

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

2008/2/7/0001

Date In: 23/07/2008 16:12	Job description	Date & Time Completed	Done by:
Ref No: N/A/C7721007884/4	SAS e-filing		
Veh No: SSS 16892	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 22/07/2008 12:42	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: SKT 6512R	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

NA2103416	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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*		
C. Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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	23/07/2021 16:12 (SGT)
Date of Accident	22/07/2021 12:42 (SGT)
Exact Location of Accident	Near 2058A Pulau Ubin, Singapore 508391
Additional Location Information	JUNCTION WITH YISHUN AVENUE 6 TOWARDS AVENUE 8
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1689Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNITED SG MOTOR PTE LTD
Company Reg No	2XXXXX141G
Email Address	claims@1ap.com.sg
Mobile Phone No	(Phone) +65-86146767
Alternative Phone No	+65-83666503

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	Commercial vehicle
Transmission	Auto
CC	1799

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00102062000
Cover Note Number	-

## DRIVER

Name of Driver	VICTOR WONG WAI LOK
NRIC No	SXXXX065Z



Date Of Birth	26/09/1995
Occupation	Outdoor
Date Of Driving Pass	30/07/2014
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-83666503
Alt. Phone Number	-
Email Address	claims@1ap.com.sg
Address	BLOCK 211A COMPASSVALE LANE #07-190
Address complement	-
Postcode	541211
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB-CON
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	TAN JUN WEI
Gender	Male

#### 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	SKT6572R
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 ..... VICTOR WONG WAI LOK  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SGS1689Z  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... TAN JUN WEI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SGS1689Z  
 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.
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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.

UNITED SG MOTOR PTE LTD  
201810141G

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Handwritten sketch plan on grid paper showing an accident scene. A car labeled 'A2' is at the top. Below it, a car labeled 'A1' is shown with a driver's side view. To the right of 'A1' is a car labeled 'B1'. Arrows indicate the direction of travel: 'A2' is moving right, 'A1' is moving left, and 'B1' is moving right. The location is marked as 'Yishun Avenue 7' at the bottom left. Handwritten notes on the right side of the sketch include 'A: 8651689Z' and 'B: 8676572R'. A large handwritten 'X' is drawn over the top right area of the sketch. A date '23/07/2021' is written in the top right corner.

[illegible]

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel

23/07/2021



Date of Accident : 22 JULY 2021 Accident Time: 1242 HRS (24-HR-FORMAT)  
Accident Place : JUNCTION OF YISHUN AVENUE 7 & AVENUE 6 TOWARDS AVENUE 8  
Vehicle Reg. No (Car plate No.) : SGS1689Z Vehicle Make/Model: HONDA STREAM  
Insurance Company : CHINA TAIPING INSURANCE Policy No. DMPCSNW00102062000  
Name of Registered Owner : Company / ~~Individual~~ UNITED SG MOTOR PTE LTD  
ID of Registered Owner : Co Reg No: 201810141G Owner's NRIC No: \_\_\_\_\_  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 86146767  
DRIVER'S Name : VICTOR WONG WAI LOK DRIVER'S NRIC No: S9572065Z  
DRIVER'S Date of Birth : 26 SEPT 1995 DRIVER'S License Pass Date 30 JULY 2014  
Relationship bet. Owner & Driver : ~~Spouse \ Parents \ Children \ Sibling \ Employee~~ Others: SUB CON  
DRIVER'S Address : BLOCK 211A COMPASSVALE LANE #07-190 SINGAPORE 541211  
DRIVER'S Contact No./ Alt No. : 1) 8366 6503 2) \_\_\_\_\_  
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : CLAIMS@1AP.COM.SG  
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): 2 Name & Gender: TAN JUN WEI (MALE)  
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), VICTOR WONG WAI LOK

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

Vehicle Reg No: SKT6572R	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 Private Car

MX1

N SN

AN0661A

Cov. Type:T

### 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.

DMPCSNW00102062000

Engine No.: R18A1710861

Cha. No.:RN61009586

1. Index Mark and Registration  
Number of Vehicle

SGS1689Z

2. Name of Policy Holder

UNITED SG MOTOR PTE LTD

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

06/08/2020  
(19:11:57)

4. Date of Expiry of Insurance

05/08/2021

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.

\* 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: GREATLINK INSURANCE AGENCY PTE LTD  
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