

NATIONAL Assessment Centre Services

Date In: 06/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/CT219019657/13	SAS e-filing		
Veh No: SKH2648X	E-mail (w/In: 8hrs, A/C: 2hrs)		
D.O.A: 06/11/19 0740	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SMP2696R	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

NA1908498

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) rT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR : Re-inspection \$75			
	7) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*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 (N-n 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	06/11/2019 15:30
Date Of Accident	06/11/2019 07:40
Exact Location Of Accident	ALONG PIE NEAR UPP SERANGOON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH2648X
Insured/Policyholder	
Name Of Registered Owner	HOO SOO PIN
NRIC No	S7833191G
Email Address	HOO.HENRY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97108285
Alternative Phone No	OTHERS-97108285
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2
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	DMPCSN1917941900
Cover Note Number	
Driver	
Name of Driver	HOO SOO PIN
NRIC No	S7833191G
Date Of Birth	01/11/1978
Occupation	INDOOR
Date Of Driving Pass	17/08/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97108285
Fax Number	
Contact Number	OTHERS-97108285
EEmail Address	HOO.HENRY@GMAIL.COM

Address	52 BUKIT BATOK ST 31 #24-10
Postcode	659443
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 - 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?	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	SMP2696R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	WILLIAM HO
NRIC/Passport Number	S7226942Z
Contact Number	98307191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

6/11/19, 0820H.

Driver's Signature

(If driver is not the policyholder)

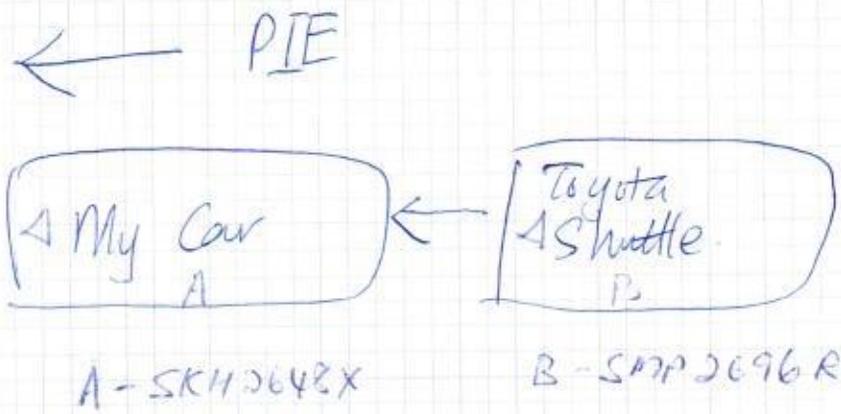
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the right most lane on PIE, near the upper Serangoon exit, heading # in the direction of Changi Airport. As the traffic in front of me slowed down, I also slowed down.

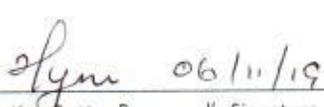
Then I felt a heavy impact from behind of my car. I managed to keep my foot on the brakes, so the car in front of me was not affected. I got off the car and saw that ~~the~~ a white toyota shuttle has hit me squarely from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:
6/11/19, 0820H.

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


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

06/11/19 ^{some}
waiting for CI & photos

Details of Accident

DATE: 06/11/2019 TIME: 07:40 Hrs

Exact Location of Accident: ^{near} Alay PIE, ~~off~~ Upper Selegie Exst.

Details of own Vehicle

Vehicle Registration Number: SKH2648X
Name of Registered Owner: Hoo Sui Pin
Nric: Pink / Blue: S78331916 Fin / Passport No.:
Date of Birth (DD/MM/YYYY): 01/11/1978
Address: 52 Bl Bukit St 31 #24-10 S659443
Contact: (Hm) (Off) 97108285 (Hp)
Email:

Vehicle Particulars (Own Vehicle)

Vehicle make & model: Audi Q2
Type of vehicle: mini-SUV
Exact purpose for which vehicle was Being used at time of accident: Private / commercial / Hire & Reward
Are you claiming under your own: Yes / No
Insurance policy for repair to your vehicle? : If no, please indicate intention: TP CLAIMS
Vehicle Category: Private / Commercial / Motorcycle

Insurance (Own Vehicle)

Name of Insurance Company: China Taiping
Type of Policy: ACT / Comprehensive / 3rd Party / 3rd party Fire & Theft
Fleet Policy: Yes / No
Policy Number: DMPCSN1917941900
Motor CI:

Driver Particulars

Name of Driver: Hoo Sui Pin
Nric: Pink / Blue: S78331916 Fin / Passport No.:
Date of Birth (DD/MM/YYYY): 01/11/1978
Occupation: Indoor / Outdoor Class 3 Pass date: 17/08/1999
Gender: Male / Female
Address: 52 Bl Bukit St 31 #24-10 S659443
Contact: (Hm) (Off) 97108285 (Hp)
Email:
Was driver an employee of the insured's co.? : Yes / No
If no, relationship of driver with the insured: OWNER
Vehicle registration no. of driver's own vehicle: (If Applicable)
Insurance company of driver's own vehicle: (If Applicable)

No. of Pax inside your vehicle: 1
1) Name: myself Gender: Male / Female
2) Name: Gender: Male / Female
3) Name: Gender: Male / Female
4) Name: Gender: Male / Female

Any Video Footage: Yes No

So Chew

Accident Statement : Part 2

General Information of Accident

Type of Collision : front to rear
(eg. Chain collision, side swipe, front to rear)

Weather Conditions : Clear / Raining Others : _____
Road Surface : Dry / Wet Others : _____

Other Information

a) Was anybody injured in the accident? Yes / No If Yes : Anyone Convey by Ambulance Yes / No
b) Was any other vehicle or property damaged? Yes / No
(including witness)

Details of Police Action

Was the accident reported to the police? Yes / No
Was notice of intended prosecution given? Yes / No

Details of Other Vehicle/Property

Vehicle Registration No. : SMP 7696 R
Vehicle Make / Model / Colour : White Toyota Shuttle
Details of Property : _____

Details of Other Vehicle's Insured/Policy Holder/Driver

Name of Driver : William Ho
NRIC Pink / Blue : S72269427 Fin / Passport No : _____
Contact : 98307191
Address : _____ S()

Insurance Company

Name of Insurance Company : MSIG
Nature of Damage : _____

Details of Witness

Name : There is a passenger in his Grab car, but I don't
Contact : _____ have his detail.
Email Address : _____



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

MX1E
N 5N
BR0085A
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.	DMPCSN1917941900	Engine No :CZE406506 ChaNo:WAUZZZGA8HA023318
1. Index Mark and Registration Number of Vehicle	SKH2648X	
2. Name of Policy Holder	HOO SOO PIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 April 2019	Named Drivers Ex Sect. I S\$1,100.00 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	26 April 2020	
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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER	

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: LIM SHU MIN
Authorised Officer

Authorised Signatory