

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN08215V0001

Date In: 31/05/2021 09:35	Job description	Date & Time Completed	Done by:
Ref No: N/A/CT/210062234	SAS e-filing		
Veh No: SMO 44902	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/05/2021 13:00	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: JA 666C	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	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

<p>NA2102995</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>at 1:</p> <p>at 2 / 3:</p>	Invoice Preparation Checklist		Am (\$)	Am (\$)
	At Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	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: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QD*				
*N5: Courtesy Car / Tpl 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				
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	31/05/2021 09:39 (SGT)
Date of Accident	28/05/2021 13:00 (SGT)
Exact Location of Accident	Flora Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4490Z
INSURED/POLICYHOLDER	-
Is company?	No
Name Of Registered Owner	PHUA PENG JOO
NRIC No	SXXXX961B
Email Address	118port@gmail.com
Mobile Phone No	(Phone) +65-98317233
Alternative Phone No	+65-98317233

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
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	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00173492000
Cover Note Number	-

DRIVER

Name of Driver	PHUA PENG JOO
NRIC No	SXXXX961B

Date Of Birth	14/08/1969
Occupation	Indoor
Date Of Driving Pass	30/11/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98317233
Alt. Phone Number	+65-98317233
Email Address	118port@gmail.com
Address	5 FLORA DRIVE #02-23
Address complement	-
Postcode	507011
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	FA666C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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;

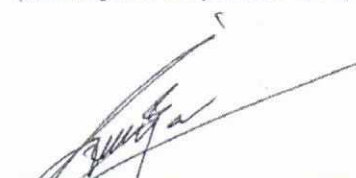
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

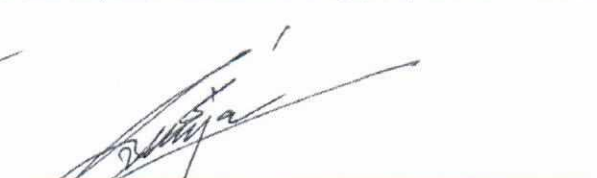
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

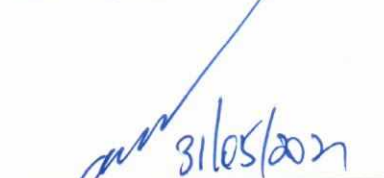
(collectively the "Purposes")

(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

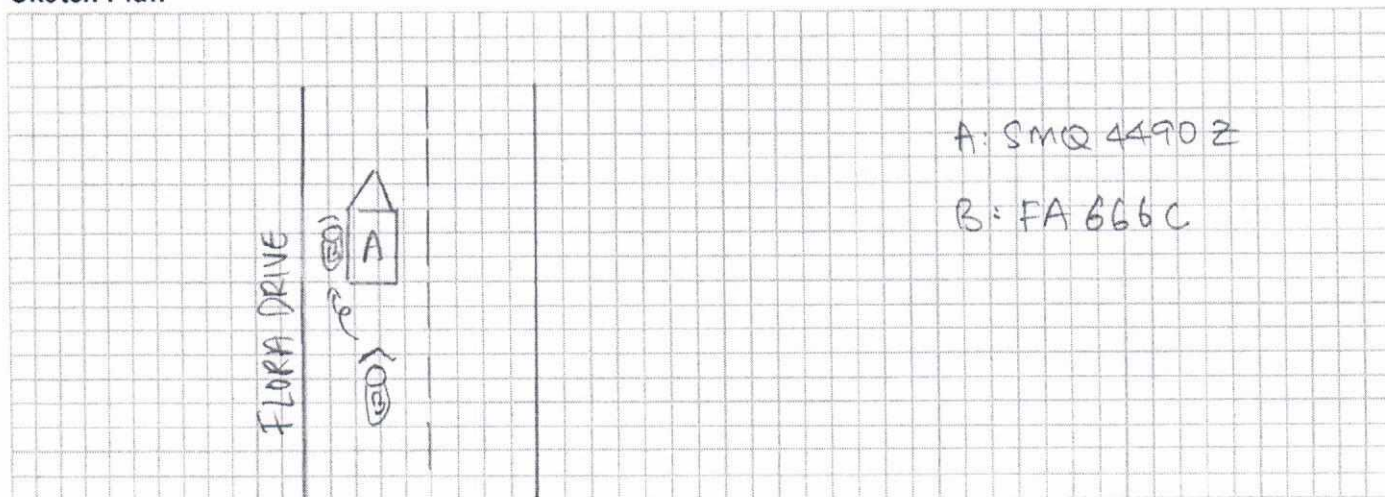
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 31/05/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMQ 4490 Z

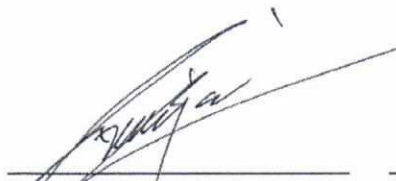
B: FA 666 C


Describe Circumstances of the Accident

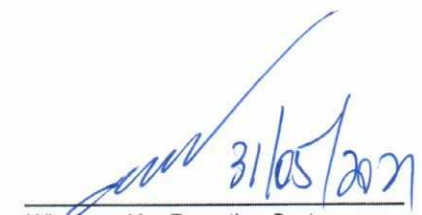
On 28/05/2021, at about 13:00hrs, I was travelling along Flora Drive.
I was driving straight when I felt an impact from my left. I then realised
vehicle B who was trying to overtake my vehicle from my left had collided
onto my vehicle.

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 th May 2021		TIME: 13:00		(hh:mm) 24 hrs Format	
LOCATION Along Flora Drive					
VEHICLE NUMBER SMQ 4490Z					
INSURED NAME PHUA PENG JOO					
NRIC / FIN S6924961B		CONTACT: 9831 7233			
MAKE CITROEN		MODEL C4 PICASSO 1.6 BLUEHDI EAT6			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only					
INSURANCE COMPANY CHINA TAIPING					
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER: DMPCSNW00173492000					
NAME DRIVER: Phua Peng Joo				(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN S6924961B		CONTACT: 9831 7233			
DATE OF BIRTH: 14/08/1969					
DRIVING PASS DATE: 30/11/1988					
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR					
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE					
EMAIL ADDRESS:				() NO EMAIL	
ADDRESS OF DRIVER: 5 Flora Drive #02-23 s(507011)					
Number Of Passenger Include Driver: DRIVER ONLY					
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO					
If No, Relationship Of The Driver With The Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others					
Does The Driver Own Any Other Vehicle?: () YES () NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others					
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO					
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO					
If YES, Injured details : NIL					
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO					
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO					
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No.of Paxs (incl'driver)	
Veh B		FA 666 C		() / Not Sure ()	
Veh C				() / Not Sure ()	
Veh D				() / Not Sure ()	
Veh E				() / Not Sure ()	
Veh F				() / Not Sure ()	
Veh G				() / Not Sure ()	



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

E SN

AN0332A

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.

DMPCSNW00173492000

Engine No.: 10JBHD3014836

Cha. No.: VF73DBH2TFJ771672

1. Index Mark and Registration
Number of Vehicle

SMQ4490Z

AUTOSAFE

2. Name of Policy Holder

PHUA PENG JOO

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

01/12/2020
(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

30/11/2021

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.

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.: DBS BANK 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: Lim Lee Choo
Authorised Officer

Authorised Signatory