

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA120077713**

Date In: 7/1/12-15:16	Job description	Date & Time Completed	Done by
Ref No: NA/C2D00908714	SAS e-filing		
Veh No: MS18573	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 5/9/12-14:30	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: (Tel:	Fax:
TP Particulars:	Veh No: MA1234B	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 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

NA1204784	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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (N-in INC) against INC \$20		
Pat 1:	9) N12: Idac Mobile 30		
Pat 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 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	07/09/2020 15:16
Date Of Accident	05/09/2020 19:30
Exact Location Of Accident	81 LOR CHENCHARU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1857J
Insured/Policyholder	
Name Of Registered Owner	GUO JUNHAO
NRIC No	SXXXX194A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98398317
Alternative Phone No	OFFICE-98398317

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 SB (R18 BI)
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	DMPCSNW00065702000
Cover Note Number	

Driver

Name of Driver	GUO JUNHAO
NRIC No	SXXXX194A
Date Of Birth	09/10/1983
Occupation	INDOOR
Date Of Driving Pass	12/03/2003
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98398317
Fax Number	
Contact Number	OFFICE-98398317
Email Address	NOEMAIL

Address	BLK 165B YUNG KUANG ROAD #20-34
Postcode	612165
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

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?	
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)	0

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA1234B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN GEOK BEE, RUBY
NRIC/Passport Number	SXXXX776I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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- 5) Any false reporting may be referred to the Police as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

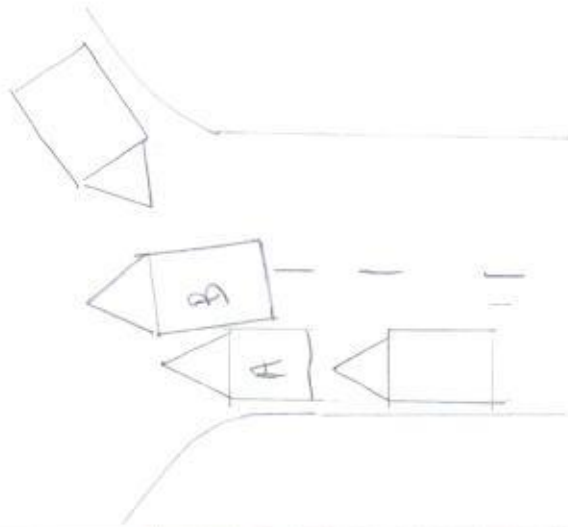
Driver's Signature
(If driver is not policyholder)
Date & Time:

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

SKETCH PLAN

A: SMS 1857J


B: SMA 1234 B



On 6th September 2020 at 7.30pm my car was parked along outside 81 Lorong Chencharu. Suddenly vehicle B (SMA 1234 B) made a tight turn and grazed onto the right of my vehicle (SMS 1857J). No passengers was in my car at the time of the accident.

DECLARATION

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



Policyholder's Signature
Date & Time:

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



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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 5 / 9 / 20 (dd/mm/yy) Time of Accident: 19 : 30 (24-HR-FORMAT)

Vehicle No.: SMS 1857J Vehicle Make & Model: Mercedes CLA 180

Exact location of Accident: S1 Lorong Chencharu (ORTO)

Policyholder's Name/ IC No.: Guo Junhao S(8333 194A)

Driver's Name/ IC No.: _____ (As Above) ☒

Driver's Contact No.: 98398317 Company Contact No.: _____

Driver's Address: 165B Yung Kuang Road #20-34 S(612165)

Insurance Company: China Taiping PMP(8NW2065702000) Email address (if any): guojunhao@live.com.sg

Relationship between Owner & Driver:

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parent / or Others specify: _____

What do you wish to claim? (Please TICK ONE only)

☐ Own Insurance/ ☒ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use/ ☐ Work purpose

Occupation (nature of job): ☒ Indoor/ ☐ Outdoor

No. of Passengers (Including Driver): 0

Passenger Name: _____ Gender: _____

Passenger Name: _____ Gender: _____

Weather Condition & Road Conditions? (On the day of accident)

☐ Clear & Dry/ ☐ Raining & Wet/ ☐ After-Rain & Wet/ ☒ Drizzling & Wet/ Others: _____

Was there any video captured by your Car Camera? ☒ Yes/ ☐ No

Any Injuries: ☐ Yes/ ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person's in which vehicle: _____

Police Report filed: ☐ Yes/ ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name/ IC No.: Chuan Geok Bee, Ruby (S 7323 7761) Vehicle No. SMA 1234 B

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name/ IC No.: _____ Vehicle No. _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

AN6575A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia)

CERTIFICATE No.

DMPCSNW0005702000

Engine No.: 27091030770877

Chassis No.: WCD1179422N275745

1. Index Mark and Registration

SMS1857J

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

GUO JUNHAO

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

11/06/2020

Named Drivers Ex Sect. I S\$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

23/06/2021

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.

* Conditions 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 \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorized Workshops for each Policy Year.

HIRE PURCHASE CO., MAYS BANK AS HP OWNER

* Exemptions mentioned in Paragraph 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 188) and Section 37 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 188) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see Reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued At

OH 01A K13962

Authorized Office

杨西美

Authorized Signature

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206194C)

3, Anson Road, #15-01, Sprindell Tower Singapore 049904

Tel: 6355 6111

Fax: 6322 1153

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Authorised Workshops for each Policy Year