

NATIONAL Assessment Centre Services.

[wef 1 Jan'03]

SN08215V0002

Date In: 31/05/2021 09:21	Job description	Date & Time Completed	Done by:
Ref No: N30/C7210062224	SAS e-filing		
Veh No: 8MW 1635L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/05/2021 16:25	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:	Veh No: GBG 7519R	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)	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

NA2102994	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Pat. 1:			
Pat. 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	31/05/2021 09:21 (SGT)
Date of Accident	28/05/2021 16:25 (SGT)
Exact Location of Accident	Jln Tenteram, Singapore
Additional Location Information	TOWARDS JALAN BAHAGIA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1635L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEVIN HO CHOON WEI
NRIC No	SXXXX564F
Email Address	kevinhocw@gmail.com
Mobile Phone No	(Phone) +65-97774322
Alternative Phone No	+65-97774322

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00004132100
Cover Note Number	-

DRIVER

Name of Driver	KEVIN HO CHOON WEI
NRIC No	SXXXX564F



Date Of Birth	23/12/1981
Occupation	Outdoor
Date Of Driving Pass	28/02/2002
Driving experience	19 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97774322
Alt. Phone Number	+65-97774322
Email Address	kevinhocw@gmail.com
Address	BLK 99 ALJUNIED CRESCENT #11-395
Address complement	-
Postcode	380099
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?	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	GBG7579R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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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.

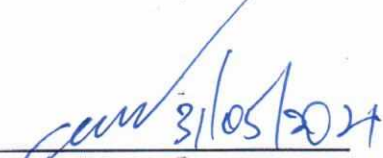
(collectively the "Purposes")

(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

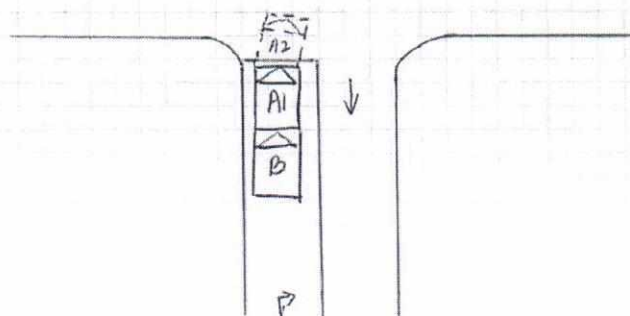

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Jln Tenteram towards Jln Bahagia

Vehicle A: SMW1635L
Vehicle B: GBB7579R



Describe Circumstances of the Accident

On the stated date & time, I, vehicle AF MW 635L was stationary at the stated location on the left lane, as the main road is clear when I was about to move off, suddenly, I felt an impact from the rear portion of my vehicle causing me to surge forward. I alighted & realised vehicle B (GBG 7579R) collided onto the rear portion of my vehicle causing damages.

Declaration

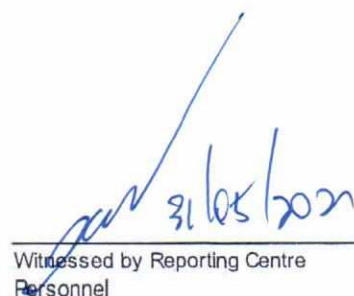
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



31/05/2021

Witnessed by Reporting Centre Personnel

Date of Accident : 18/05/2021 Accident Time: 1635hr (24-HR-FORMAT)
Accident Place : Jln Tenteram towards Jln Bahagia
Vehicle Reg. No (Car plate No.) : SMW1635L Vehicle Make/Model: Hyundai Avante
Insurance Company : China Taiping Policy No. DMHCSNW00004132100
Name of Registered Owner : Company / Individual Kevin Ho Choon Wei
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8140564F
Co Contact No: - Owner's Contact No: 97774322

DRIVER'S Name : Kevin Ho Choon Wei DRIVER'S NRIC No: S8140564F

DRIVER'S Date of Birth : 23 Dec 1981 DRIVER'S License Pass Date 28 Feb 2008

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : APT BIK 99 Aljunied Crescent #11-395 Singapore 380099

DRIVER'S Contact No./ Alt No. : 1) 97774322 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : kevinhocw@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 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____
Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBC7519R</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
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 Hire Car

MZ406L/B

N SN

AN0621A

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.

DMHCSNW00004132100

Engine No. G4FGKUD94E90

Chassis No. KMHD841CMKU865794

1. Index Mark and Registration
Number of Vehicle

SMW1535L

AUTOSAFE

2. Name of Policy Holder

KEVIN HO CHOON WEI

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

29/04/2021
(11.34.24)

Excess Sect I \$11,250.00

Excess Sect. I (Outside Singapore) \$12,500.00

Excess Sect. II \$11,250.00

4. Date of Expiry of Insurance

28/04/2022

Excess Sect II (Outside Singapore) \$12,500.00

EX ON WINDSCREEN \$1100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below

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

KEVIN HO CHOON WEI

6. Limitations as to use*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. HONG LEONG FINANCE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

MOTOR INSURE

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