

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

Date In: 30/06/2023	Job description	Date & Time Completed	Done by
Ref No: NM/C7123006582/DC4	SAS e-filing		
Veh No: YQ 20974	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 28/06/2023 14:30	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: GG 9123A	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

NA2301948 / NA2301949

Invoice Preparation Checklist

Am't (\$)
1st Bill Add E

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	
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	
	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	
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20	
Cat. 1:	9) N12: Idac Mobile \$30	
Cat. 2 / 3:	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 30/06/2023 15:20 (SGT)
Reported by Actual Driver
Date of Accident 28/06/2023 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BRICKLAND ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ2097Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner REN-ZHU TRADING PTE LTD
Company Reg No 1XXXXX644D
Email Address bluemoon_yvonne@hotmail.com
Mobile Phone No (Phone) +65-82330864
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R 14FT WID CAB 7 TON MT
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 4009

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00004912302

DRIVER

Name of Driver CHUA CHIN KHOON
NRIC No SXXXX641Z
Date Of Birth 11/05/1963
Occupation Outdoor

Date Of Driving Pass	15/10/1983
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82330864
Alt. Phone Number	-
Email Address	bluemoon_yvonne@hotmail.com
Address	APT BLK 206 BOON LAY DRIVE
Address complement	# 11-49
Postcode	640206
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?	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

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	GG9123A
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	CHUA CHIN KHOON
Gender	Male
Phone No	(Phone) +65-82330864
Address	APT BLK 206 BOON LAY DRIVE
Address Complement	# 11-49
Post Code	640206
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK , SHOULDERS AND BACK AREAS - GIVEN 3 DAYS OF MC YQ2097Y
Injured person in which vehicle?	-
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.



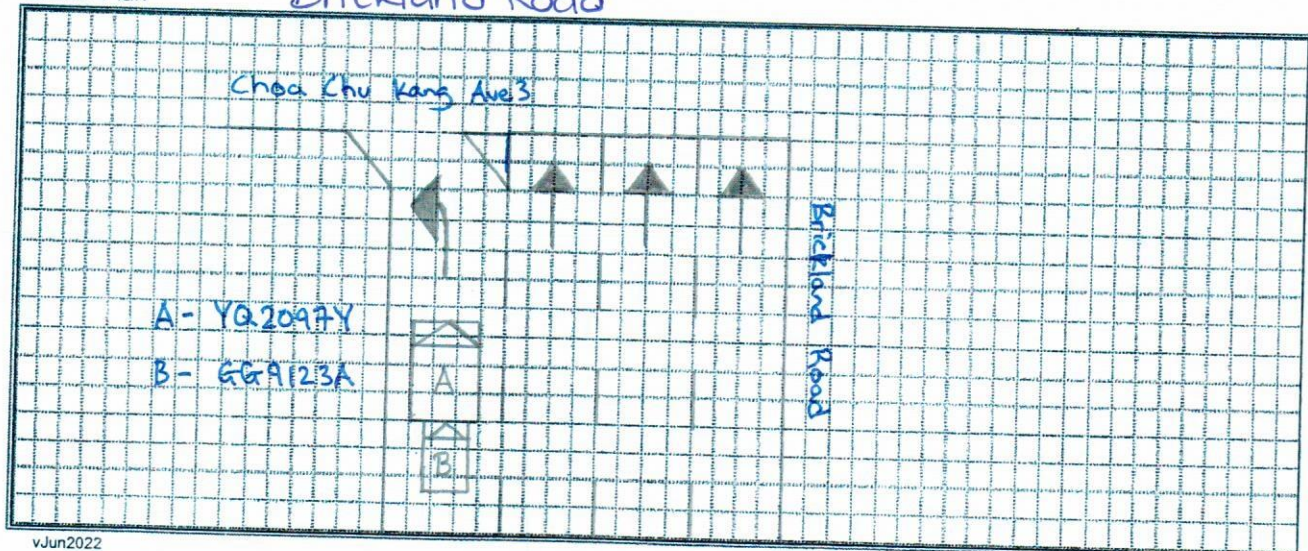
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Brickland Road



