

NATIONAL Assessment Centre Services

Date In: 06/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CFI21008312/13	SAS e-filing		
Veh No: SJR3413T	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 05/08/21 0850	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: GBL6673D	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

NA2103692

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
1st Bill	Add Bill
30.	

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- | | |
|---|--|
| 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:- | |
| 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: Idac 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	06/08/2021 17:17 (SGT)
Date of Accident	05/08/2021 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTSIDE GOODWOOD FLORIST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3413J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZONG HUI
NRIC No	SXXXX046E
Email Address	zhtan90@hotmail.com
Mobile Phone No	(Phone) +65-81387478
Alternative Phone No	+65-81387478

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00175162000
Cover Note Number	-

DRIVER

Name of Driver	TAN ZONG HUI
NRIC No	SXXXX046E

Date Of Birth	21/12/1990
Occupation	Indoor
Date Of Driving Pass	10/03/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81387478
Alt. Phone Number	+65-81387478
Email Address	zhtan90@hotmail.com
Address	BLK 456B SENGKANG WEST ROAD
Address complement	#11-340
Postcode	792456
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

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	GBC6673D
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN ZONG HUI
Gender	Male
Phone No	(Phone) +65-81387478
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJR3413J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

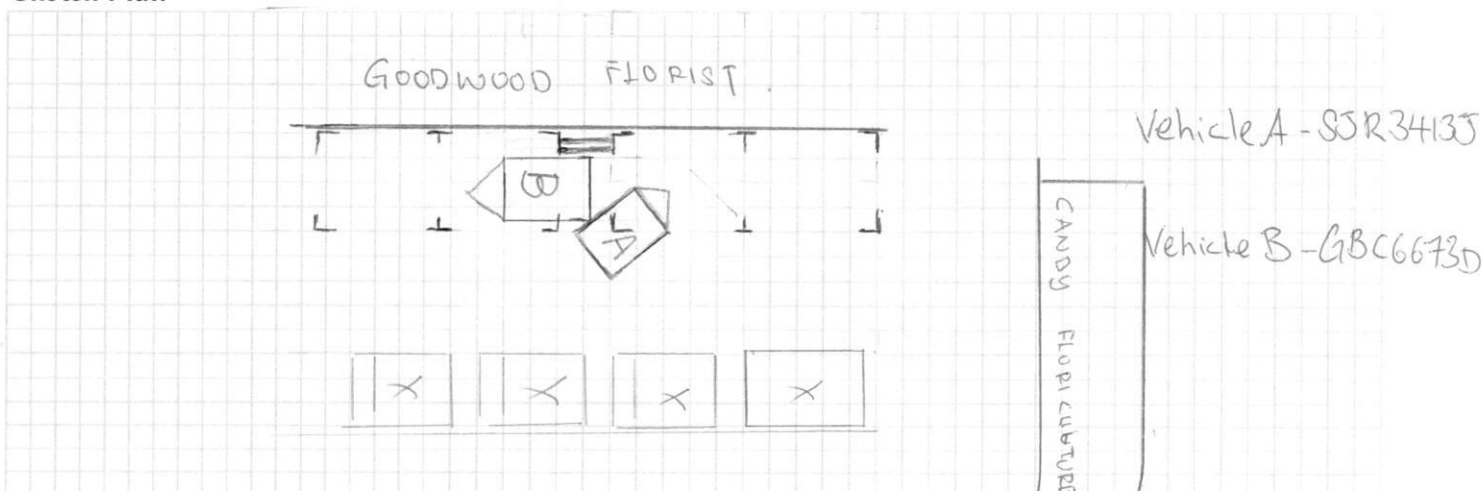
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (SJR 3413J)

GOING TOWARDS CANDY FLORICULTURE DIRECTION. WHEN I AM ABOUT TO REACH THE

END ROAD THERE WAS A VEHICLE EXIT FROM THE ROAD END AS THERE WERE

STATIONARY CARS ON MY RIGHT, I HAVE TO MOVE MY VEHICLE SLIGHTLY IN TO THE

LEFT (AN EMPTY PARKING LOT) TO GIVE WAY FOR THE VEHICLE IN FRONT OF ME TO EXIT.

AFTER STOPPING FOR AWHILE, I FELT AN IMPACT FROM MY LEFT SIDE. I ALIGHTED

MY VEHICLE AND REALIZED THAT VEHICLE B (GBC 6673D) HAD COLLIDED ONTO MY

LEFT PORTION WHEN SHE WAS REVERSING HER VEHICLE OUT FROM THE PARKING LOT

AFTER THE ACCIDENT, I FELT UNWELL & I PROCEED TO OUR COMPANY.

DOCTOR AT INTERMEDICAL KOVAN FOR TREATMENT & I WAS ISSUED 2 DAYS MC

Declaration

We declare the foregoing particulars are true in every respect.

Signature / Date &

Policyholder's Signature / Date &
Time

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

slm 06/08/21

Witnessed by Reporting Centre
Personnel

Date of Accident : 5/8/2021 Accident Time: 0850 hrs (24-HR-Format)
Accident Place : OUTSIDE GOODWOOD FLORIST.
Vehicle No. (Car Plate No.) : SJR 3413 J Make/Model: TOYOTA AXIO
Insurance Company : CHINA TAIPING Policy No: DMPCSNW00195162000
Owner or Company Name /IC No. : TAN ZONG HUI (S9050046E)
Owner or Company Contact No. : 8138 7478 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : TAN ZONG HUI (S9050046E)
DRIVER'S Date Of Birth : 21/12/1990 DRIVER'S License Pass Date 10/3/2010
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER
DRIVER'S Address : BLK 456B SENGKANG WEST ROAD # 11-340 (S) 792456
DRIVER'S Contact No./ Alt No. : 1) 8138 7478 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ~~zhtan@hotmail.com~~ zhtan90@hotmail.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): 1

Was there any video Captured by car camera: YES \ NO

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

Any Injury (If YES, Pls state): YES, 2 DAYS MC

zhtan 90@hotmail.com.

Other Party Driver's Particular (if any)

Vehicle. No: GBC 6673 B D.

Vehicle. No: _____

Vehicle Make \Model: VAN (NV200)

Vehicle Make \Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW – Passenger's name & gender:

Motor Private Car

MX1F

N SN

AN0444A

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.

DMPCSNW00175162000

Engine No.: 1NZD382092

Cha. No.: NZE1416115846

1. Index Mark and Registration
Number of Vehicle

SJR3413J

AUTOSAFE

=====

2. Name of Policy Holder

TAN ZONG HUI

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/12/2020
(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

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.

Issued By: META AGENCY PTE LTD
Authorised Officer

Authorised Signatory