

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **8210821410006**

Date In: 01/04/2021 17:07	Job description	Date & Time Completed	Done by
Ref No: NRA/C72210042327	SAS e-filing		
Veh No: SK 8280L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/03/2021 14:25	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: Vch No: () 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)

Remarks	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

NRA2102452

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	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:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

at. 1: _____

at. 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 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 01/04/2021 17:07 (SGT)
 Date of Accident 31/03/2021 14:25 (SGT)
 Exact Location of Accident Outram Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCK8280L

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner CHUA SIEW ENG
 NRIC No SXXXX721D
 Email Address liza@harbourhandlers.com.sg
 Mobile Phone No (Phone) +65-96523902
 Alternative Phone No +65-96523902

VEHICLE PARTICULARS

Manufacturer Mercedes
 Model C200
 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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number DMPCSNW00028082100
 Cover Note Number -

DRIVER

Name of Driver CHUA SIEW ENG
 NRIC No SXXXX721D



Date Of Birth	24/12/1954
Occupation	Indoor
Date Of Driving Pass	10/05/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96523902
Alt. Phone Number	+65-96523902
Email Address	liza@harbourhandlers.com.sg
Address	31 LORONG 33 GEYLANG #06-01
Address complement	-
Postcode	387988
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	Side Swipe
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	SMS3962A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEN ZHUMING
NRIC No	SXXXX810A
Contact Number	-
Address	-

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

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

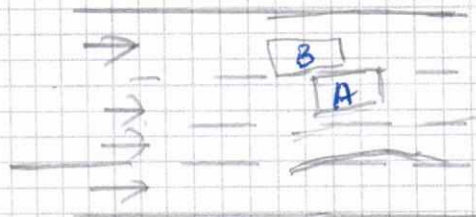
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SWAYE DULRAM ROAD



A) SCK 8280L

B) SMS 3962A

Describe Circumstances of the Accident

At about 2.25 pm I was driving along Outram Rd, traffic was quite heavy a car moved beside me and I heard a bumping sound, so I waved to the driver to check the vehicles. Both cars got ~~scra~~ scratches on the side.

Declaration

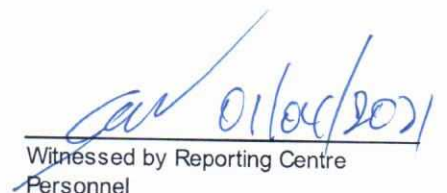
We declare the foregoing particulars are true in every respect.

1/4/21 @ 1543 hrs

Policyholder's Signature / Date & Time



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

 01/04/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 31.03.21 (DD/MM/YY), TIME: 16.25 (HHMM)
 LOCATION: Outram Rd.

1. DETAILS OF VEHICLE
 a) VEHICLE NUMBER: SK 8280 L
 b) INSURANCE COMPANY: Chika Taping
 c) POLICY NUMBER: INTNSW 0002862100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes C200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: To office
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ NO
 j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
 2. INSURED / POLICY HOLDER
 a) NAME: Chua Siew Eng
 b) NRIC/FIN/PASSPORT: 50091711D
 c) ADDRESS: 31 Lor 33 Geylang #06-01 (387988)
 CONTACT: 96523902
 (MALE / FEMALE)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: As above
 b) NRIC/FIN/PASSPORT:
 c) ADDRESS:
 CONTACT:

* (d) DATE OF BIRTH: 24/12/1954 (DD/MM/YY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) TYPE OF DRIVING: Private
 g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) ☒ NO
 h) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner
 i) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 j) ROAD SURFACE: (DRY / WET / OTHERS)
 k) WAS ANYBODY INJURED (YES / NO)
 l) a) REPORTED TO POLICE (YES / NO)
 m) IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: SWS 3462 H
 b) DRIVER'S NAME: Chen Zhuang
 c) NRIC/FIN/PASSPORT: 57365818 H
 CONTACT:
 MODEL:
 9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT:
 CONTACT:
 MODEL:
 CONTACT:

email: liza@harbourhandlers.com.sg
 VINDO



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

MX1E

N SN

AN0478A

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.

DMPCSNW00028082100

Engine No.: 27492030601029

Cha. No.:WDD2050422R166044

1. Index Mark and Registration
Number of Vehicle

SCK8280L

AUTOSAFE

2. Name of Policy Holder

CHUA SIEW ENG

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

13/02/2021
(00:00:00)

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

4. Date of Expiry of Insurance

12/02/2022

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.

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: INSURE HUB 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.cntaiping.com

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

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	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: Vch No: 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time Actions