

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 02/05/21          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTS 31005402/13 | SAS e-filing                             |                       |         |
| Veh No: 5MD52134           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 29/04/21 1445       | 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: 5CT7440U | 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%; F: 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                  |   |                      |                      |
|----------------------------------|---|----------------------|----------------------|
| NA2102647                        | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b> | 1) AR: Accident Reporting (\$30);               |                      |                      |
|                                  | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
|                                  | 3) TP: Towing Fee \$40/\$45                     |                      |                      |
|                                  | 4) FT: Follow-Through Survey \$120              |                      |                      |
|                                  | 5) RT: 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:-                   |                      |                      |
|                                  | ON:   |                      |                      |
| Driver/Owner:                    | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                  | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                  | *N7: Post Repair Inspection \$25                |                      |                      |
|                                  | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
| Contact No:                      | *N9: TP (N11): TP (N11) against INC \$20        |                      |                      |
| Damaged Portion:                 | 9) N12: Idac Mobile 30                          |                      |                      |
| QC Checked by (Engr-In-Charge):  | Invoice dated                                   | Fee Charged          |                      |
| <b>Auditors' Comments :-</b>     | Invoice dated                                   | Fee Charged          |                      |
|                                  |   |                      |                      |
| Cat. 1:                          |   |                      |                      |
| Cat. 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              | 03/05/2021 17:15 (SGT)        |
| Date of Accident                | 29/04/2021 14:45 (SGT)        |
| Exact Location of Accident      | CTE, Singapore                |
| Additional Location Information | TWDS CITY B4 BUKIT TIMAH EXIT |
| Country/State of Loss           | Singapore                     |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMD5213U              |
| INSURED/POLICYHOLDER        |                       |
| Is company?                 | No                    |
| Name Of Registered Owner    | ANG LEONG SOON        |
| NRIC No                     | SXXXX284B             |
| Email Address               | LOOYINGRONG@GMAIL.COM |
| Mobile Phone No             | (Phone) +65-81124242  |
| Alternative Phone No        | +65-81124242          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Elantra                   |
| 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   | 1600                      |

#### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00181412000                            |
| Cover Note Number         | -   |

#### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | LOO YING ROONG |
| NRIC No        | SXXXX470I      |

|  |                       |
|--|-----------------------|
| Date Of Birth  | 08/11/1994            |
| Occupation   | Indoor                |
| Date Of Driving Pass   | 01/07/2014            |
| Driving experience   | 6 YEARS AND 9 MONTHS  |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-81124242  |
| Alt. Phone Number  | -                     |
| Email Address  | LOOYINGRONG@GMAIL.COM |
| Address  | 86 LENTOR GREEN       |
| Address complement   | -                     |
| Postcode   | 789313                |
| Is the driver the policyholder?                              | No                    |
| If No, Relationship of the Driver with the Insured           | Other                 |
| 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   | Chain 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   | 3   |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 | SLT7440U    |
| 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)     | - |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number             | SKT6060A    |
| 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                              | LOO YING ROONG |
| Address   | -              |
| Address Complement                                  | -              |
| Post Code   | -              |
| Approximate Age Years Old                           | -              |
| Injuries Sustained                                  | SLIGHT         |
| Injured person in which vehicle?                    | SMD5213U       |
| 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

 03/03/21  
Witnessed by Reporting Centre Personnel

#### Sketch Plan

|  |  |  |  |   |                  |
|--|--|--|--|---|------------------|
|  |  |  |  |  |                  |
|  |  |  |  |   | CTE towards CITY |
|  |  |  |  |   | A: SMP 5213 U    |
|  |  |  |  |   | B: SLT 7440 U    |
|  |  |  |  |   | C: SKT 6060A     |

**Describe Circumstances of the Accident**

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.

THE CAR IN FRONT OF ME STOPPED AND I STOPPED WITHOUT HITTING


THE CAR IN FRONT OF ME.


OUT OF A SUDDEN, I FELT AN IMPACT FROM THE REAR.

**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

 03/05/21  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 29 04 2021 Accident Time: 1445 hrs (24-HR-FORMAT)  
 Accident Place : CTE towards City before Bukit Timah Exit  
 Vehicle Reg. No (Car plate No.) : SHD 523U Vehicle Make/Model: HYUNDAI ELANTRA  
 Insurance Company : CHINA TAIPEI Policy No. DMPCSNW00181412000  
 Name of Registered Owner : ~~Company~~ / Individual ANG LEONG SOON  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S6914284B  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : LOO YING RONG DRIVER'S NRIC No: S9441470I  
 DRIVER'S Date of Birth : 08-11-1994 DRIVER'S License Pass Date 01 JULY 2014  
 Relationship bet. Owner & Driver : ~~Spouse~~ \ ~~Parents~~ \ ~~Children~~ \ ~~Sibling~~ \ ~~Employee~~ \ Others: FATHER IN LAW  
 DRIVER'S Address : 86 LENTOR GREEN S(789313)  
 DRIVER'S Contact No./ Alt No. : 1) 91124242 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : LOOYINGRONG99@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 01 Name & Gender: \_\_\_\_\_  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any injuries, if yes (name of the injured person), LOO YING RONG

**Other Party Driver's Particulars (if any)**

|   |  |
|---|--|
| Vehicle Reg No: <u>SLT 7A40M</u>        | Vehicle Reg No: <u>SKF 6060A</u>           |
| Vehicle Make/Model: <u>TOYOTA PRIUS</u> | Vehicle Make/Model: <u>SUBARU FORESTER</u> |
| Name DRIVER: _____                      | Name DRIVER: _____                         |
| IC No. DRIVER: _____                    | IC No. DRIVER: _____                       |
| DRIVER'S Contact & add: _____           | DRIVER'S Contact & add: _____              |





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

AN0631A

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.

DMPCSNW00181412000

Engine No.: G4FGJU238460

Chassis No.: KMHD841CMJU729701

1. Index Mark and Registration  
Number of Vehicle

SMD5213U

2. Name of Policy Holder

ANG LEONG SOON

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

02/12/2020  
(00:00:00)

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

4. Date of Expiry of Insurance

23/02/2022

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\$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.: AUTOTRUST CREDIT PTE. LTD.

\* Limitations rendered inoperative by Section 6 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: AUTOTRUST INSURANCE AGENCY PTE.  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #15-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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