

# NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In <u>31/07/18</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CTI18013900/13</u>	SAS e-filing		
Veh No <u>SJK5074C</u>	E-mail (w/ than 8hrs, AIC 2hrs)		
D.O.A <u>31/07/18</u> <u>0520</u>	i-Motor Claim Form		
OD <u>(TP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <u>M GARAGE</u> )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <u>SHCB126H</u>	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

<u>NA1804797</u>	<b>Invoice Preparation Checklist</b>		Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$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 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	QP*			
<b>Auditors' Comments :-</b>	*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		
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	31/07/2018 14:51
Date Of Accident	31/07/2018 05:20
Exact Location Of Accident	AIRPORT BLVD AFT THE FLYOVER TWDS TERMINAL 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5074C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	201329402W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1763671700
Cover Note Number	

### Driver

Name of Driver	ZHONG ZHUOER
Passport No/FIN	G1462065L
Date Of Birth	06/07/1997
Occupation	INDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84662714
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1 BUKIT BATOK CRESCENT #02-53 WCEGA PLAZA
Postcode	658064
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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)	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

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	SHC8126H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

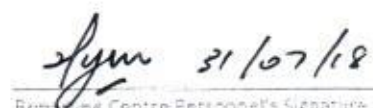
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/07/2018 at about 0520hrs, I was travelling on the extreme left lane at along Airport Boulevard after the flyover towards Changi Airport Terminal 4.

Suddenly, a vehicle(B) on my right veered into my lane without caution and collided onto my right

portion of my vehicle causing damages to my vehicle.

(A) SJK5074C

(B) SHC8126H

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/PIN No.:

driver  
SJK 5074 C

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of a man.

Licence Number: **G1462065L**  
Name: **ZHONG ZHUOER**

Birth Date: **06 Jul 1997**  
Issue Date: **14 Mar 2018**  
Valid Till: **13/03/2023**

Barcode: 002782973E

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

**EFFECTIVE DATE**

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$  14 Mar 2018

NP 428A



driver  
SJL 5074C




**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**P-SERV PTE LTD**

Name  
**ZHONG ZHUOER**

Work Permit No.  
**0 77283285**

Sector  
**SERVICE**





**K0462485**

**VISIT PASS**  
Immigration Regulations

06-08-2019

Name  
**ZHONG ZHUOER**

FIN  
**G1462065L**

Date of Birth  
**06-07-1997**

Sex  
**M**

Nationality  
**CHINESE**



Download SGWorkPass App to check status



**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/07/18	Time: 0520hr	(hh:mm) 24 hr format
Location: AWOA Airport Boulevard after the flyover towards Changi Airport terminal 4		
Vehicle Number: SJK 5074C		
Insured Name: SG RENT A CAR Pte Ltd		
NRIC / FIN: 201329402W	Contact Number:	-
Make: HONDA	Model:	CIVIC 1.6L A
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company: China Taiping		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number: DMHCSN1763671700		
Name of Driver: zhong zhaoer		( ) Same as Insured
NRIC / FIN: G1462065L	Contact Number:	8466 2714
Date of Birth: 06/07/1997		
Driving Pass Date: 14 Mar 2018		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address: -		( / ) NO EMAIL
Address of Driver: 1 Bukit Batok Crescent #02-53 Wega plaza S(658064)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured: WIFE		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle: -		
Insurance Company of Driver's Own Vehicle: -		
Weather Conditions ( ) Clear ( / ) Raining ( ) Others		
Road Surface ( ) Dry ( / ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( ) Yes ( / ) No		
If yes, injured detail: -		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B: SHC 8126 H		
Veh C:		
Veh D:		
Veh E:		
Veh F:		

1 person including driver



**中国太平保险(新加坡)有限公司**  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ406L/B  
N SN B  
AN0619A  
Cov.Type: C

MOTOR HIRE 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. DMHCSN1763671700 Engine No : R16A14000944  
Chano: JHMF46209S200263

1. Index Mark and Registration Number of Vehicle: SJK5074C

2. Name of Policy Holder: SGRENTACAR PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 19 October 2017 (12:28 Hours)

4. Date of Expiry of Insurance: 22 October 2018

Excess Sect. I ..... S\$1,500.00  
Excess Sect. I (Outside Singapore)... S\$3,000.00  
Excess Sect. II ..... S\$1,500.00  
Excess Sect. II (Outside Singapore)... S\$3,000.00  
EX ON WINDSCREEN ..... S\$100.00

5. Persons or Classes of Persons entitled to drive\*  
As per Named Driver(s) stated below.

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.

ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER

6. Limitations as to use:  
(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.  
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.  
The Policy does not cover  
(1) Use for racing, pace-making, reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : LIAN HONG PTE 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: HO LI HWA IRENE  
Authorised Officer

Authorised Signatory