NATIONAL Assessment Centre Services. SMOP21370007

Date In: 29/03/2021 15:56	Job description	Date & Time Completed	Done by
Ref No: XBP/C772100 4044/Y	SAS e-filling		
Veh No: SMK 9387M	E-mail		
D.O.A: 27/03/2021 22:20	I-Motor Claim Form		
	I-Motor W/O		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WItsn		

Tel: Fax:)

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars: Veh No: SGQ 9257 INC ( )/ Non-INC ( ).

Tel:)

Owner / Driver: (

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 ( )

Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) 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: (

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2102390

1) AR: Accident Reporting ($30);	INC ($10)
2) DA: Damage Assessment ($100);	$40/$45
3) TP: Towing Fee	$120
4) PT: Follow-Through Survey	$30
5) PT: Follow-Through Survey (Resurvey) (wef 10 Jan 2000)	
For claiming against INC Only	$75
6) TR: Re-Inspection	$160
7) NI: Idea DA + SMRT Survey	
8) NTUC Additional Services:	
ON	$5
*NS: Courtesy Car / Tpt Allowance	$10
*NS: Repair Coordination	$25
*NI: Post Repair Inspection	$5
*NO: DV / Collect Excess Coordination	$20
TP (NII) : TP (Non INC) : Inlast INC	$0
9) NI: Idea Mobile	

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Fee Charged
Fee Charged
Invoice dated
Invoice dated

Cal_1:

2/3

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 witholding 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	29/03/2021 15:56 (SGT)
Date of Accident	27/03/2021 22:20 (SGT)
Exact Location of Accident	Irwell Bank Rd, Singapore 239227
Additional Location Information	IRWELL HILL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9387M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN YAN
NRIC No	SXXXX248D
Email Address	edwinchenyan@gmail.com
Mobile Phone No	(Phone) +65-91806921
Alternative Phone No	+65-91806921

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00032862100
Cover Note Number	-

DRIVER

Name of Driver	CHEN YAN
NRIC No	SXXXX248D

Date Of Birth	17/12/1989
Occupation	Indoor
Date Of Driving Pass	22/12/2008
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91806921
Alt. Phone Number	+65-91806921
Email Address	edwinchenyan@gmail.com
Address	BLK 88 DAWSON ROAD #37-33
Address complement	-
Postcode	142088
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	No Collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

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	SGQ925J
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
NRIC No	SXXXX890F
Contact Number	(Phone) +65-90087751
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

1150h
29/03/21

Policyholder's Signature / Date & Time

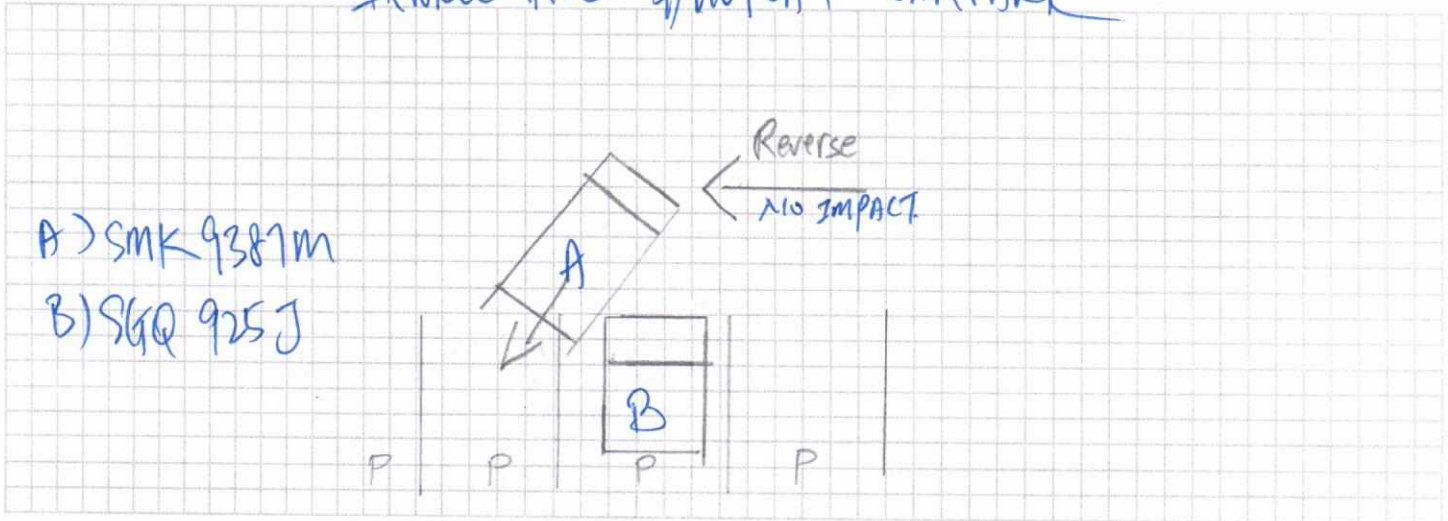
Driver's Signature (If driver is not the policyholder) / Date & Time

29/03/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

IRWELL HILL SHOWFLAT CARPARK



Describe Circumstances of the Accident

Incident happend at Irwell Showflat Parking Area. It was 1020PM at night and the parking area was not lit at all. While reversing my vehicle into the lot, I found that it was very thight and was about to make readjustment to my vehicle angle, driver of SGQ 925J was standing near her parked vehicle and approached me. I came down to check and driver claimed that I scratched her front left bumper. As it was very dark, I told her to check the next day and let me know if she needs any assistance. The next day, she claimed that there is a dent. However, given the speed of me reversing into the lot, even if there is any impact, it is so slow that there shouldn't be any dents. I did not feel any impact while I was reversing into the lot and there is no scratches on my vehicle. However, multiple scratches were found on SGQ 925J, front left bumper

Declaration

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

1200h
29/03/21

Policyholder's Signature / Date & Time

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

29/03/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 03 / 2021) (DD/MM/YYYY), TIME: (22 : 20) (HH:MM)

LOCATION: Irwell Hill Showflat Carpark

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SMK 9387M
   b) INSURANCE COMPANY: China Taiping
   c) POLICY NUMBER: DMPCSNW 0003286210O
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Cross Road
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Personal Usage
   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: Chen Yan (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8973248D CONTACT: 91806921
   c) ADDRESS: Block 88 Dawson Road #37-33 S(142088)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (1)

DRIVER
   d) NAME: As Above (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

   *d) DATE OF BIRTH: (17 / 12 / 1989) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 22/12/2008

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

*No of passenger (Including driver) (0)

   a) VEHICLE NUMBER: SGQ925J MODEL: BMW
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: S8280890F CONTACT: 90087751
9. THIRD PARTY VEHICLE

*No of passenger (Including driver) ( )

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

email = edwinchenyan@gmail.com

VIDEO

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

AN0380A

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)

Engine No.: R18A3010990

CERTIFICATE No. DMPCSNW00032862100 Cha. No.:RT11008070

1. Index Mark and Registration Number of Vehicle: SMK9387M — AUTOSAFE

2. Name of Policy Holder: CHEN YAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 09/02/2021 (00:00:00)

4. Date of Expiry of Insurance: 08/02/2022

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.

HIRE PURCHASE CO. : MONEYMAX LEASING PTE LTD

** 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: TERRI LINKS PTE LTD
Authorised Officer

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

Authorised Signatory