

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 15/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT123006186/d4	SAS e-filing		
Veh No: GBH 4462H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/06/2023 11:10	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: 8HA 5947K	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

NA2301787	<b>Invoice Preparation Checklist</b>		Amf (\$)	Amf
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			
	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:-			
QC Checked by (Engr-In-Charge):	OP*			
	*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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 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 ..... 15/06/2023 17:53 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 15/06/2023 11:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... YELLOW BOX AT HACKLOCK ROAD BETWEEN EU TONG SEN  
ST & NEW BRIDGE ROAD TOWARDS UPPER PICKENING ST  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH4462H

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MING WEI INTERNATIONAL (S) PTE LTD  
Company Reg No ..... 2XXXXXX210N  
Email Address ..... QIHONG1992@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96142615  
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 ..... DMCVSNW00045372304

#### DRIVER

Name of Driver ..... WANG DAZHAO  
Passport No/FIN ..... GXXXX664N  
Date Of Birth ..... 29/03/1988

Occupation	Outdoor
Date Of Driving Pass	10/05/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96142615
Alt. Phone Number	-
Email Address	QIHONG1992@GMAIL.COM
Address	141 JALAN BESAR
Address complement	# 01-01
Postcode	208859
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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	SHA5947K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-



Contact Number ..... (Phone) +65-88546948  
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 ..... WANG DAZHAO  
Gender ..... Male  
Phone No ..... (Phone) +65-96142615  
Address ..... 141 JALAN BESAR  
Address Complement ..... # 01-01  
Post Code ..... 208859  
Approximate Age Years Old .....  
Injuries Sustained ..... HEADACHE  
Injured person in which vehicle? ..... GBH4462H  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

### IMPORTANT NOTICE

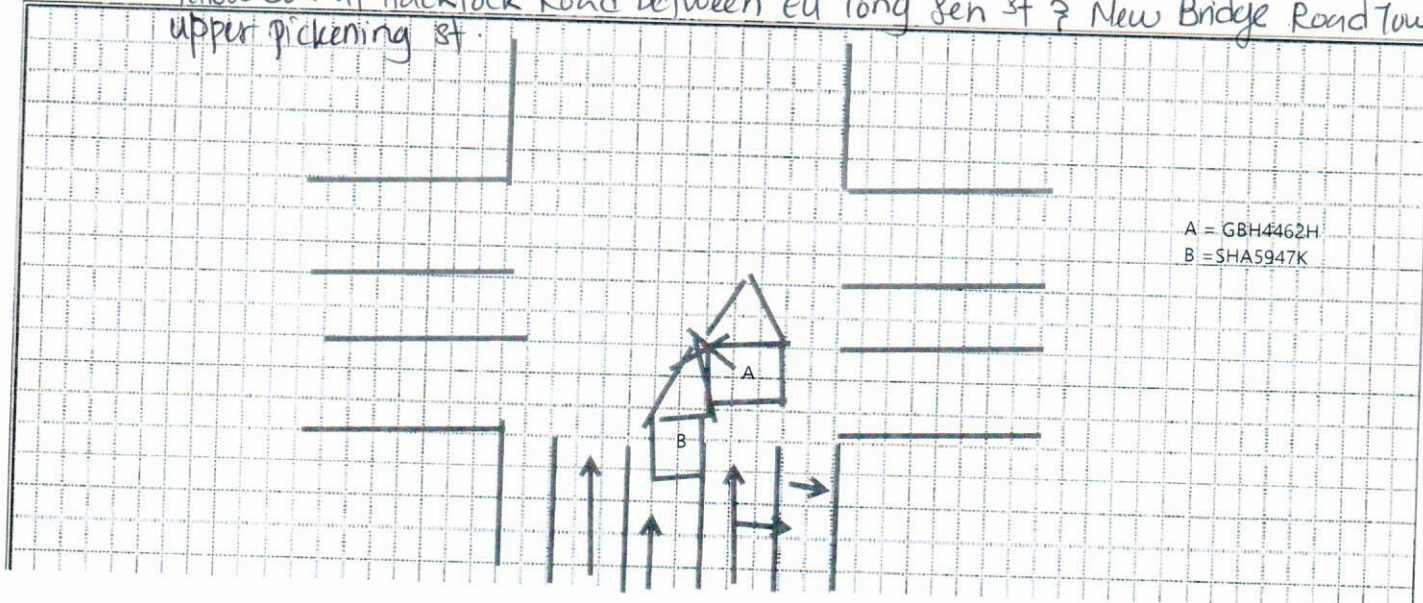
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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

