

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

210821340002

Date In: 30/03/2021 14:51	Job description	Date & Time Completed	Done by
Ref No: N/A/17210040584	SAS e-filing		
Veh No: SKF 4628R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 30/03/2021 07:50	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

)

TP Particulars:

Veh No: SJ28939J

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 repailer.

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

Drive-In (

)

/ Towed-In (

)

; Invoice: YES (

)

/ NO (

)

; Towing Co: (

)

Remarks:

(INC hotline: 6788 6616)

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

2102102440	Invoice Preparation Checklist	Am (\$) In Bill	Am (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2 / 3:	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	30/03/2021 14:51 (SGT)
Date of Accident	30/03/2021 07:50 (SGT)
Exact Location of Accident	Woodlands Ave 6, Singapore
Additional Location Information	TURNING TO WOODLANDS AVENUE 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4628B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEAH SOON CHEN
NRIC No	SXXXX739D
Email Address	cscchencsc@gmail.com
Mobile Phone No	(Phone) +65-90623488
Alternative Phone No	+65-90623488

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00157642000
Cover Note Number	-

DRIVER

Name of Driver	CHEAH SOON CHEN
NRIC No	SXXXX739D

Date Of Birth	09/01/1976
Occupation	Indoor
Date Of Driving Pass	05/01/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90623488
Alt. Phone Number	+65-90623488
Email Address	cscchencsc@gmail.com
Address	BLK 689D WOODLANDS DRIVE 75 #03-116
Address complement	-
Postcode	734689
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	CHEAH HUI SHANG
Gender	Female

PASSENGER 2

Name	CHEAH HUI CHEE
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 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	SJZ8939J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABD RASHID BIN ABD KADIR
Contact Number	(Phone) +65-83380009
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	CHEAH SOON CHEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF4628B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEAH HUI SHANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF4628B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHEAH HUI CHEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF4628B
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

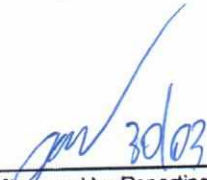
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(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

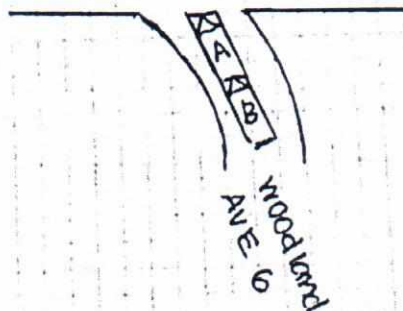

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Woodland Ave 6
Turning to Woodland
Ave 9.

Woodland Ave 9



A - SKF4628B
B - SJZ 8939J


Describe Circumstances of the Accident

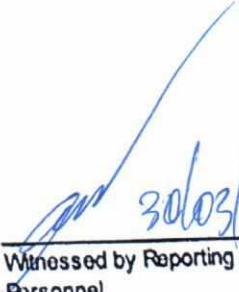
On the stated time and date. my vehicle A bearing
SKF4628B was stationary while waiting to turn out
to woodland avenue a when suddenly I felt a huge impact
from my rear and realised vehicle B bearing SJZ8939J
had collided on to my vehicle.
we decided to proceed with insurance claim.

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

 30/03/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT REPORTING

Accident Date: (30 / 3 / 2021) (DD/MM/YYYY)

Time: (7 : 50) (HH:MM)

Location: WOODLAND AVENUE 6 turning to WOODLAND AVENUE 9

1. Accident Details

- Type Of Accident: Head to rear
- Weather Condition: (Clear / Raining / Others: _____)
- Road Surface: (Dry / Wet / Others: _____)
- Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
- Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- Vehicle Registration No: SKF 4628 B
- Vehicle Category: Private Use
- Vehicle Manufacturer: Honda Vehicle Model: CY1 1.6
- Transmission: Manual / Auto CC: 1597
- No. Of Passengers (Including Driver) 3
 Passenger Name: CHEAH HUI SHANG (Female / Male)
 Passenger Name: CHEAH HUI CHEE (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- Handling Insurer: CHINA THAI PING (DMPCSNW00157642000)
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / No)
- Owner Name: CHEAH SOON CHEN (Female / Male)
- ID Type: S76767390 (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: CSCchenCSC@gmail.com Mobile: 90623488
- Alt No. Type: (Home / Office / Not In List): _____

4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: CHEAH SOON CHEN (Female / Male)
- ID Type: S76767390 (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 09-01-1976
- Driving Pass Date: 05-01-2010
- Email: CSCchenCSC@gmail.com Mobile: 90623488
- Address: BLK 689D WOODLAND DRIVE 75#03-116
- Postal Code: 734689
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

ABD RASHID BIN ABD KADIR
8338 0009

5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SJZ 8939J

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: CHEAH SOON CHEN (Female / Male)

Vehicle Registration No: SKF 4628B

Name: CHEAH HUI SHANG (Female / Male)

Vehicle Registration No: SKF 4628B

Name: CHEAH HUI CHEE (Female / Male)

Vehicle Registration No: SKF 4628B

7. Witness Details

- a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

- a) Are Accident Photos Available For Attachment? (Yes / No)

- b) Was There Any Video Captured? (Yes / No)

- a) Was There Any Audio Captured? (Yes / No)

Motor Private Car

MX1

N SN

AN0055A

Cov. Type:T

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. DMPCSNW00157642000

Engine No.: R16A11000702
Cha. No.:JHMF46206S200617

1. Index Mark and Registration Number of Vehicle SKF4628B
2. Name of Policy Holder CHEAH SOON CHEN
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 27/10/2020 (15:20:44)
4. Date of Expiry of Insurance 22/11/2021

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.

* 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: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

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