

NATION 11 Assessment Centre Services

Date In: 27/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18023168/13	SAS e-filing		
Veh No: 50X86225	E-mail (within 8 hrs, AIC 2 hrs)		
D.O.A: 26/12/18 1335	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: (MCARAGE	Tel:	Fax:
TP Particulars:	Veh No: EH77C	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

NA1900015	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
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		
	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:-		
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		
	9) N12: Idac Mobile 30		
	Invoice date:	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 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	27/12/2018 10:46
Date Of Accident	26/12/2018 13:35
Exact Location Of Accident	CTE TWDS SLE B4 AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX8422T
Insured/Policyholder	
Name Of Registered Owner	MDM TAN CHIN NA REGINA
NRIC No	S8028308C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808422
Alternative Phone No	OTHERS-83331173
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60
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	DMPCSN1527511803
Cover Note Number	
Driver	
Name of Driver	ZHANG MUTONG, EDMUND
NRIC No	S8301173D
Date Of Birth	10/01/1983
Occupation	INDOOR
Date Of Driving Pass	12/05/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83331173
Fax Number	
Contact Number	
Email Address	MI_EDMUND@YAHOO.COM.SG

Address	BLK 686 HOUGANG ST 61 #07-172
Postcode	530686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : MDM TAN CHIN NA REGINA 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

PLS REFER TO THE ATTACHED STATEMENT.

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	EH77C
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)

DETAILS OF INJURED PERSON 1

Name	ZHANG MUTONG,EDMUND
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJX8422T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MDM TAN CHIN NA REGINA
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJX8422T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

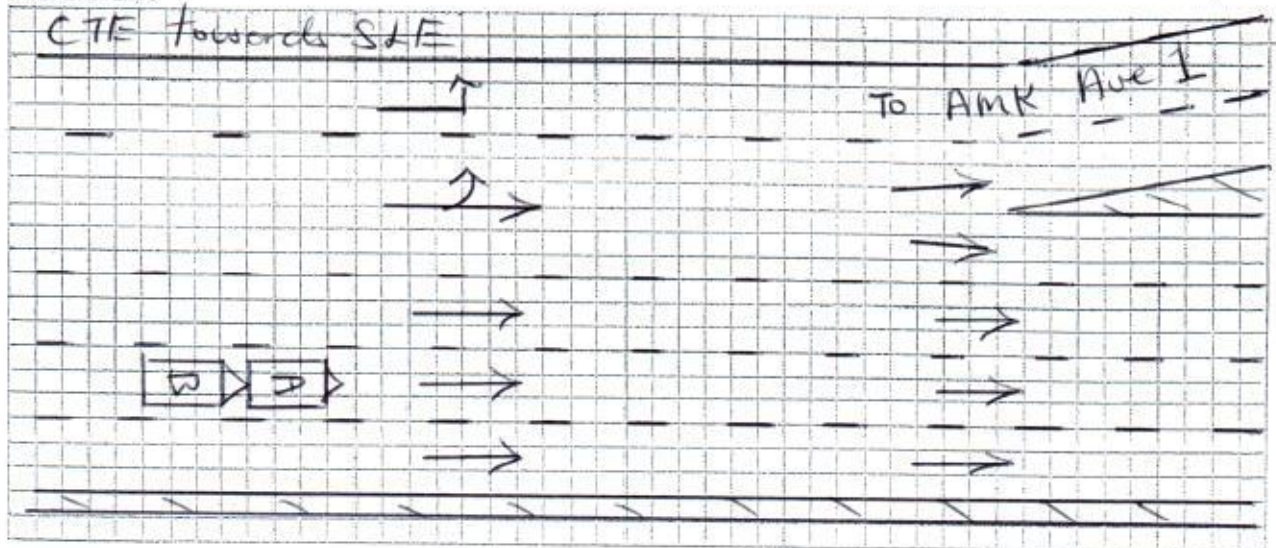
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 27/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/12/2018 at about 1335 hrs at CTE towards SLE before Ang Mo Kio Ave 1 exit. I was travelling on the Lane 2 and slow down my vehicle while giving way to the changing lane vehicle. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Front Portion of my vehicle (A) causing damages to my vehicle.

