

NATIONAL Assessment Centre Services.

Print & Sign

NA 4720105216

Date In: 7/6/2020 12:21	Job description	Date & Time Completed	Done by
Ref No: NA/C7720013054/4	SAS e-filing		
Veh No: SKK 216Y	E-mail (Update this, A/C this)		
D.O.A: 21/6/2020 15:10	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (With/Out OD this, TP this)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / OW: (Tel:	Fax:
TP Handicaps:	Veh No: SKK 216Y	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 Refor 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: _____

NA 2006340	1) AIR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claim against INC Only (over 10 Jan 200)	
	6) TR: Re-inspection	\$75
	7) NI: Inc DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repairs Co-ordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (NI) INC against INC	\$20
	9) NI: Inc Mobile	\$0
	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	26/11/2020 12:21
Date Of Accident	21/11/2020 15:10
Exact Location Of Accident	ALONG SULTAN GATE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK2176Y
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97707613
Alternative Phone No	OFFICE-97430733

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00002692000
Cover Note Number	

Driver

Name of Driver	SNG AIK HUA, LESLIE (SUN YIHUA)
NRIC No	SXXXX263A
Date Of Birth	27/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707613
Fax Number	
Contact Number	OTHERS 97430733

Address	BLK 603 YISHUN STREET 61 #03-349
Postcode	760603
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	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	SLQ4720Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



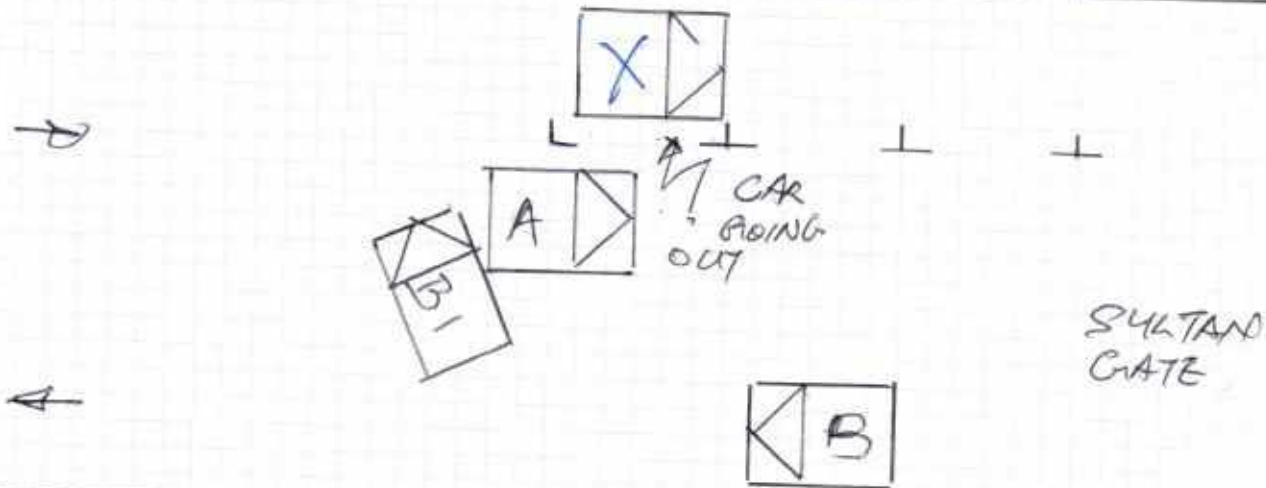
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature:
Name: Paula
NRIC/FIN No.: 9201 2201 2201

A) SGK 2176Y

B) SLQ 4720Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Sultan Gate waiting for parking lot, a car in the parking lot was coming out. While waiting for the lot a car from opposite direction made a right turn into the back lane. While turning right, the said vehicle grazed onto the right hand corner of the bumper. As the damages was minor, we agreed to do our own repairs. However after four days, I was told by rental company that there was a claim.

DECLARATION

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



[Handwritten signature]

on 26/11/2020
[Handwritten signature]

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to terminate or repudiate policy liability.
4. The issue and acceptance of this Form by Insurers' representatives is not an admission of policy liability on the part of the insurer's company.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurers to the Civil Remedies Management Centre established by the General Insurance Association of Singapore (GIAS) for processing and a copy of this report will, for a fee, be made available upon application by interested parties.
7. By the submission of this report to the Insurers, you hereby consent to the archiving of this report at the centres and to copies of the report being made available elsewhere.

ACCIDENT STATEMENT

Date Of Report

Date Of Accident

Exact Location Of Accident

Country/State of Origin

21/11/20 1510
SULTAN GATE RD.

DETAILS OF OWN VEHICLE

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

Co Reg No

Email Address

Mobile Phone No

Alternative Phone No

Vehicle Particulars

Manufacturer

Model

Contact Purpose for which vehicle was being used at
time of accident

Are you claiming under your own insurance policy
for damage to your vehicle?

If Yes, Please state action to be taken

Vehicle Category

Insurance Company

Branch of Insurance Company

Type Of Coverage

First Policy

Policy Number

Cover Note Number

Driver

Name of Driver

NRIC No

Date of Birth

Occupation

Date Of Driving Pass

Driving Experience

Gender

Mobile Number

Fax Number

Contact Number

Email Address

SGK 2176Y

TODDS PARTNERS P/L

97707613

HONDA
ACCORD

NO

CLAIM THIRD PARTY
PTG HIRE SACCO

CHINA TAI PING.

DMHCSNA00002692000

SWG AIK HUA LESLIE.

S7635263A.

21/10/1986

18/1/2001

Male.

97430733

Address

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the accident?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available? Attachment?

Was there any video captured by Car Camera?

Remarks/Reasons

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

316 603 Yikun St. 61 #03-349
317606037.

Hirev.

Clear

Dry

NO

Yes

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY

NOT KNOWN.

SLQ 47704.

Motor Hire Car

MZ406L/B

E SN

AN0478A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1989
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00002692010

Engine No.: K20A6043098

Chassis No.: CL73202636

1. Index Mark and Registration Number of Vehicle

SGK2176Y

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

23/06/2020

4. Date of Expiry of Insurance

30/04/2021

Excess Sect. I	S\$2,000.00
Excess Sect. I (Outside Singapore)	S\$4,000.00
Excess Sect. II	S\$2,000.00
Excess Sect. II (Outside Singapore)	S\$4,000.00
EX ON WINDSCREEN	S\$100.00

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

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.

* 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.

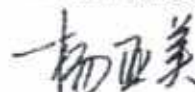
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:


Chua Sook Lay Sally
Authorized Officer



Authorised Signatory

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

6389 6111

5222 1033

www.sg.cntaiping.com