

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

SM:0821380002

Date In: 08/03/2021 15:19	Job description	Date & Time Completed	Done by
Ref No: XIA2101695	SAS e-Milling		
Veh No: SMV 4505P	E-mail (Ejula thir, AIC thir)		
D.O.A: 06/03/2021 15:25	I-Motor Claim Form		
(ID) (IP) Reporting Only	I-Motor W/O (Winder: OD thir, TP thir)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Policy No: (	Veh No: GBK 30274	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 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: ()

()

()

()

Driver/Owner:	1) All Accident Reporting (\$30)	INC ()
Contact No:	2) DA: Damage Assessment (\$100)	\$100
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PF: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: TR Inspection	\$160
	7) NI: NI DA + EMRT Survey	
	8) RTUC Additional Services	
	ON:	\$3
	• NS: Courtesy Car / Tpl Allowance	\$10
	• Not Repair Coordination	\$25
	• Not Post Repair Inspection	\$3
	• Not DV / Collect Excess Coordination	\$20
	TP (NI) / TP (NG) INC: Release LNC	\$0
	2) NI: NI Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/2

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	08/03/2021 15:49 (SGT)
Date of Accident	06/03/2021 15:25 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4505P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG FOONG CHYE
NRIC No	SXXXX984B
Email Address	velvetleong@hotmail.com
Mobile Phone No	(Phone) +65-90031859
Alternative Phone No	+65-90031859

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	DMPCSNW00138682000
Cover Note Number	-

DRIVER

Name of Driver	LEONG FOONG CHYE
NRIC No	SXXXX984B

Date Of Driving Pass	21/06/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90031859
Alt. Phone Number	+65-90031859
Email Address	velvetleong@hotmail.com
Address	22 BUKIT BATOK STREET 52 #16-05
Address complement	-
Postcode	659245
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN WEI MIN, CHELSEA
Gender	Female

PASSENGER 2

Name	TAN WEI LING, CRYSTAL
Gender	Female

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

PLEASE REFER TO SKETCH AND ATTACHMENT

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	GBK3027Y
Vehicle Manufacturer	-

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	LEONG FOONG CHYE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SMV4505P
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;

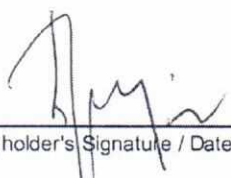
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

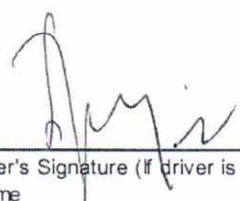
(collectively the "Purposes")


(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

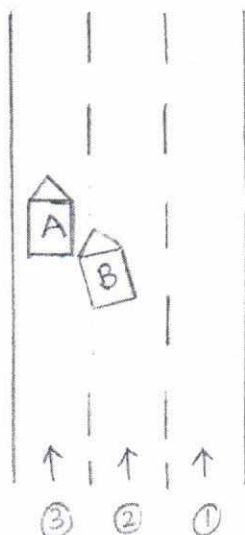
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Reporting Centre Personnel



A = SMV 4505P

B = GRK 3027Y

Clementi Avenue 6

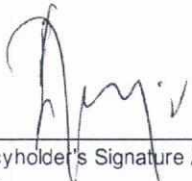
towards PIE

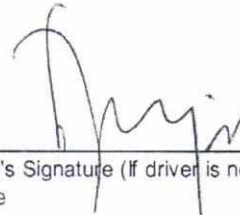
Describe Circumstances of the Accident

Refer to attached

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

 08/03/2021
Witnessed by Reporting Centre Personnel

On 06.03.2021 at about 15:25 hours along Clementi Avenue 6 towards PIE. I was travelling straight on lane 3 at the above mentioned location and suddenly, I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that collided onto the rear right hand side portion of my vehicle (A).

I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): SMV 4505P

Vehicle (B): GBK 3027Y



SINGAPORE ACCIDENT STATEMENT

Accident Date: 06/03/2021		Time: 15:25		(hh:mm) 24 hr format	
Location Clementi Avenue 6 towards PIE					
Vehicle Number SMV 4505P					
Insured Name Leong Fong Chye					
NRIC/FIN 56970984B			Contact Number 90031859		
Make Toyota		Model Sienta			
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					
Insurance Company China Taiping					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number JMPCSNW00138682000					
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN			Contact Number		
Date of Birth 17/02/1969					
Driving Pass Date 21/06/2007					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender () Male (<input checked="" type="checkbox"/>) Female					
Email Address velvetlany@hotmail.com				() NO EMAIL	
Address of Driver 22 Bukit Bertok Street 52 #16-05 S(659245)					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () 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 () 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 detail Leong Fong Chye - Body Pain					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B GBK 3027Y					
Veh C					
Veh D					
Veh E					
Veh F					

Passengers : 1) TAN WEI MIN, CHELSEA (F)
2) TAN WEI LING, CRYSTAL (F)



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

AN0544A

Car 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

DMPCSNW00138682000

Engine No. 1N2R857036

Chassis No. NHP1707201316

1 Index Mark and Registration
Number of Vehicle

SMV4505P

AUTOSAFE

2 Name of Policy Holder

LEONG FOONG CHYE

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

30/09/2020

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\$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. : MAYBANK SINGAPORE LIMITED

* 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

CAR HOUSE ENTERPRISE (S) PTE LTD

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.entaiping.com