Describe Circumstance of the Accident

On the stated time and date I was travelling along the stated location
Suddenly I felt an huge impact from my rear. I alighted and found out
Vehicle B '6R9123A' collided onto my rear causing damages.
attached police report - T/20230629/7039 -

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)

[Signature] 30/6/2023



SINGAPORE POLICE FORCE



T/20230629/7039

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

1 of 3

Report No. T/20230629/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2023 20:58		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: CHUA CHIN KHOON		Address: 206 BOON LAY DRIVE #11-49 SINGAPORE 640206	
ID Type / ID No.: NRIC NO / S1593641Z		Contact No.: Home/Office: Mobile: 82330864	
Nationality: SINGAPORE CITIZEN		Email: bluemoon_yvonne@hotmail.com	
Sex: Male	Age: 60	Date of Birth: 11/05/1963	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Delivery driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2023 14:45	Type of Location:
Location: BRICKLAND ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YQ2097Y	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230629/7039

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

2 of 3

Report No. T/20230629/7039

CONTINUATION OF REPORT

Driver				
Name	CHUA CHIN KHOON		ID No.	S1593641Z
Related Vehicle	YQ2097Y (Lorry)		Contact No.	82330864
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time I vehicle YQ2097Y was travelling straight on the extreme left lane of Brickland Road towards Bukit batok Road.

I was moving slowly as there were a built up of vehicles in front of me.

Suddenly I felt a great impact from my vehicle's rear portion.

The impact causes my body to lurched forward and my knee hit onto my dashboard.

After a while i start to feel pain on my neck, shoulders and back areas.

I then proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230629/7039

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

3 of 3

Report No. T/20230629/7039

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

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

Date/Time:
29/06/2023 20:58

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/06/2023(dd/mm/yy) Time Of Accident: 14:30 (24-HR-FORMAT)

Vehicle No: Y&2097Y Vehicle Make & Model: Hino / XZU710R 14t Private Hire: (Y/N)

Exact Location Of Accident: Brickland Road

Policyholder's Name/IC No: Ren-Zhu Trading PTE Ltd / 198403644D

Driver's Name/IC No: Chua Chin Khuan / S15936412 (As Above) ☐

Driver's Contact No: 82330864 Company Contact No(Company Veh Only): 62987188

Driver's Address: 206 Bannay Drive #11-49 S(640206)

Email Address: 24LeonardHo@gmail.com Insurance Company: China Taiping

RELATIONSHIP BETWEEN OWNER & DRIVER: (Please **CIRCLE** one only)

*Car: AUTO / MANUAL

Owner/Spouse/Children/Friend/Parents/Sibling/Relative/Employee/Hirer or Others specify: _____

What Do You Wish to claim? (Please **CIRCLE** one only)

*CC : _____

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please **CIRCLE** one only)

Private Use / Work Purpose

Occupation (nature of job): Indoor / Outdoor *No. of passengers (Including Driver): 01

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road Conditions?(On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? : Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report Filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No. _____ Vehicle No: GB9123A

Driver's Contact No: _____ Insurance Company: _____

Private Hire: (Y/N) Other : _____

2. Driver's Name / IC No. _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

Private Hire: (Y/N) Other : _____

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

AN0397A

Cov. Type: C

CERTIFICATE No.

DMCVSNW00004912302

Engine No.: N04CWN10142

Cha. No.: JHHUCV1F00K033588

1. Index Mark and Registration
Number of Vehicle

YQ2097Y

AUTOSAFE

=====

2. Name of Policy Holder

REN-ZHU TRADING PTE LTD

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

31/01/2023

Excess Sect I. S\$800.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30/01/2024

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.: MAYBANK SINGAPORE 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: INDEX AGENCY PTE LTD

Authorised Officer

张世义

Authorised Signatory