

NATIONAL Assessment Centre Services [ref: Jan 2005]

Date In: 04/11/20	Job description	Date & Time Completed	Done by
Ref No. NA/CIT 20013065/13	SAS e-filing		
Veh No: SMP3041Z	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/11/20 0840	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: SKK4235A	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 hot line: 67886616)	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

NA2005886	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON*			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N/A INC) against INC \$20			
	9) N12: Idao Mobile 30			
	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	04/11/2020 14:50
Date Of Accident	04/11/2020 08:40
Exact Location Of Accident	AYE TWDS CLEMENTI ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3041Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADVANCE CR PTE LTD
Co Reg No	2XXXXX997M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-96253682

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001932000
Cover Note Number	

### Driver

Name of Driver	LAW TECK CHOON
NRIC No	SXXXX050I
Date Of Birth	19/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1988
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81611059
Fax Number	(LOCAL) +65-92986419
Contact Number	
Email Address	NOEMAIL

Address	BLK 636 JURONG WEST STREET 65 #06-350
Postcode	640636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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	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)	2
Passenger 1	NAME: : PASSENGER 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK4235A
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HELEN SAU KING LUK
NRIC/Passport Number	SXXXX846H
Contact Number	97656188
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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



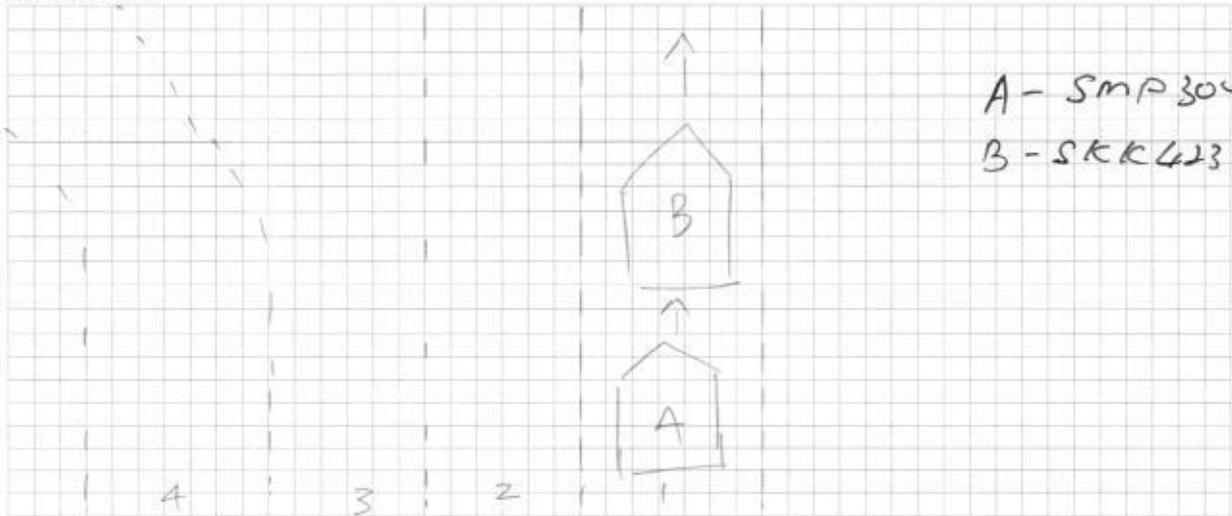
Policyholder's Signature  
Date & Time: 04/11/20  
12:42pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/11/20  
12:42pm

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

AYE TWAS CLEMENTI RA EXIT

SKETCH PLAN



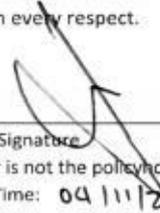
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

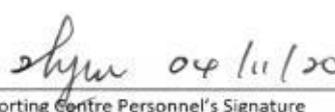
I was in car <sup>A</sup> traveling along AYE towards Jurong before Clementi exit. Car B suddenly e-brake, I cannot stop in time and hit into car B.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 04/11/20  
 12:49 pm.

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 04/11/20  
 @ 12:49 pm

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

Date of Accident : 09/11/2020 Accident Time: 08 40 (24-HR-FORMAT)

Accident Place : AYE Towards Clementi Road Exit

Vehicle Reg. No (Car plate No.) : SMP 3041 Z Vehicle Make/Model: Toyota Noah Hybrid

Insurance Company : China Taiping Policy No. DMHCSNA00001932000

Name of Registered Owner : Company Individual Advance CR Pte Ltd

ID of Registered Owner : Co Reg No: 201320997M Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 96253682 Owner's Contact No: 9199 8131

**DRIVER'S Name** : Law Teck Choon DRIVER'S NRIC No: S1821050I

**DRIVER'S Date of Birth** : 19/12/1967 DRIVER'S License Pass Date 12/03/1988

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

**DRIVER'S Address** : APT B1K 636 Jurong West Street 65 #06-350 S'640636

**DRIVER'S Contact No./ Alt No.** : 1) 8161 1059 2) 9298 6419

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

Email Address : peijie @ expresscar . com . sg

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

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 2 (F)

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: <u>SKK 4335A</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Toyota Camry</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Helen Sau King Luk</u>	Name DRIVER: _____
IC No. DRIVER: <u>S2221846H</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9765 6188</u>	DRIVER'S Contact & add: _____

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:F

**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.	DMHCSNA00001932000	Engine No.: ZZR0D13793 Cha. No.: ZWR800369836
1. Index Mark and Registration Number of Vehicle	SMP3041Z	
2. Name of Policy Holder	ADVANCE CR PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/03/2020	
4. Date of Expiry of Insurance	24/03/2021	
5. Persons or Classes of Persons entitled to drive* As per Named Driver(s) stated below. 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* (1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.  The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		

HIRE PURCHASE CO.: SKYWAY CREDIT & LEASING 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: \_\_\_\_\_  
Gan Li Jia Jesca  
Authorised Officer

Authorised Signatory

## Enquire Vehicle Information

### Vehicle No.

Vehicle No.: SMP3041Z

### Vehicle Details

Vehicle Type:	Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1:	No Attachment
Make / Model:	TOYOTA / NOAH HYBRID 1.8X AT ABS D/AIRBAG 2WD 5DR
Primary Colour:	Brown
Year of Manufacture:	2018
Maximum Laden Weight:	1995 kg
Unladen Weight:	1610 kg
No. Of Axles:	2
Engine No.:	2ZR0D13793
Chassis No.:	ZWR800369836
Motor No.:	318M07523
Engine Capacity:	1797 cc
Power Rating:	60.0 kW
Maximum Power Output:	100.0 kW ( 134 bhp)
IU Label No.:	1129539756
Propellant:	Petrol-Electric
Passenger Capacity:	6
Original Registration Date:	20 Sep 2019
First Registration Date:	20 Sep 2019
Open Market Value:	\$32,696.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$12,696.00 (140%)
Actual ARF Paid:	\$27,775.00
PARF Eligibility:	Yes
Minimum PARF Benefit:	\$13,887.00
PARF Eligibility Expiry Date:	19 Sep 2029
COE No.:	2019100103001044N
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Expiry Date:	19 Sep 2029
Quota Premium (QP):	\$37,000.00
QP Paid:	\$37,000.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$37,000.00
Private Hire Vehicle Decal No.:	A122813 ( Issued on 20 Sep 2019 )
CO2 Emission:	98.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$10,000.00
CO Emission:	0.080000 (g/km)
HC Emission:	0.019000 (g/km)
NOx Emission:	0.002000 (g/km)
PM Emission:	0.300000 (mg/km)

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