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

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

Sketch Plan Yellow Box at Hacklock Road between Eu Tong Sen St & New Bridge Road Towards upper Pickering St.



A = GBH4462H  
B = SHA5947K



**Describe Circumstance of the Accident**

ON THE STATED TIME AND DATE, I WAS TRAVELING FROM HAVELOCK ROAD TOWARDS UPPER PICKENING ST.

I WAS QUEUING UP AT THE LANE THAT CAN TRAVEL STRAIGHT OR RIGHT TURN TO NEW BIRDGE ROAD.

WHEN THE GREEN LIGHT WAS ON, I TRAVEL STRAIGHT AND SUDDENLY VEHICLE B CAR PLATE NO. SHA5947K SWERVE INTO MY LANE AND HIT ONTO MY LEFT SIDE OF MY VEHICLE.

**Declaration**

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



Policyholder's Signature / Date & Time



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

 15/6/2023

Witnessed by Reporting Centre Personnel

Date of Accident

: 15-06-2023 Accident Time: 1110 (24-HR-FORMAT)

Accident Place

: YELLOW BOX AT HACKLOCK ROAD BETWEEN EU TONG SEN ST & NEW BRIDGE ROAD TOWARDS  
UPPER PICKENING ST

Vehicle Reg. No (Car plate No.)

: GBH4462H CC: 3000 Vehicle Make/Model: TOYOTA DYNA

Insurance Company

: CHINA TAIPING Policy No. DMCVSNW00045372304

Name of Registered Owner

: Company / Individual MING WEI INTERNATIONAL (S) PTE LTD

ID of Registered Owner

: Co Reg No: 200400210N Owner's NRIC No:

OWNER EMAIL ADDRESS:

QIHONG1992@GMAIL.COM

: Co Contact No: 9614 2615 Owner's Contact No:

DRIVER'S Name

: WANG DAZHAO DRIVER'S NRIC No: G4114664N

DRIVER'S Date of Birth

: 29031988 DRIVER'S License Pass Date 10/05/2022

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address

: 141 JALAN BESAR #01-01 SINGAPORE (208859)

DRIVER'S Contact No./ Alt No.

: 1) 9614 2615 2)

DRIVER'S Occupation

: INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: QIHONG1992@GMAIL.COM

Weather & Road Surface

: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type

: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 1

Name & Gender: DRIVER ONLY

Was the accident reported to the police? YES NO

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Any injuries, if yes (name of the injured person) YES DRIVER ONLY Headache

Other Party Driver's Particulars (if any)

Vehicle Reg No: SHA5947K

Vehicle Reg No:

Vehicle Make/Model:

Vehicle Make/Model:

Name DRIVER:

Name DRIVER:

IC No. DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add: 8854 6948

DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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

AN0679A

Cov. Type C

CERTIFICATE No.

DMCVSNW00045372304

Engine No.: 1KD2792329

Cha. No.: JTFAT35Y50K210102

1. Index Mark and Registration  
Number of Vehicle

GBH4462H

AUTOSAFE

=====

2. Name of Policy Holder

MING WEI INTERNATIONAL (S) PTE. LTD.

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

05/06/2023

(00:00:00)

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

4. Date of Expiry of Insurance

04/06/2024

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.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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: ABWIN 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