

NATIONAL Assessment Centre Services

Date In: 03/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/CFI18006032/13	SAS e-filing		
Veh No: 5GR8829X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/04/18 1425	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SKZ41166 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

NA1802045 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars :- 1) AR: Accident Reporting (\$30); 1st Bill Add Bill

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

QC Checked by (Engr-In-Charge): 5) RT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments :- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2/3: 8) NTUC Additional Services:-

9) N12: Idac Mobile

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 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 ability.
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 Report	03/04/2018 10:47
Date Of Accident	01/04/2018 14:25
Exact Location Of Accident	BRADDELL RD(SLIP RD INTO LOR 6 TOA PAYOH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR8829X
Insured/Policyholder	
Name Of Registered Owner	HUA CHUNG FOOK DESMOND
NRIC No	S8139953J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92304433
Alternative Phone No	OTHERS-92304433

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3013021802
Cover Note Number	

Driver

Name of Driver	HUA CHUNG FOOK DESMOND
NRIC No	S8139953J
Date Of Birth	19/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92304433
Fax Number	
Contact Number	OTHERS-92304433
Email Address	NOEMAIL

Address	BLK 79C TOA PAYOH CENTRAL #27-39
Postcode	313079
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ4116G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93390625

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG1202S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

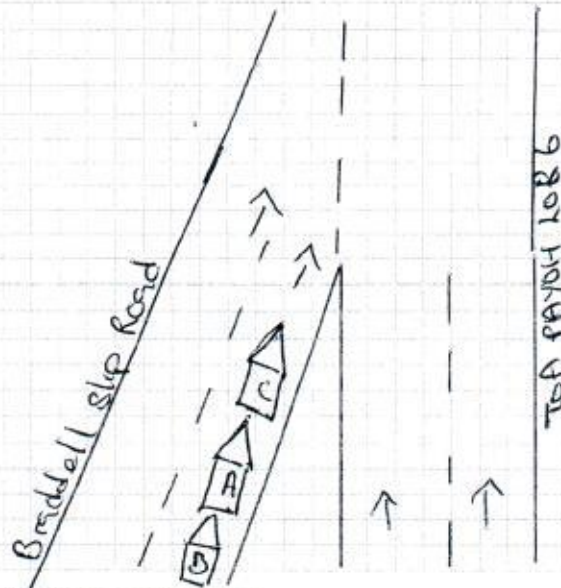
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



A = SGR 8829X
B = SKZ 4116 G
C = GBG 121028

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my front vehicle stopped due to give way to top Payoh lor G vehicle, I follow suit. As my vehicle is still in a stationary position, suddenly I feel an impact from my vehicle rear and the huge impact forces my vehicle to surge forward and hit onto the infant car.

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 & Time:

03/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN 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 lodgment 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:

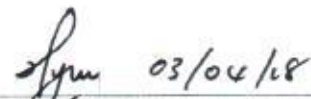
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

03/04/18

Date of Accident : 01/04/18 Accident Time: 1425 (24-HR-Format)
 Accident Place : Braddell Road (slip Road into Loc 6 TOA PAYOH)
 Vehicle No. (Car Plate No.) : SGR 8829X Make/Model: MAZDA3 SP
 Insurance Company : Ching Teiping Policy No: DMPCSN 3013021802
 Owner or Company Name / IC No. : HUA CHUNG FOOK, DESMOND 881399533
 Owner or Company Contact No. : Owner's Hp 92304433 Company Tel
 DRIVER'S Name / IC No. :
 DRIVER'S Date Of Birth : 19/12/1981 DRIVER'S License Pass Date 29/04/2004
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : BIK 79C TOA PAYOH CENTRAL #27-39 S (313079)
 DRIVER'S Contact No. / Alt No. : 1) 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside office)
 Email Address : desmond-hua@gmail.com / sales@mia.com.sg
 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): 4
 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 Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: (B) SKZ 4116G	Vehicle No: GBG 12028 CC
Vehicle Make/Model:	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver/Contact: 9339 0625	IC No. Driver/Contact: 9633 9861

* NEW - Passenger's name & gender:

4806547



License No: S8139953J



Date of issue
28-12-2011

Address:
APT BLK 79C TOA PAYOH CENTRAL
#27-39
SINGAPORE 313079

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 29 Apr 2004



License No: S8139953J

MP 428A



10-00171 ARU NO

S8139953J

Name

HUA CHUNG FOOK, DESMOND



潘正富

Ethnic

CHINESE

Date of birth

19-12-1981

Country of birth

SINGAPORE

License No: S8139953J

Sex

M

License Number S8139953J

Name

HUA CHUNG FOOK, DESMOND

(PAN ZHENG FU, DESMOND)



Birth Date: 19 Dec 1981

Issue Date: 29 Apr 2004



001205027F



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.
Co. Reg. No. 200308384E

MX1F
R SN
AN0575A
Cov. Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE NO.		DMPCSN3013021802	Engine No ³ : 26525242 ChaN ^o : JM6BK106270334125
1. Index Mark and Registration Number of Vehicle	SGR8829X	AUTOSAFE	
2. Name of Policy Holder	HUA CHUNG FOOK DESMOND		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22 February 2018	Named Drivers Ex Sect. I S\$600.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00	
4. Date of Expiry of Insurance	21 February 2019		
5. Persons or Classes of Persons entitled to drive*	(a) The Policyholder (b) Any other person who is driving on the Policyholder's order or with his 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*	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		
HIRE PURCHASE CO. : DBS BANK LTD 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: DH. GIM KONG
Authorised Officer

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Authorised Signatory