

NATIONAL Assessment Centre Services

Date In <u>16/06/21</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CTD1006769/12</u>	SAS e-filing		
Veh No <u>SLC64004</u>	E-mail (within 8hrs, Aft 2hrs)		
D.O.A <u>16/06/21</u> <u>1055</u>	i-Motor Claim Form		
OD <u>(TP)</u> 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: <u>SLT1059P</u>	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

<u>NA2103167</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	*N9: TP (N11) : TP (Non INC) against INC	\$20	
Cat. 1:	9) N12: Idac Mobile	30	
Cat. 2 / 3:	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	16/06/2021 17:32 (SGT)
Date of Accident	16/06/2021 10:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY B4 BALESTIER/KALLANG EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4400U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOON YONG TRADING PTE LTD
Company Reg No	1XXXXX8572
Email Address	HR@SOONYONG.COM.SG
Mobile Phone No	(Phone) +65-63823935
Alternative Phone No	(Office) +65-63823935

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Tivoli
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	DMPCSNW00084932101
Cover Note Number	-

DRIVER

Name of Driver	LIM CHOO BENG
NRIC No	SXXXX163A

Date Of Birth	13/06/1970
Occupation	Outdoor
Date Of Driving Pass	15/04/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98256650
Alt. Phone Number	-
Email Address	LIM.ZHUMING@GMAIL.COM
Address	BLK 101A CANBERRA STREET
Address complement	#13-05
Postcode	751101
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MS RUAN NIANRONG
Gender	Female

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	SLT1029P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NEO HOCK BOON
Contact Number	(Phone) +65-98181511
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	SMP3769H
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)	-

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 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.



Policyholder's Signature
Date & Time:

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

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

CTE toward City before Kallang



A : SLC 4400U

B : SLT 1029P

C : SMP 3769H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE towards city before Balestier / Kallang Exit on 16/6/2021 at about 10:55 a.m. Due to heavy traffic, vehicle in front apply emergency brake. I also apply Emergency brake, suddenly vehicle C collided into my vehicle and cause my vehicle to move fwd and hit the front vehicle. I alighted and realize there was a chain collision involving total of 3 vehicles. We exchange particulars and left the accident scene.

DECLARATION

I/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:

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

VEHICLE NO: SLC 4400 U

MAKE & MODEL: Seangyang Tivoli AUTO/MANUAL

DATE OF ACCIDENT	16 / 6 / 2021	*C.C. 1600
TIME OF ACCIDENT	10:55	AM / PM
LOCATION OF ACCIDENT	CTE Towards City before Balestier / Kallang Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Soon Yang Trading Pte Ltd	
EMAIL	HR @ Seangyang . com . sg	Office: 6382 3935 MOBILE:
NRIC	1988018572	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00084932101 (13/05/2021 - 12/05/2022)	
NAME OF DRIVER	AS ABOVE / IF NO, Mr. Lim CHOO BENG	
NRIC	S7020163A	
DATE OF BIRTH	13 / 06 / 1970	
ANY PASSENGER	<u>YES</u> / NO :	
NAME OF PASSENGER	Ms Ruan Nianrong	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	15 / 04 / 2000	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 98256650 Office: Home:	
EMAIL	Lim . zhuming @ gmail . com	
ADDRESS	BLK 101A Canberra St. #13-05 (S) 751101	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SLT 1029P Any Passenger: 01	
NAME	Neo Hack Boon	
CONTACT NO.	98181511	
VEHICLE C NO.	SMP 3769H Any Passenger: 01	
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?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Sales @ lee brothers . com . sg	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Private Car

MX4F

R : SN

AN0196A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.	DMPCSNW00084932101	Engine No. 173910C2043924	Cha. No. KPT30B1VSGP076785
1. Index Mark and Registration Number of Vehicle	SLC4400U	AUTOSAFE	=====
2. Name of Policy Holder	SOON YONG TRADING PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	13/05/2021 (00:00:00)	Named Drivers Ex Sect. I	\$S\$500.00
4. Date of Expiry of Insurance	12/05/2022	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
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their 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.: MOTORWAY CREDIT 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: NSH INSURANCE AGENCY
Authorised Officer
Authorised Signatory