

NATIONAL Assessment Centre Services, [url: www.nacservices.com], 810 518 8000

Date In: 10/08/2021 16:17	Job description	Date & Time Completed	Done by
Ref No: 213816722100836714	SAS e-illing		
Veh No: CB 7844P	E-mail (by date time, A/C time)		
D.O.A: 01/08/2021 2025	I-Motor Claims Form		
(O) TP Reporting Only	I-Motor W/O (Within 60 days, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkup / INC Assign Wkup / QW:	Tel:	Fax:
TP Mandatory:	Veh No: SMK 7134P	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO refer of reputation.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check/ Post Repair Inspection ()	
3) Upload Resurvey Photo (Repair Cost > \$3000) ()	

Injury: _____

NA2103548

Driver/Owner:	1) Alt: Accident Report (50)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow Through Survey	\$30
	5) PT: Follow Through Survey (Resurvey)	\$30
	6) TR: TR Inspection	\$75
	7) NI: Use DA + SMR Survey	\$160
	8) NI: UC Additional Services	
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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 10/08/2021 16:17 (SGT)
Date of Accident 07/08/2021 20:25 (SGT)
Exact Location of Accident Hougang Ave 3, Singapore
Additional Location Information UPPER SERANGOON ROAD CROSS JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7844P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW ENG KEAT
NRIC No SXXXX969G
Email Address a3669j@gmail.com
Mobile Phone No (Phone) +65-87212115
Alternative Phone No +65-87212115

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 Commercial vehicle
Transmission Manual
CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00007292100
Cover Note Number -

DRIVER

Name of Driver CHEW ENG KEAT
NRIC No SXXXX969G

Date Of Birth	27/07/1953
Occupation	Outdoor
Date Of Driving Pass	26/03/1976
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87212115
Alt. Phone Number	+65-87212115
Email Address	a3669j@gmail.com
Address	BLK 15 HOUGANG AVENUE 3 #02-115
Address complement	-
Postcode	530015
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEW MEI QI
Gender	Female

PASSENGER 2

Name	AH BOY
Gender	Male

PASSENGER 3

Name	AH GIRL
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	SMK7134P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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

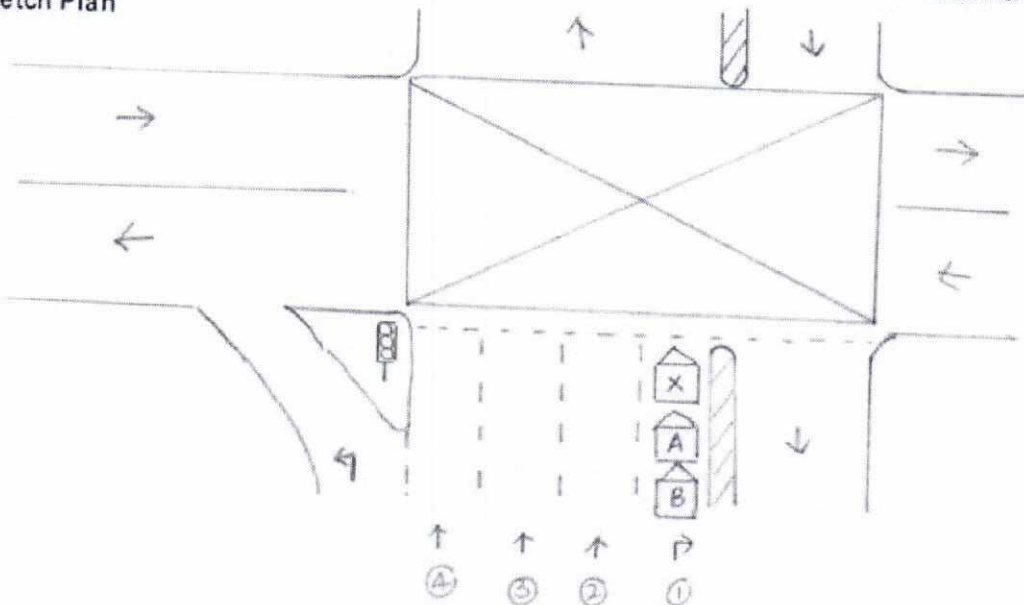
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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




