

NATIONAL Assessment Centre Services.

MA2005364

Date In: 09/10/2020 12:33

Ref No: NBA/CTE200009054

Veh No: SMV 287M

DOA: 08/10/2020 08:40

OT: (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (by date sheet, AIC sheet)

I-Motor Claims Form

I-Motor W/O (with/without OD sheet, TP sheet)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whom

Preferred Whelp / INC Assgn Whelp / QW:

Tel:

Fax:

TP Manufacturer:

Veh No:

YN 587K

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: YRS () / 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:

MA2005364

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AIC: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PF: Follow-Through Survey	\$110
5) PT: Follow-Through Survey (Resurvey)	\$30
Resurveying assistance INC Only (over 10 hrs 200)	
6) TR: TR-Jaqueson	\$70
7) NI: Use DA + EMRT Survey	\$100
8) NTUC Additional Services	
OT:	
• NI: Courtesy Car / Tpl Allowance	\$3
• NI: Repair Coordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collision Witness Coordination	\$3
• NI: TPL Form INC / replace IAC	\$20
• NI: Use Mobile	\$3
Invoice dated	
Invoice dated	

Fee Charged

Fee Charged

MA2005364

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	09/10/2020 12:33
Date Of Accident	08/10/2020 08:40
Exact Location Of Accident	COMMONWEALTH AVE WEST BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2817M
Insured/Policyholder	
Name Of Registered Owner	U MYINT MAUNG
NRIC No	SXXXX720E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93385804
Alternative Phone No	OTHERS-93385804

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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	DMPCSNW00048902000
Cover Note Number	

Driver

Name of Driver	MAUNG YE WIN AUNG
NRIC No	SXXXX939F
Date Of Birth	15/12/1993
Occupation	INDOOR
Date Of Driving Pass	05/02/2020
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93385804
Fax Number	
Contact Number	OTHERS-93385804
Email Address	NOEMAIL

Address	BLK 101 JURONG EAST STREET 13 #05-170
Postcode	600101
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : YIN MYAT THUZAR WIN GENDER: : FEMALE

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	YN5887E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC8630P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YIN MYAT THUZAR WIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMT2817M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MAUNG YE WIN AUNG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMT2817M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:



09/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN Commonwealth Ave West B/F Clementi Ave 6



A: SMT 2817 M

B: YN 5887 E

C: GBC 8630 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Commonwealth Ave West before Clementi Ave 6.

I was ~~the~~ driving on the most right lane of 3 Lanes. The vehicle in front of me slowed down and stopped. Noticing that, I follow suit and stopped my vehicle. Out of a sudden, I felt a great impact from my rear that caused my vehicle to move forward and left to collide onto vehicle C. I alighted and realised vehicle B could not stop in time, the driver jammed brakes and slid and collided onto my vehicle.

DECLARATION

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

X [Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 29/10/2019
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 8th OCTOBER 2020		TIME: 08:40		(hh:mm) 24 hrs Format	
LOCATION COMMONWEALTH AVE WEST BEFORE CLEMENT AV 6					
VEHICLE NUMBER SMT 2817M					
INSURED NAME U MYINT MAUNG					
NRIC / FIN 82730720E			CONTACT:		
MAKE HONDA		MODEL VEZEL 1.5X CVT			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only					
INSURANCE COMPANY China Taiping					
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER : DMPCSNW00048902000					
NAME DRIVER : MAUNG YE WIN AUNG					() SAME AS INSURED
NRIC / FIN S 9373939F			CONTACT: 93385804		
DATE OF BIRTH: 15/12/1993					
DRIVING PASS DATE: 05/02/2020					
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR					
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE					
EMAIL ADDRESS:					(<input checked="" type="checkbox"/>) NO EMAIL
ADDRESS OF DRIVER: 101 JURONG EAST ST 13 #05-170 s(600101)					
Number Of Passenger Include Driver: 1 DRIVER 1 PASSENGER					
YIN MYAT THUZAR WIN (FEMALE)					
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO					
If No, Relationship Of The Driver With The Insured					
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling () Others					
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Others					
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO					
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO					
If YES, Injured details : (1) Maung Ye Win Aung					
(2) Yin Myat Thuzar Win					
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO					
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO					
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl' driver) Contact	
Veh B		YN 5887 E		() / Not Sure ()	
Veh C		GBC 8630P		() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	



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.

Motor Private Car

MX1F

N SN

AN0687A

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: DMPCSNW00048902000

Engine No.: L15B4037502

Cha. No.: RU11117502

1. Index Mark and Registration
Number of Vehicle

SMT2B17M

AUTOSAFE

2. Name of Policy Holder

U MYINT MAUNG

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

09/05/2020

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

24/07/2021

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.: UNITED OVERSEAS BANK LIMITED AS H/P 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: CREDENCEL INSURANCE AGENCY
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Annex

Transaction ref 20200513174337870679

Please check that the owner and vehicle details are correct;

1. Name	: U MYINT MAUNG
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: SXXXX720E
4. Country/Region	: -
5. Vehicle Registration No.	: SMT2817M
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 13 May 2020
8. Original Registration Date	: 25 Jul 2016
9. First Registration Date	: 25 Jul 2016
10. Vehicle Type	: P11 - Passenger Station Wagon/Jeep/Land Rover
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: HONDA
16. Vehicle Model	: VEZEL 1.5X CVT
17. Year of Manufacture	: 2016
18. Primary Colour	: Blue
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: RU11117502 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: L15B4037509 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1496 / -
25. Maximum Power Output(kW/bhp)	: 96.0 / 128
26. Unladen Weight(kg)	: 1190
27. Maximum Laden Weight(kg)	: 1465
28. Open Market Value	: \$20,193.00
29. PARF Eligibility	: Yes
30. PARF Eligibility Expiry Date	: 24 Jul 2026
31. Minimum PARF Benefit	: \$5,135.00
32. No. of Transfers	: 1