

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN092140000A

Date In: 13/4/21 13:41	Job description	Date & Time Completed	Done by
Ref No: NA/C72 21004654/h4	SAS e-filing		
Veh No: SJH 7317 E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/4/21 19:27	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SLJ 3551 L INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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)	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat 1: Cat 2/3:	NA 210 2586	Invoice Preparation Checklist		Amf (\$)	Amc (\$)
		1) AR: Accident Reporting (\$30);		30	
		2) DA: Damage Assessment (\$100); INC (\$50)			
		3) TF: 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: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
	QJ:				
	*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: Idac 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 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	13/04/2021 13:41 (SGT)
Date of Accident	12/04/2021 19:27 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7317E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN WAI YUAN (CHEN WEIYUAN)
NRIC No	SXXXX194A
Email Address	KIMKIM_80@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96834146
Alternative Phone No	+65-96834146

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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00103542000
Cover Note Number	-

DRIVER

Name of Driver	LEE WEE KIM
NRIC No	SXXXX181B

Date Of Birth	29/12/1980
Occupation	Indoor
Date Of Driving Pass	21/06/2001
Driving experience	19 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96834146
Alt. Phone Number	-
Email Address	KIMKIM_80@HOTMAIL.COM
Address	BLK 414 JURONG WEST ST 42 #11-795
Address complement	-
Postcode	640414
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ3551L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

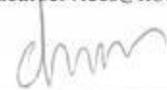
INJURED 1

Name of injured person	LEE WEE KIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJH7317E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email.

Email : alphacarservices@hotmail.com

Signature :  X

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

X 

 Policyholder's Signature
 Date & Time: 13/4/21

X 

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/4/21



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

*Please sign at the above portion also.

On the 12/04/2021 at about 19.27 hrs along AYE towards Jurong Before NUS - Normanton Park.

While I was travelling on the lane 1, my front vehicle slows down and stop hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward. When I alighted, I realized it was vehicle (B) who hit me causing damages to my rear portion of my vehicle.

After the incident, I felt discomfort all my body and nausea. Thus, I seek treatment and was granted with 3 days Medical Leave.

Vehicle A: SJH 7317E

Vehicle B: SLJ 3551L

CHAN

Jung

13/4/21

13/4/21





Motor Private Car

MX1F

N SN

AN0597A

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.	DMPCSNW00103542000	Engine No.: R18A1789182	
		Cha. No.: RN61080309	
1. Index Mark and Registration Number of Vehicle	SJH7317E	AUTOSAFE	*****
2. Name of Policy Holder	CHAN WAI YUAN (CHEN WEIYUAN)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/08/2020 (10:02:45)	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	20/08/2021		
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.		
	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. : ABWIN PTE LTD AS HP OWNER			
* 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: SG MOTOR TRADER PTE LTD
Authorised Officer


.....
Authorised Signatory

VEHICLE NO: SJH 7317E

MAKE & MODEL: HONDA STREAM.

AUTO MANUAL

DATE OF ACCIDENT	12, 04, 2021.	*CC. 1.8
TIME OF ACCIDENT	19:27 hrs.	AM / PM
LOCATION OF ACCIDENT	AYE trnds Jurong (Before NUS - Normanton Park)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input checked="" type="checkbox"/> PRIVATE HIRE <input type="checkbox"/>	
NAME OF OWNER	Chan Wai Yuan (Chen Wei Yuan).	
EMAIL: kimkim_80@hotmail.com	Office:	MOBILE: 96834146
NRIC	S8322194A.	
CLAIM TYPE	OD <input type="checkbox"/> <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY <input type="checkbox"/>	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMPCS NW00103542000	
NAME OF DRIVER	AS ABOVE / IF NO: Lee Wee Kim (Li Wei Qin).	
NRIC	S8041181B.	
DATE OF BIRTH	29, 12, 1980	
ANY PASSENGER	<input checked="" type="checkbox"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE <input checked="" type="checkbox"/> NIL	
OCCUPATION	Outdoor <input type="checkbox"/> <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	21, 06, 2001.	
GENDER	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 96834146	Office: Home:
EMAIL:	kimkim_80@hotmail.com	
ADDRESS	Blk 414 Jurong West Street 42 #11-795 (S) 640414.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: SMJ5457B.	INSURER: China Taiping
RELATIONSHIP	Employee / If No: Friend.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other:	
ANY INJURIES	No / If yes, Who? Driver:	
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	SLJ 3551L	Any Passenger: -
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
**WORKSHOP:	Alpha Car Services Pte Ltd. Email: alphacarservices@hotmail.com	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<input checked="" type="checkbox"/> YES / NO	