

NATIONAL Assessment Centre Services. part 1 Jobcost **NA20081596**

Date In: <b>21/09/2020 10:04</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA20081596/00714</b>	SAS e-illing		
Veh No: <b>SJ 1630PM</b>	E-mail (update site, AIO site)		
DDA: <b>18/09/2020 14:05</b>	I-Motor Claims Form		
OD <b>TP</b> Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by PAX/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / GW: ( ) **Tel: ( ) Fax: ( )**

TP Particulars: Vch No: **SX 30047** 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 ( )

( ) Walk-In Customer ; Customer's information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case ; to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$9000) ( )

Injury: \_\_\_\_\_

<b>NA2004988</b>			
Driver/Owner:	1) All: Accident Reporting (\$30)		
Contact No:	2) DA: Demerit Assessment (\$100) INC (\$10)		
Damage Portion:	3) TP: Towing Fee \$40/45		
QC Checked by (Engr-In-Charge):	4) PT: Yellow Through Survey \$110		
	5) PT: Yellow Through Survey (Resurvey) \$10		
	For claiming against INC Only (over 10 Jan 2007)		
	6) TI: Re-inspection \$75		
	7) NI: (DA) DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	OD:		
	* NI: Courtesy Car / Tpl Allowance \$1		
	* NI: Repairs Coordination \$10		
	* TP: Post Repair Inspection \$25		
	* NI: DV / Collision Unaccs Coordination \$1		
	TP (NI) TP (Non INC) against DNG \$10		
	9) NI: (DA) Mobile		
	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	21/09/2020 10:04
Date Of Accident	18/09/2020 14:05
Exact Location Of Accident	ALONG CHAPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ6304M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KIM SEOW
NRIC No	SXXXX917J
Email Address	KIMWONG.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90011920
Alternative Phone No	OTHERS-90011920

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	DMPCS3046331905
Cover Note Number	

### Driver

Name of Driver	WONG KIM SEOW
NRIC No	SXXXX917J
Date Of Birth	18/07/1964
Occupation	INDOOR
Date Of Driving Pass	22/02/1988
Driving Experience	32 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90011920
Fax Number	
Contact Number	OTHERS-90011920
Email Address	KIMWONG.SG@GMAIL.COM

Address 40 CHAPEL ROAD  
 Postcode 429546  
 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) 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**

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 SX3004T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver JOSEPHINE  
 NRIC/Passport Number  
 Contact Number 93678080  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

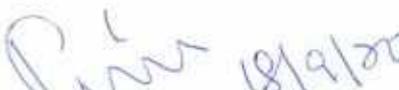
## SKETCH PLAN

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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.

 18/9/20

Policyholder's Signature

Date & Time:

1555

Driver's Signature

(If driver is not the policyholder)

Date & Time:

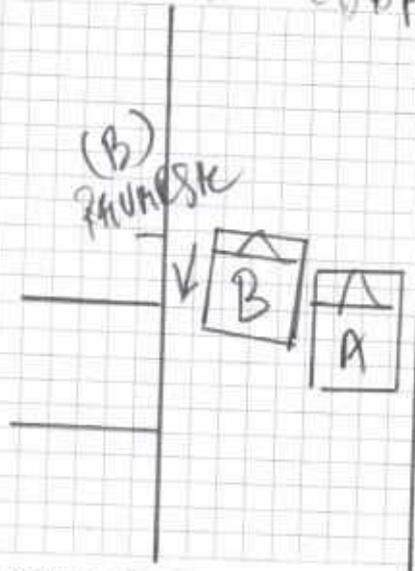
 21/09/2020  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along CHAPEL ROAD



A) SJJ 6304M  
 B) SX 3004 T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 18/09/2020 AT ABOUT 14:05HRS I WAS AT CHAPEL ROAD GOING HOME WHEN I WAS IN MY HOME CAR (B) MAKE A REVERSE & HIT THE FRONT LEFT OF MY CAR (A)

DECLARATION

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

*[Signature]*  
 Policyholder's Signature

Date & Time:  
 18/9/20  
 1555

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

*[Signature]* 21/09/2020  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

LMS

### ACCIDENT STATEMENT

ACCIDENT DATE: 18/09/2020 (DD/MM/YYYY), TIME: 14:06 (HH:MM)

LOCATION: Chapel Rd

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: SJJ 6304M
  - b) INSURANCE COMPANY: China Taping
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: \_\_\_\_\_
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - A) NAME: Wong Kim Seow (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: S167391TJ CONTACT: 90011920
  - c) ADDRESS: 40 Chapel Rd

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

# No of passenger  
(Including driver)  
( )

- \*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)
- b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SX3004T MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: \_\_\_\_\_
  - c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passenger  
(Including driver)  
( )

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: Josephine
  - f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93078080

# No of passenger  
(Including driver)  
( )

Email = Kimwong.sg@gmail.com  
VIDEO



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. 200208394E

MX1F  
R SN  
AN0498A  
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.	DMPCSN3046331905	Engine No :2AZE108002 Chano:MR053BK4007028865
1. Index Mark and Registration Number of Vehicle	SJJ6304M	AUTOSAFE
2. Name of Policy Holder	MR WONG KIM SEOW	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25 September 2019	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
4. Date of Expiry of Insurance	24 September 2020	* Age as at date of accident EX ON WINDSCREEN ..... S\$100.00
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 S\$500 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. : CENTURY TOKYO LEASING (S) 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: .....NEO.& COMPANY INSURANCE AGENCY PTE LTD  
Authorised Officer

.....  
Authorised Signatory