

NATIONAL Assessment Centre Services

Date In: 07/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18007823/13	SAS e-filing		
Veh No: 5JQ6910B	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 26/04/18 1815	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: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: 5JZ6549P	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

NA1800654	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	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 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	27/04/2018 17:49
Date Of Accident	26/04/2018 18:15
Exact Location Of Accident	BUKIT BATOK RD TWDS BRICKLAND RD BEHIND DULWICH CO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6910B
Insured/Policyholder	
Name Of Registered Owner	MR CHUA CHIN MAO
NRIC No	S1766316Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98571669
Alternative Phone No	OTHERS-98571669

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	DMPCSN3017131800
Cover Note Number	

Driver

Name of Driver	MR CHUA CHIN MAO
NRIC No	S1766316Z
Date Of Birth	05/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98571669
Fax Number	
Contact Number	OTHERS-98571669
Email Address	NOEMAIL

Address	BLK 817C KEAT HONG LINK #19-123
Postcode	683817
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

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

I WAS DRIVING ALONG BUKIT BATOK RD TWDS BRICKLAND RD ON EXTREME RIGHT LANE OF 3-LANES CARRIAGEWAY. SOMEWHERE BEHIND DULWICH COLLEGE. VEH B ON THE CENTER LANE OUT OF SUDDEN FILTERED TO THE RIGHT ENCROACHING ONTO MY PATH WITHOUT ANY SIGNAL. AS A RESULT VEH B RIGHT REAR PORTION COLLIDED ONTO MY LEFT FRONT PORTION. THEREAFTER WE EXCHANGED PARTICULARS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ6549P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR IZZIANA BINTE KAMARUDDIN
NRIC/Passport Number	
Contact Number	91190356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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:



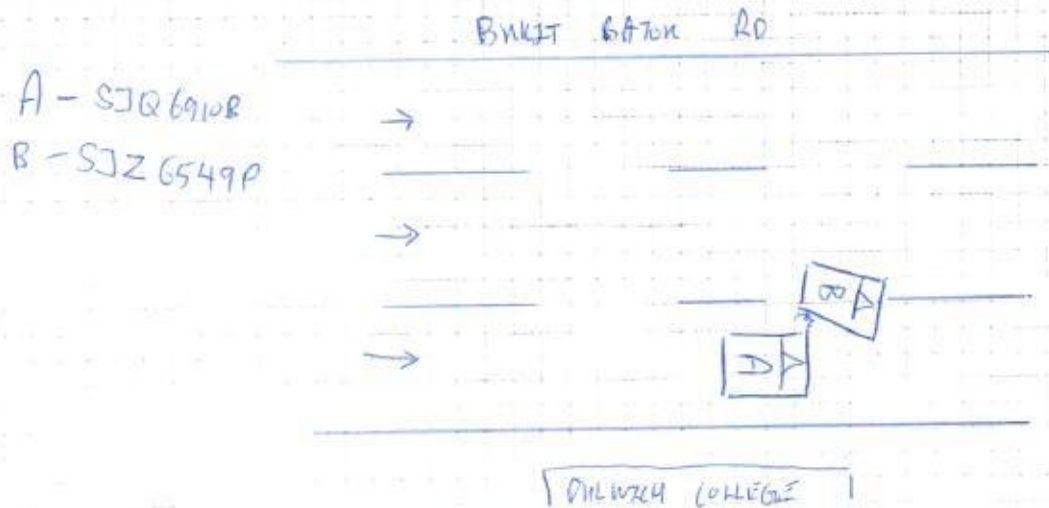
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 27/04/18

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

BUKIT BATOK RD TOWARDS BRICKLAND RD BEHIND DULWICH COLLEGE.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along bukit batok road towards Brickland rd on the right lane of 3-lanes carriageway. Somewhere behind Dulwich College, veh(B) on the center lane out of sudden filtered to the right encroaching onto my path without any signal. As a result, veh(A) right rear portion collided onto my left front portion. Thereafter, we exchanged particulars.

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:

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

Vehicle No.	SJQ 6910 B		Model / Make	TOYOTA ALTIS.
Date of Accident	26/4/18			
Time of Accident	06:14 P.M.		HRS	
Location of Accident	BUNGET BATOK RD TOWARDS BRICKLAND RD BEHIND DULWICH COLLEGE			
Exact purpose use during accident	Personal			
Name of Owner	CHUA CHIN MAO			
Telephone No.	H/P : 9857 1669	Home :	Office :	
NRIC	S1766316Z			
Address	APT BLK 817C KEAT HONG LINK #19-123 S(683817)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	CHINA TAPENG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DMPCSN 3017131800			
Name of Driver	As Above If No,			
NRIC	Any Passengers : NZL			
Date of birth	05/06/1966			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	22/07/1985			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state OWNER.		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SJZ 6549 P		Any Passengers : 1(FEMALE) 1(CH2LO)	
Name of Driver	NUR IZZIANA BINTI KAMARUDIN		Contact No. : 911A 0356	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	LEFT FRONT PORTION			
Camera Recorder	Yes / No			
Email Address				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
Yes / No				
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	JUN MANG.			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1766316Z**

Name: **CHUA CHIN MAO**

Birth Date: **05 Jun 1966**

Issue Date: **06 Feb 2010**

001827240D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1766316Z**

Name: **CHUA CHIN MAO**

Race: **CHINESE**

Date of birth: **05-06-1966**

Country of birth: **SINGAPORE**

Sex: **M**

5-786316Z




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/

Class	Description	PASS DATE
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	22 Jul 1985
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	08 Nov 1989
Class 5	*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	12 Mar 1990

Licence No. **S1766316Z**



NP 428A

4533904

NRIC No. **S1766316Z**

Date of issue: **06-02-2010**

APT BLK 817C KEAT HONG LINK #19-123
SINGAPORE 683817

NRIC No. **S1766316Z**

Date: **18/12/2016**




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)

CERTIFICATE No.	DMPCSN3017131800	Engine No : 3ZZ4887697 Chassis No: MR053ZEE106144899
1. Index Mark and Registration Number of Vehicle	SJQ6910B	
2. Name of Policy Holder	MR CHUA CHIN MAO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 MARCH 2018 (17:31 HOURS) 21 MAY 2019	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX: 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		
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. : STANDARD CHARTERED BANK SINGAPORE 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.

Countersigned By:



Authorised Officer



Authorised Signatory