

NATIONAL Assessment Centre Services.

part 1 Jan 09

SN 0921380002

Date In: 8/13/21 10:45	Job description	Date & Time Completed	Done by
Ref No: NA/CITZ 21003015/h4	SAS e-Mailing		
Veh No: STJ 2633P	E-mail (within 2hrs, AIC 2hrs)		
DDA: 6/13/21 14:30	I-Motor Claims Form		
(1) (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: Vch No: GBE 5516 R 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 repolar.

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

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

Comments: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: ()

Actions: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

Comments: ()

NA2102024

1) AR: Accident Reporting (\$30)	30
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) VT: Follow-Through Survey (Resurvey)	\$30
For obtaining status INC Only (wef 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idau DA + SMRT Survey	\$160
8) NTUC Additional Services:-	
OD:	
*NS: Courtesy Car / Tpt Allowance	\$5
*NG: Repair Co-ordination	\$10
*NI: Post Repair Inspection	\$25
*NII: DV / Collect Excess Coordination	\$5
TP (NII): TP (INC) against INC	\$20
9) NII: Idau 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 willful 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	08/03/2021 10:45 (SGT)
Date of Accident	06/03/2021 14:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2633P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE HWEE
NRIC No	SXXXX090C
Email Address	TANCH2633@GMAIL.COM
Mobile Phone No	(Phone) +65-96870871
Alternative Phone No	+65-96870871

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	DMPCSNW00114672000
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEE HWEE
NRIC No	SXXXX090C
Date Of Birth	11/03/1973
Occupation	Indoor

Date Of Driving Pass	18/05/1993
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96870871
Alt. Phone Number	+65-96870871
Email Address	TANCH2633@GMAIL.COM
Address	BLK 188C RIVERVALE DRIVE #04-1050
Address complement	-
Postcode	543188
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	GBF5516R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD7866S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TAN CHEE HWEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJJ2633P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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

Acc → Forwarding Woodland checkpoint.

Vehicle A - SJS 2633P

Vehicle B - GBF 5516R

Vehicle C - XD 7866S



Describe Circumstances of the Accident

I was driving along BKE towards Woodland check point direction, I was on the extreme left lane.

While driving straight ahead, suddenly the vehicle in front made a emergency brake, and so I too applied brake and manage to stop in time. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle.

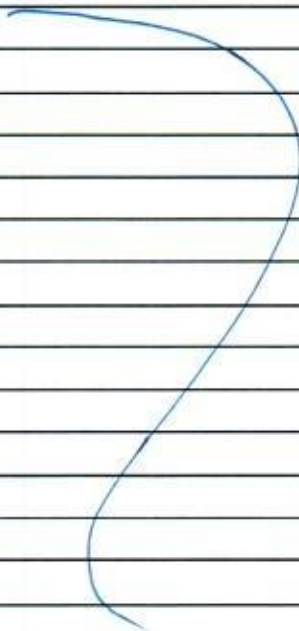
Alighted from my vehicle and realized it was a vehicle with licence plate number (GBF 5516 R) collided to the rear of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SJS2633P

Vehicle B - GBF 5516 R

Vehicle C - XD 7866 S



Declaration

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

Witnessed by Reporting Centre Personnel



Motor Private Car

MX1F

N SN

AN0589A

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.

DMPCSNW00114672000

Engine No.: R18A12805234

Chs. No.: JHMRN68408S205234

1. Index Mark and Registration
Number of Vehicle

SJJ2633P

AUTOSAFE

2. Name of Policy Holder

TAN CHEE HWEE

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

05/09/2020

Named Drivers Ex Sect. I

S\$750.00

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\$500 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

Issued By: JZ ASSURE PTE LTD
Authorised Officer



For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

VEHICLE NO:	SSS 2633P		MAKE & MODEL:	Honda Stream		<u>AUTO</u> / MANUAL
DATE OF ACCIDENT:	06/03/21		CC:	1794		
TIME OF ACCIDENT:	1430 HRS					
LOCATION OF ACCIDENT:	BKE toward Woodlands checkpoint direction before SLE exit.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Tan Chee Hwee					
TEL NO:	H/P: 96870871		OFFICE:	HOME:		
NRIC:	S7309000C					
ADDRESS:	Blk 188C Riverside Dr #04-1050 S(543188)					
EMAIL:	tanch2633@gmail.com					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	YES / <u>NO</u>					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMP CSN W 0011 467 2000					
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:					
NRIC:			ANY PASSENGER:	<u>NIL</u>		
DATE OF BIRTH:	11/03/1973		LICENCE PASSED DATE:	/ /		
OCCUPATION:	OUTDOOR / <u>INDOOR</u>					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO:		<u>OWNER</u>	INSURER:		
RELATIONSHIP:	<u>OWNER</u>					
WEATHER CONDITION:	CLEAR / <u>RAINING</u> / OTHERS:					
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:					
ANY INJURIES:	NO / IF <u>YES</u> , WHO?					
NAME & CONTACT:	Tan Chee Hwee 96870871					
NAME & CONTACT:						
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	GBF 5516R		ANY PASSENGERS:			
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:	XD 7866S		ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO						
WORKSHOP PARTICULAR:	Twincer Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Ian					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					