

NATIONAL Assessment Centre Services.

Part 1 Job Ref: SN 0921 250003

Date In: 05/02/2021 17:03	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 1766/h4	SAS e-Mailing		
Veh No: SKP 93750	E-mail (within 3hrs, AIC 2hrs)		
IP A: 04/02/2021 18:52	I-Motor Claim Form		
(IP) TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLV 2600Y	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 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

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

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

Remarks: (INC Ref: 67004010)	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

NA2101526

Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Issue DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	QD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N11 INC) against INC	\$20
	9) N12: Issue Mobile	\$0

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 Submission	05/02/2021 17:03 (SGT)
Date of Accident	04/02/2021 18:52 (SGT)
Exact Location of Accident	Woodlands Industrial Park E1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9375U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEN HUIJUN
NRIC No	SXXXX516Z
Email Address	JESSLINHW@YAHOO.COM
Mobile Phone No	(Phone) +65-84889890
Alternative Phone No	+65-84889890

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00149772000
Cover Note Number	-

DRIVER

Name of Driver	WEN HUIJUN
NRIC No	SXXXX516Z
Date Of Birth	04/07/1974
Occupation	Indoor

Date Of Driving Pass	20/09/2004
Driving experience	16 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84889890
Alt. Phone Number	+65-84889890
Email Address	JESSLINHW@YAHOO.COM
Address	468 SIMS AVENUE #03-10
Address complement	-
Postcode	387544
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2600Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WEN HUIJUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKP9375U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SKP 9375 U

B = SLV 2600 Y

Woodland Ind Park E

I stop at the traffic Junc of woodlands Ind
Park E ~~due~~^{at} to red light , All of a sudden ,
I felt an impact from behind. After the incident,
I realized veh B from behind collided onto my
veh rear portion.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel

Motor Private Car

MX1E

N SN

AN0700A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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. DMPCSNW00149772000

Engine No.: CXS202358

Cha. No.: WVVZZZAUZEW416319

1. Index Mark and Registration
Number of Vehicle

SKP9375U

AUTOSAFE

=====

2. Name of Policy Holder

WEN HUIJUN

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

23/10/2020

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

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\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

* 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: CLICKCASHBACK PTE LTD
Authorised Officer

Authorised Signatory

IMPORTANT NOTICE

**If you sell your motor vehicle this NOTICE is IMPORTANT
And MUST be complied with**

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

重要通告

若您欲售卖摩多车辆时，请详细阅读此重要通告并严格遵守。兹欲警告保险单持有人，依照摩多车辆（第三者责任与赔偿）法令条文（第八十八章），凡使用或造成或准许他人使用未拥有有效保险单之摩多车辆概属非法。

其次摩多车辆一经出售，保险单持有人须将保险证书/保险单交回相关的保险公司。若保险证书/保险单已遗失或毁坏，须提供法定宣誓书，否则也属违反摩多车辆（第三者责任与赔偿）法令条文（第八十八章）。

车辆一经售予他人，保险证书/保险单即告失效，除非此转让事项已通知有关保险公司并获其同意。该保险公司若接受新车主的投保，将在保险单批明，并以新车主之名义发给一份新的保险证书。

PAYMENT BEFORE COVER WARRANTY (For Vehicles Registered Under Personal Name)

1. Notwithstanding anything herein contained but subject to clauses 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
2. In the event that the total premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

PREMIUM PAYMENT WARRANTY (For Vehicles Registered Under Company's Name)

1. Notwithstanding anything herein contained but subject to clauses 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the:-
 - (a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
 - (c) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period;
 - (d) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (e) the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$50.00
3. If the period of insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the period of insurance.

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 2 / 21) (DD/MM/YYYY), TIME: (18 : 52) (HH:MM)

LOCATION: Woodland Ind Park E

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 9375 U
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Volkswagen Golf 1.4
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Woon Hwee Chin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84889890
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SLV2600Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = jesslinhw@yahoo.com

Fax = _____

Video = Yes

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()