

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MANA 48164356

Date In: 21/12/2008 19:12	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI18022946/4	SAS e-filing		
Veh No: PA 48071	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/12/2008 21:05	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJR 9633B	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%. P: 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 1100111-6788/6616)

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Actions

<p>1/A808410</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>2/3:</p>	<p>Invoice Ref: ()</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated _____</p> <p>Invoice dated _____</p> <p>Fees Charged _____</p> <p>Fees Charged _____</p>
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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 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 Report	21/12/2018 18:51
Date Of Accident	20/12/2018 21:05
Exact Location Of Accident	YISHUN RING ROAD BLK 110 CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA4807T
Insured/Policyholder	
Name Of Registered Owner	POH CHONG SEAN
NRIC No	S6924157C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96835953
Alternative Phone No	OTHERS-96835953

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1629521802
Cover Note Number	

Driver

Name of Driver	POH CHONG SEAN
NRIC No	S6924157C
Date Of Birth	29/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1990
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96835953
Fax Number	
Contact Number	OTHERS-96835953
Email Address	NOEMAIL

Address	BLK 671B YISHUN AVENUE 4 #09-594
Postcode	762671
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	5
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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	SJR9633B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.: _____

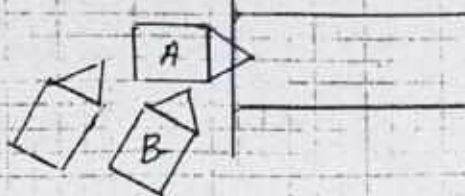
SKETCH PLAN

YISHUN RING ROAD, BLK 110 CARPARK EXIT

Carpark
Gantry

A) PA 4807T.

B) SJR 9633B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/18 @ 9.05pm I was about to exit the gantry at Yishun Ring Road near BLK 110 exit. As I was passing through the gantry, Suddenly Veh 'B' drive pass from the parking lot & collided onto my vehicle, causing damage to my rear R.H. Bumper.

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.:

on 21/12/2018
Rafiqi Hossain

VEHICLE NO: PA 4807T.

MAKE & MODEL: Nissan Urvan.

DATE OF ACCIDENT	20 / 12 / 2018		
TIME OF ACCIDENT	9.05 AM / PM		
LOCATION OF ACCIDENT	Yishun Ring Rd, BLK 110 Carpark Exit		
Exact Purpose use during accident			
NAME OF OWNER	Poh Chong Sean		
TELP NO	96835953		
NRIC	S6924157C		
CLAIM TYPE	OD	<input checked="" type="checkbox"/> THIRD PARTY	<input checked="" type="checkbox"/> Reporting Only
PRIVATE HIRE	YES / NO		
INSURANCE CO.	China Taiping Insurance (S) Pte Ltd.		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Third Party <input checked="" type="checkbox"/> Third Party Fire & Theft		
POLICY NO.	DMB1SN1629521802		
NAME OF DRIVER	As above / If No:		
NRIC	S6924157C		Any passengers: 5
DATE OF BIRTH	29 / 07 / 1969		
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor		
DATE OF DRIVING PASS	03 / 03 / 1990		
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female		
CONTACT NO.	96835953 Office: Home:		
ADDRESS	BLK 871B Yishun Ave 4 #09-594 S(782672)		
DRIVER HAVE ANY OWN Vehicle	<input checked="" type="checkbox"/> NO / If yes: Reg No:		
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No:		
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:		
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:		
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?		
VEHICLE B NO.	SJR 9633 B		Any Passenger: -
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		
PARTICULAR WORKSHOP			
TELP NO			
CONTACT PERSON			
FAX NO.			

Q8767



NRIC No. S6924157C



Blood Group: O+ Date of issue: 03-04-1995

APT BLK 871B YISHUN AVENUE 4 #09-594
SINGAPORE 762871

NRIC No: S6924157C Date: 12/02/2017

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6924157C



Name: POH CHONG SEAN

傅聰信

Race: CHINESE

Date of Birth: 29-07-1969 Sex: M

Country of Birth: SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


		PASS DATE
Class 2B	Motorcycles not exceeding 300 cc	04 Aug 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Mar 1990
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Nov 1994
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	13 Jul 1995



NP 426A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6924157C



Name: POH CHONG SEAN

Date of Birth: 29 Jul 1969

Valid Date: 24 Nov 2003





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. 200208384E

M2601/P
R SN
AN0580A
Cov. Type: F

MOTOR PRIVATE BUS

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, 1950 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMB1SN1629521802

Engine No : ZD30040588

Chassis No: 3N1TG4E2520701234

1. Index Mark and Registration
Number of Vehicle

PA4807T

2. Name of Policy Holder

POH CHONG SEAN

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

15 June 2018

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

14 June 2019

5. Persons or Classes of Persons entitled to drive*

(a) The policyholder.

(b) Any person provided he is in the policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : THINK ONE CREDIT 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

0005. & EVER

Authorised Officer



[Signature]
Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MAA 18764356 Vehicle Registration No: PA 48077
Name (as shown in NRIC) : POH CHONG SHAW NRIC/FIN/Passport No : S6924157C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96835959
Email Address : _____
Date of Accident : 20/12/2018 Time of Accident : 21:05
Place of Accident : YISHUN RIVER RD, BLK 110 OFFPARK EXIT
Insurance Company : CHINA TAILING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO DMBISN162952602

Policyholder / Driver's Signature
Date:


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