

# NATIONAL Assessment Centre Services. [Ref: J0100] N/A2005172

Date In: 30/09/2020 15:42	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI200004964	SAS e-illing		
Veh No: 5TH 2897 E	E-mail (3 days, A/C 2 hrs)		
O.O.A: 29/09/2020 20:15	1-Motor Claims Form		
(1) (1) / Reporting Only	1-Motor W/O (With: OD 2 hrs, TP 4 hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Identification: Vch No: PC 87214	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 ( )	

( ) 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 > \$3000] ( )		

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

Driver/Owner:	
Contact No:	
Damaged Portion:	

N/A2005172		Total Bill	
	1) Alt: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100) INC (\$10)		
	3) TP: Towing Fee	\$10/\$5	
	4) PT: Yellow-Through Survey	\$120	
	5) PT: Yellow-Through Survey (Resurvey)	\$30	
	Forfeiture assist (INC Only, over 10 Jan 200)		
	6) TH: Re-inspection	\$75	
	7) NI: IDAO DA + EMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: NI		
	• NI: Courtesy Car / Tpt Allowance	\$3	
	• NI: Repairs Coordination	\$10	
	• NI: Post Repair Inspection	\$25	
	• NI: DV / Collect License Coordination	\$3	
	• NI: DV / Collect License Coordination	\$20	
	TP (NI) TP (NI) INC (NI) (NI)	\$6	
	2) NI: IDAO Mobile		
	Invoice dated		
	Invoice dated		
	Fee Charged		
	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	30/09/2020 15:42
Date Of Accident	29/09/2020 20:15
Exact Location Of Accident	16 JALAN BUROH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH2897E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO CHUAN JUN, ROGER
NRIC No	SXXXX980D
Email Address	XDETOX32@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96839330
Alternative Phone No	OTHERS-87878363

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	DMPCSNW00085802000
Cover Note Number	

### Driver

Name of Driver	SHAWN TAN WEI XUAN
NRIC No	SXXXX049B
Date Of Birth	25/01/1998
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2016
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96839330
Fax Number	
Contact Number	OTHERS-87878363
EMail Address	XDETOX32@GMAIL.COM

Address	BLK 510A YISHUN STREET 51 #12-531
Postcode	761510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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

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	PC8721U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97504354
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SHAWN TAN WEI XUAN
------	--------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH2897E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

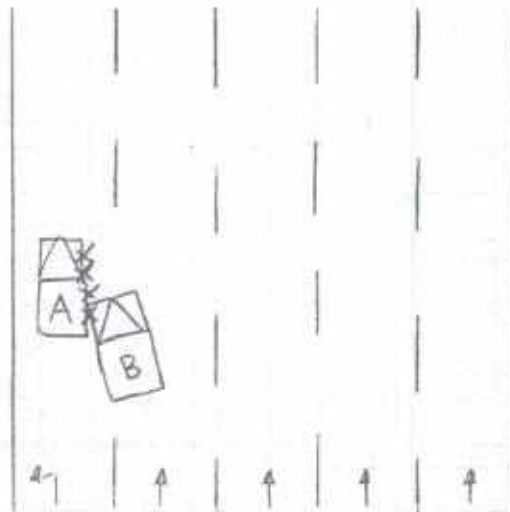
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



A : SJH 2897 E

B : PCB 721 U


16 Jln Buroh


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was traveling along  
 16 Jln Buroh. I was making a left turn when suddenly  
 Vehicle B came from my right and collided on to  
 my ~~vehicle~~ vehicle right hand portion.

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:

 30/09/2020  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Date of Accident : 29/09/2020 Accident Time: 2015 (24-HR-Format)  
 Accident Place : 16 Jln Buroh  
 Vehicle No. (Car Plate No.) : SJH 2897E Make/Model: Toyota Vios  
 Insurance Company : China Taiping Policy No: DMPLSNW00085802000  
 Owner or Company Name /IC No. : Loo Chuan Jun , Roger S8532980D  
 Owner or Company Contact No. : 9683 9330 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Shawnn Tan Wei Xuan S9803049B  
 DRIVER'S Date Of Birth : 25/01/1998 DRIVER'S License Pass Date 11/04/2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend  
 DRIVER'S Address : BIK 510A Yishun Street 51 #12-531 S(761510)  
 DRIVER'S Contact No./ Alt No. : 1) 8787 8363 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : xdtotx32@gmail.com  
 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): 01  
 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  
 Any Injury (If YES, Pls state): Shawnn Tan Wei Xuan

Other Party Driver's Particular (if any)

Vehicle No: PL 8721 U  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: 9750 4354

Vehicle No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:



Motor Private Car

MX1F

N SN

AN0450A

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.		DMPCSNW00085802000	Engine No.: 1NZX761617
			Cha. No.: MR053HY9305074577
1	Index Mark and Registration Number of Vehicle	SJH2897E	AUTOSAFE *****
2	Name of Policy Holder	LOO CHUAN JUN ROGER	
3	Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/07/2020	Named Drivers Ex Sect. I \$5500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$53,000.00 Ex Sect. I - Age >= 26 \$5500.00 * Age as at date of accident EX ON WINDSCREEN \$5100.00
4	Date of Expiry of Insurance	30/07/2021	
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.			
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.: PRIME STREET CAPITAL PTE LTD

\* 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: INXPIRE N SOLUTIONS  
Authorised Officer

Authorised Signatory