A = CB7844P
B = SMK7134P
Cross Junction
of Hougang
Avenue 3 and
Upper Serangoon
Road


Describe Circumstances of the Accident

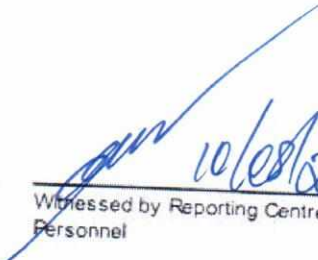
Refer to Attached

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


Witnessed by Reporting Centre Personnel

On 07.08.2021 at about 20: 25 hours at Cross Junction of Hougang Avenue 3 and Upper Serangoon Road, I was stationary on lane 1 (along Hougang Avenue 3 towards Hougang Avenue 2) as the traffic light was red.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 3 passengers in my vehicle (A).

Vehicle (A): CB 7844P

Vehicle (B): SMK 7134P

2/10

aw 10/08/2021

SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/08/2021		Time: 20:25		(hh:mm) 24 hr format	
Location Cross Junction of Hougang Avenue 3 and Upper Serangoon Road					
Vehicle Number CB 7844P					
Insured Name Chew Eng Keat					
NRIC / FIN S0195969G		Contact Number 8721 2115			
Make Toyota		Model Trace			
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					
Insurance Company China Taiping					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DMB1SNW00007292100					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 07/07/1953					
Driving Pass Date 26/03/1976					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address a3669j@gmail.com () NO EMAIL					
Address of Driver BLK 15 Hougang Avenue 3 # 02-115 S(530015)					
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					
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 () 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 detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name		Nric	
Veh B SMK 7134P					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : 1) Chew Mei Ai (F)
 2) Ah Boy (M)
 3) Ah Girl (F)

DEED POLL


BY THIS DEED I, the undersigned CHEW NG LAY (周永吉)
(NRIC No. S0195969/G) of Apt Blk 15 Hougang Avenue 3 #02-115,
Singapore 530015 do hereby on behalf of myself renounce as from
the date hereof the Chinese name of (周永吉) in lieu
thereof assume the Chinese name of (周泳吉) so that my
Chinese name be known as (周泳吉) forthwith.

AND in pursuance of such change of my said Chinese name as
aforesaid, I hereby declare that when the use of my Chinese name
is required I shall at all times hereafter in all records, deeds
and instruments in writing and in all actions and proceedings and
in all dealings and transactions and upon all occasions
whatsoever use and sign the said Chinese name of (周泳吉)
only.

AND I hereby authorise and request all persons to designate,
describe and address me by such Chinese name of (周泳吉)
only.

IN WITNESS WHEREOF I have hereunder signed my name and have
set my seal this 4th day of March 1998.

SIGNED SEALED and DELIVERED)
by the abovenamed 周永吉)
CHEW NG LAY (周永吉))
in the presence of :-)


PANG KOK FOO
Advocate & Solicitor
Singapore

周泳吉



MR PANG KOK FOO
M/S PANG KOK FOO & CO
Advocates & Solicitors
5 Coleman Street #B1-18
Excelstor Hotel Shopping Centre
Singapore 179805
Tel : 334 1228
Fax : 334 0705

([13] 207)

CHEW NG LAY

of

DEED POLL

Dated this 4th day of March 1998



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 Bus

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)

MZ601/P

N SN

ANC580A

Cov. Type C

CERTIFICATE No.

DMB1SNW00007282100

Engine No.: 1KD2640189

Cha. No. KDH2118007321

1. Index Mark and Registration
Number of Vehicle

CB764P

AUTOSAFE

2. Name of Policy Holder

CHEW ENG KEAT

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

24/07/2021
(00:00:00)

4. Date of Expiry of Insurance

23/07/2022

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$750.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any person provided he is in the Policyholder's employ and is driving on their order or with
their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.
The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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



Issued By:

ODDS & EVEN
Authorised Office

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

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