

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SMC 2176002

Date In: 06/07/2021 16:50	Job description	Date & Time Completed	Done by
Ref No: N/A/C722100739014	SAS e-filing		
Veh No: SMC 4292L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/07/2021 12:23	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: SMC 8637Y	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

<p>NA2103266</p> <p>Plaintiff's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>auditors' Comments:</p> <p>U. I:</p> <p>U. 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		Fit Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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:-			
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 \$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	06/07/2021 16:50 (SGT)
Date of Accident	06/07/2021 12:23 (SGT)
Exact Location of Accident	Tampines St. 11, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4292L
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIANG XINGQUAN, SAMUEL
NRIC No	SXXXX800A
Email Address	sjiang0507@gmail.com
Mobile Phone No	(Phone) +65-91126921
Alternative Phone No	+65-91126921

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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00139512001
Cover Note Number	-

DRIVER

Name of Driver	JIANG XINGQUAN, SAMUEL
NRIC No	SXXXX800A

Date Of Birth	05/07/1988
Occupation	Indoor
Date Of Driving Pass	08/01/2010
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91126921
Alt. Phone Number	+65-91126921
Email Address	sjiang0507@gmail.com
Address	BLK 859A TAMPINES AVENUE 5 #05-593
Address complement	-
Postcode	521859
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	Raining
Road Surface	Wet

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 vehicle 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	LAN JING
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

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	SLD8637Y
Vehicle Manufacturer	Mazda
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)	1

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.

Sand

Policyholder's Signature / Date & Time

Sand

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

66/07/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Street 11

A → SMF 4292 L

B → SLD 8637 Y

Describe Circumstances of the Accident

On the stated time & date, I was travelling in my vehicle A,
(SMF 4292 L). As the traffic light turned red, the vehicle
in front stopped. I followed suit. Suddenly, I felt an impact
from the rear. I alighted from my vehicle and realised vehicle
B, (SLD 8637 Y) had collided on to the rear portion of my
vehicle.

We exchanged particulars and I decided to proceed with Insurance
claims.

Declaration

We declare the foregoing particulars are true in every respect.

Sami
Policyholder's Signature / Date &
Time

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

06/07/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT REPORTING

Accident Date: (06 / 07 / 2021) (DD/MM/YYYY)

Time: (12 : 23) (HH:MM)

Location: Tampines Street 11

1. Accident Details

- Type Of Accident: Head to rear
- Weather Condition: Clear / Raining / Others:)
- Road Surface: Dry / Wet / Others:)
- Are You Claiming Under Your Own Insurance? (Yes / ~~No~~)
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / ~~No~~)
If Yes, Please State Vehicle No:
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / ~~No~~)
- Was The Accident Reported To The Police? (Yes / ~~No~~)
If Yes, Police Station Name:
- Was Notice Of Prosecution Given?
If Yes, Against Whom?:

2. Details Of Own Vehicle

- Vehicle Registration No: SMF 4292 L
- Vehicle Category: Private Use
- Vehicle Manufacturer: Hyundai, Vehicle Model: Elantra
- Transmission: Manual / Auto CC: 1591
- No. Of Passengers (Including Driver) 2

Passenger Name: Lan Jing	(Female / Male)
Passenger Name:	(Female / Male)
Passenger Name:	(Female / Male)
Passenger Name:	(Female / Male)

3. Own Vehicle Policy

- Handling Insurer: China Taiping
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / ~~No~~)
- Owner Name: Jiang Xing Quan, Samuel (Female / ~~Male~~)
- ID Type: S8823800A (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: Sjiang0507@gmail.com Mobile: 9112 6921
- Alt No. Type: (Home / Office / Not In List) :

4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: Jiang Xing Quan, Samuel (Female / ~~Male~~)
- ID Type: S8823800A (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 05-07-1988
- Driving Pass Date: 08-01-2010
- Email: Sjiang0507@gmail.com Mobile: 9112 6921
- Address: Blk 859A Tampines Avenue 5 # 05-593
- Postal Code: 521859
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: Does Driver Own Other Vehicles: (Yes / ~~No~~)
If Yes, Please Provide Vehicle Registration No: Handling Insurer:

ACCIDENT REPORTING

5. TP Vehicle Or Property

a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SLO 8637 Y

Vehicle Category: Mazda Vehicle Model: _____

No.Of Passengers (Including Driver) 1

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

a) Was Anyone Injured In The Accident? (Yes / ~~No~~)

b) Any Injured Conveyed To Hospital By Ambulance? (Yes / ~~No~~)

If Yes, Please Provide:

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

a) Was There Any Witnesses? (Yes / ~~No~~)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

a) Are Accident Photos Available For Attachment? (Yes / ~~No~~)

b) Was There Any Video Captured? (Yes / ~~No~~)

a) Was There Any Audio Captured? (Yes / ~~No~~)



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

R SN

AN0613A

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. DMPCSNW00139512001

Engine No.: G4FGJU276949
Cha. No.:KMHD841CMJU766165

1. Index Mark and Registration Number of Vehicle SMF4292L

2. Name of Policy Holder JIANG XINGQUAN, SAMUEL

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12/11/2020

4. Date of Expiry of Insurance 11/11/2021

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

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.

* 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.

Authorised Signatory

Issued By: AUTO WORLD PTE LTD
Authorised Officer

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