

NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA 2005244**

Date In: 26/1/2005	Job description	Date & Time Completed	Done by
Ref No: 16/C722005195/24	SAS e-filing		
Veh No: SC44399E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/2/02 R: 15	i-Motor Claim Form		
OD: (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: Vch No: 5480834	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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
NA 2005244 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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-in INC) against INC \$20			
9) N12: Idac Mobile \$0			
	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 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	26/02/2020 11:28
Date Of Accident	25/02/2020 18:15
Exact Location Of Accident	TPE BEFORE TAMPINES LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4289E
Insured/Policyholder	
Name Of Registered Owner	HU CHNG YEAN (HU ZHENGYUAN)
NRIC No	SXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97336634
Alternative Phone No	OFFICE-97336634

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	DMPCSNA0002982002
Cover Note Number	

Driver

Name of Driver	HU CHNG YEAN (HU ZHENGYUAN)
NRIC No	SXXXX540Z
Date Of Birth	13/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97336634
Fax Number	
Contact Number	OFFICE-97336634
Email Address	NOEMAIL

Address	BLK 217B SUMANG WALK #15-238
Postcode	822217
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?	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)	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

REFER TO 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	SJY8083H
Vehicle Make/Model/Colour	MERC-BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH JIN BING, BENJAMIN
NRIC/Passport Number	SXXXX074H
Contact Number	97474899
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HU CHNG YEAN (HU ZHENGYUAN)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLU4289E

YES

NO

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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.:

TPE Before Exit 4 Tampines Link



(A) SLU4289E
(B) SJY8083H.

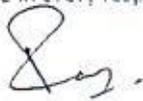
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE before exit 4 Tampines Link. When vehicle in front jammed brake, I also stopped in time and stationary. Suddenly vehicle B came from behind and hit onto the rear portion of my vehicle.

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.:

Date of Accident: 25/07/20 Accident Time: 18:15 (24 HR-FCR31)

Accident Place: TPE Before Exit 4 (Empires Link)

Vehicle Reg. No (Car plate No.): SLU4289E Vehicle Make Model: Honda Civic

Insurance Company: Chian Tai Ping Policy No: DMPCSNA00002182002

Name of Registered Owner: Company / Individual As Driver

ID of Registered Owner: Co Reg No: — Owner's NRIC No: As Driver
 Co Contact No: — Owner's Contact No: 97376634

DRIVER'S Name: HUCHING YEAN CHU ZHENG YUAN DRIVER'S NRIC No: S78375402

DRIVER'S Date of Birth: 13/12/1978 DRIVER'S License Pass Date: 3/8/99

Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner

DRIVER'S Address: AP1 BLK 27B SUMANG MANK. #15-278C) 82217

DRIVER'S Contact No./ Alt No.: 1) 97376634 2) —

DRIVER'S Occupation: INDOOR OUTDOOR (eg. working inside or outside of an office)

Email Address: —

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (including Driver): 1 driver only

Was the accident reported to the police? YES: (NO)

Was there any video captured by car camera? YES: (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: (B) SJY 8083H Vehicle Reg No: _____

Vehicle Make/Model: MERC - BENZ Vehicle Make Model: _____

Name DRIVER: SEAH JIN BING, BENJAMIN Name DRIVER: _____

ID No. DRIVER: S85330744 ID No. DRIVER: _____

DRIVER'S Contact & Add: 97474899 DRIVER'S Contact & Add: _____

Injured Person @ Driver: HU CHING YEAN CHU ZHENG YUAN
S78375402

Motor Private Car

MX 1F

R SN

AN0397A

Cov Type C

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	DMPCSNA00002982002	Engine No	R16A13001934
		Chassis No	JRMFD46208S200568
1. Index Mark and Registration Number of vehicle	SLU4289E	AUTOSAFE	*****
2. Name of Policyholder	HU CHNG YEAN (HU ZHENGYUAN)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	17/01/2020	Named Drivers Ex Sect 1	\$4500.00
		Additional Ex Other than Named Drivers	
		Ex Sect 1 - Age <= 25	\$13,000.00
		Ex Sect 1 - Age >= 26	\$4500.00
4. Date of expiry of insurance	16/01/2021	* Age as at date of accident	
		EX ON WINDSCREEN	\$1100.00
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 \$3500 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 - INDEX 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Issued By: **Lim Lee Choo**
Authorised Officer



Authorised Signatory