

# NTUC Assessment Centre Services

Date In: 23/05/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT123005206/W	SAS e-filing		
Veh No: GBJ 964 S	E-mail (w/cons & ins. Aft 2hrs)		
DOA: 20/05/2023	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/Wksn		

referred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

P Particulars:	Veh No: YP 2609 B	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: ( )

Apply for Transport Allowance ( ) / Courtesy Car ( )

QC Check / Post Repair Inspection ( )

Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Ref Time: ( )

Actions: ( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

( )

NA2301515

Particulars	Amount (\$)	Amount (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee	\$120/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services		
9) NTUC		
* N5: Courtesy Car / Tpl Allowance	\$5	
* N6: Repair Co-ordination	\$10	
* N7: Post Repair Inspection	\$25	
* N8: DV / Collect Excess Coordination	\$5	

Inspectors' Comments:



## 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 .....	23/05/2023 16:59 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/05/2023 07:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Canberra Way
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ964S

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TD Creation Pte Ltd
Company Reg No .....	2XXXXX284E
Email Address .....	admin@td.com.sg
Mobile Phone No .....	(Phone) +65-86612687
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00000692301

#### DRIVER

Name of Driver .....	Wei Wenlong
NRIC No .....	SXXXX763G
Date Of Birth .....	04/01/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	06/10/2021
Driving experience .....	1 YEAR AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86612687
Alt. Phone Number .....	-
Email Address .....	admin@td.com.sg
Address .....	Blk 508C Wellington Circle
Address complement .....	#12-01
Postcode .....	753508
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report no. T/20230520/2043.

#### 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 .....	YP2609B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-



Vehicle Category .....	Commercial vehicle
Name of Driver .....	Alagudurai Arichandran
Passport No/FIN .....	GXXXX537K
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	10

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	Wei Wenlong
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	Giddiness
Injured person in which vehicle? .....	GBJ964S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 20/05/2023	TIME OF ACCIDENT : 0700hrs
VEHICLE NO : GBJ 964 S	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Toyota Dyna	LOCATION : Canberra Way
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : CTI	POLICY NO : DMCVSNW00000692301
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : TD Creation Pte Ltd	NRIC : 201806284E
ADDRESS : 44 Kallang Place #01-03 Four Star Building 339172	CONTACT NO :
EMAIL ADDRESS : admin@td.com.sg	VIDEO RECORDING : YES / NO With Police
NAME OF DRIVER : AS ABOVE / IF NO : Wei Wenlong	NRIC : 589897636 CONTACT NO : 8661 2687
DRIVER OWNER RELATIONSHIP : Employee	PASSENGER : 01 MALE ( ) FEMALE ( )
DATE OF BIRTH : 04 / 01 / 1989	DRIVING PASSING DATE : 06 / 10 / 2021
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : Blk 508C Wellington Circle #12-01 753508
ANY INJURIES : NO, IF YES : Giddiness	POLICE REPORT : NO/ IF YES WHERE ? Sembawang NPC
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : YP 2609 B	VEHICLE C REG NO :
DRIVER NAME : Alagudurai Arichandran	DRIVER NAME :
NRIC : G2450537K	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE INJURY CONVEYED BY AMBULANCE : YES / 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 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.