(A) SJX 8422 T

(B) EH 77C

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/12/18	Time: 13:35	(hh:mm) 24 hr format
Location at CTE towards SLE before AMK Ave 1 ext		
Vehicle Number SJX 8422T		
Insured Name TAN CHIN NA, REGINA		
NRIC/FIN S8028308C	Contact Number 9650 8422	
Make Volvo	Model XC60 T6 3.0L AT D/AS GAS/D 4WD	SDR TC
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 DMPCSN1527511803		
Name of Driver ZHANG MUTHAN, EDMUND () Same as Insured		
S8301173D		
NRIC/FIN	Contact Number 8333 1173	
Date of Birth 10-01-1983		
Driving Pass Date 12-MAY-2004		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address mi.edmund@yahoo.com.sg () NO EMAIL		
Address of Driver BLE 686 HAUGANG STREET 61 #07-172		
S 1530686		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured		
() 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 Driver + owner - back & neck pain		
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 rd party	Name / Nric	Contact
Veh B	EH 77C	
Veh C		
Veh D		
Veh E		
Veh F		

Include driver 2 person only.

One female passenger
- Tan chin Na, Regina

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8301173D



Name

ZHANG MUTONG, EDMUND

Race

CHINESE

Date of birth

10-01-1983

Sex

M

S8301173D

Country/Place of birth

SINGAPORE



Driver SJX J4227

5215485



NRIC No. S8301173D



Date of issue

07-09-2013

Address

APT 'BLK 686 HOUGANG STREET 61
#07-172
SINGAPORE 530686

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S8301173D**

Name: **ZHANG MUTONG, EDMUND**

Birth Date: **10 Jan 1983**

Issue Date: **11 Jun 2011**



001971241C

Driver SK SK2T.

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	23 May 2002
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 May 2004

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8028308C



Name

TAN CHIN NA, REGINA
(CHEN QINA, REGINA)

陈 宜 娜

Race

CHINESE

Date of birth

16-09-1980

Sex

F

Country of birth

SINGAPORE

S8028308C

Owner STX 8422T



4721118



NRIC No. S8028308C

Date of issue

16-05-2011

Address

APT BLK 20 BEDOK SOUTH ROAD
#08-35
SINGAPORE 460020

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

PLM 316904

ORIGINAL

CERTIFICATE No.

DMPCSN1527511803

Engine No.: B6304T28041017181

Chassis No.: YV1DT9056B2135774

1. Index Mark and Registration
Number of Vehicle

SJX8422T

AutoSafe

2. Name of Policy Holder

MDM TAN CHIN NA REGINA

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

21 July 2018
(13:03 Hours)

Named Drivers Ex Sect. I S\$1,500.00

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

20 July 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\$1,000 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.: SINGAPORE FINANCE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act 1967 (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 169) and Part IV of the Road Transport Act, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Authorised Officer

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: MNA118166151 Vehicle Registration No: SJX 8422T
Name of person making: TAN CHIN NA, REGINA NRIC/FIN/Passport No: GPO 28308C
(* Vehicle's Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Blk 686 Honggang Street 61 #07-172 Singapore (530686)
Contact (Tel): _____ Mobile No.: 8333 1173
Email Address: M1-edmund@yahoo.com.sg
Date of Accident: 26/12/2018 Time of Accident: 13:35 hrs
Place of Accident: CTE towards SLE BT AMH Ave 1 Exit
Insurance Company: China Taiping

(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:

I would like to make amendment in the statement from
"I realised that it was vehicle (B) who hit onto my front
portion of my vehicle (A) causing damages to my vehicle." (Pg 5)

to

"I realised that it was vehicle (B) who hit onto my rear
portion of my vehicle (A) causing damages to my vehicle."

Policyholder / Driver's Signature
Date:

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