FURNITURE

BIZ REG/ GST NO. 52802276-L

HQ: 46 LORONG K TELOK KURAU. SINGAPORE 425663.

BLK 177 #01-118 TOA PAYOH CENTRAL. SINGAPORE 310177

TEL: 6255 8465, 6356 5450

EMAIL: TPY177FURNITURE@GMAIL.COM

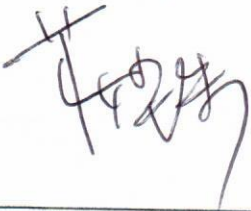
Date: 21/3/23

To: Whom It May Concern

This letter is to certify that Mr LING JIZHENG of FIN NO. G8968037P is authorized to drive our company's vehicle number YQ9425M.

Thank you.

Yours faithfully,



CHNG MEOW CHOO (Mdm)

Partner

TPY 177 FURNITURE

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 03 / 2023 (DD/MM/YYYY) TIME: 17 : 30 (HH:MM)

LOCATION: Bartley Road East

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YQ 942SM

b) INSURANCE COMPANY: China Taiping

c) POLICY NUMBER: DMCVSNW00148662200

d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: Toyota Dyna AUTO / MANUAL

f) TYPE: (SEDAN / 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: TPY 177 Furniture

b) NRIC/FIN/PASSPORT: 52862276L (MALE / FEMALE)

c) ADDRESS: CONTACT: 98298215

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Ling Jizheng

b) NRIC/FIN/PASSPORT: G8968037P (MALE / FEMALE)

c) ADDRESS: 177 TOA PAYOH CENTRAL # 01-118/120

d) DATE OF BIRTH: 09 / 01 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/01/2022

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:

Tan Puyoh

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBL 752Z MODEL: police van

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 = TPY 177 Furniture @gmail.com

Phone =

Address = NO



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

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)

MZ300/C

N SN

AN0394A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00148662200

Engine No.: 1GD9035183

Cha. No.: JHHAGV4680K003144

1. Index Mark and Registration
Number of Vehicle

YQ9425M

AUTOSAFE

=====

2. Name of Policy Holder

T P Y 177 FURNITURE

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

29/12/2022

(00:00:00)

Excess Sect I . S\$500.00
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

28/12/2023

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. : UNITED OVERSEAS BANK LIMITED

* 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: DENSO 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