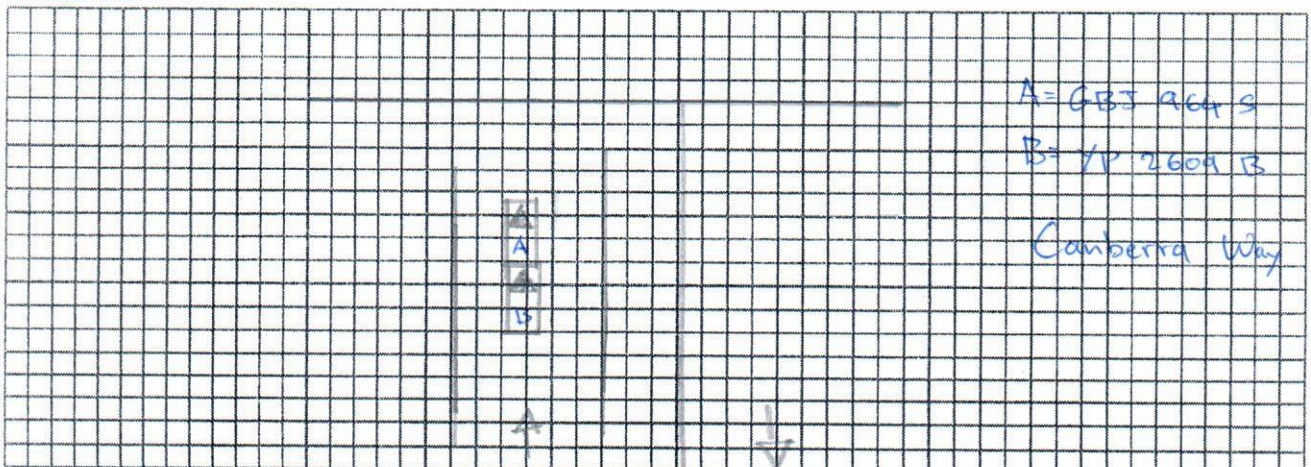
Policyholder's Signature / Date & Time

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

23/05/2023

Witnessed by Reporting Centre Personnel

#### Sketch Plan





Describe Circumstance of the Accident

Refer to Police Report no. T120230520/2043

Declaration

I/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

*[Signature]*

23/05/2023

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



# SINGAPORE POLICE FORCE



T/20230520/2043

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No. T/20230520/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2023 12:41	Vide Report No.:	Station Diary No.: 62
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**Informant's Particulars**

Name of Informant: WEI WENLONG			Address: APT BLK 508C WELLINGTON CIRCLE #12-01 SINGAPORE 753508		
ID Type / ID No.: NRIC NO / S8989763G			Contact No.: Home/Office: Mobile: 86612687		
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 04/01/1989	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/05/2023 07:00	Type of Location: T-Junction
Location:  CANBERRA WAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ964S	Lorry				Seriously Damaged	0
YP2609B	Lorry				Seriously Damaged	10

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230520/2043

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Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20230520/2043

**CONTINUATION OF REPORT**

Driver		ID No.	
Name	WEI WENLONG		S8989763G
Related Vehicle	GBJ964S (Lorry)	Contact No.	86612687
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/05/2023	Date Discharge	20/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver		ID No.	
Name	ALAGUDURAI ARICHANDRAN		G2450537K
Related Vehicle	YP2609B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 11/02/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/05/2023 at about 0700hrs, I was driving along Yishun Avenue 8 towards Yishun, in my lorry GBJ964S. I was on my way to my office located at Kallang. When I approached the T-junction, I was driving on the left most lane. At about 20-30 meters before the stop line, I changed to the next lane on my right and came to a stop as the light has turned red. After waiting for about 10 seconds, I noticed one lorry behind me approaching. I did not think too much of it, and after a while, I felt an impact from the rear. The lorry behind had collided with me with a strong impact, as I could see that he was driving at a very fast speed. I believe the lorry was trying to avoid me, as it had swerved to the right at the last possible second but could not avoid the accident.

The lorry moved forward to the left side of the road after the collision, and my lorry also shifted left as there was some traffic behind me. I noticed that it was a lorry bringing several foreign workers to work, and I estimate to be about 12 workers at the back of the lorry. I called for the police and police helped to send an ambulance. I did not see any visible injuries on all parties. The ambulance arrived and I was conveyed to Khoo Teck Puat hospital as I felt some giddiness. I was treated and received an MC of 3 days.

My vehicle sustained dents to the rear bumper, and the other vehicle's engine cover was dented in. His left passenger window was also shattered.





**SINGAPORE  
POLICE FORCE**



T/20230520/2043

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Report No. T/20230520/2043

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

L /  
SGT 2 NG YU KIT

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT NADYA BINTE MOIDEEN  
Contact No.: 65476331

Signature Of Informant:

Date/Time:  
20/05/2023 12:41

Classification Of Case:





**Khoo Teck Puat  
Hospital**

National Healthcare Group

MEDICAL CERTIFICATE (Ref:1416844494)

DUPLICATE

NAME: WEI WENLONG

NRIC: S8989763G

Type of Medical Leave granted: **Outpatient Sick Leave**

The above-named patient is unfit for duty for **3 day(s)** from **20/05/2023** to **22/05/2023** Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from **20/05/2023 07:43** to **20/05/2023 10:42**.

20/05/2023

Date

Dr. Livia LIANG, MD (67882A)

Issued by

A handwritten signature in black ink, appearing to be 'Livia Liang'.

Signature

Location: KTPH EMERGENCY





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

R SN

AN0435A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00000692301

Engine No.: 1KD2836732

Cha. No.:JTFAT35Y70K212238

1. Index Mark and Registration  
Number of Vehicle

GBJ964S

AUTOSAFE  
=====

2. Name of Policy Holder

TD CREATION PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

02/01/2023

Excess Sect I . S\$350.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

01/01/2024

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. : ABWIN 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: YETTA 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

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