

NATIONAL Assessment Centre Services

Date In: 30/08/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CR/21008770/13	E-mail (within 8hrs. A/C 2hrs):		
Veh No: SJM17514	i-Motor Claim Form		
D.O.A: 19/08/21 1435	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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: SJY2961M 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)

Remarks	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

NA2103761

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$0		
	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	20/08/2021 15:43 (SGT)
Date of Accident	19/08/2021 14:35 (SGT)
Exact Location of Accident	200 Lor 2 Toa Payoh, Singapore 319642
Additional Location Information	FRONT LOBBY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1751Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AUDREY AUDREA TEO POH CHOO
NRIC No	SXXXX387E
Email Address	a3669j@gmail.com
Mobile Phone No	(Phone) +65-98637960
Alternative Phone No	+65-98637960

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variants	-
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007692000
Cover Note Number	-

DRIVER

Name of Driver	AUDREY AUDREA TEO POH CHOO
NRIC No	SXXXX387E

Date Of Birth	17/06/1977
Occupation	Outdoor
Date Of Driving Pass	16/02/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98637960
Alt. Phone Number	+65-98637960
Email Address	a3669j@gmail.com
Address	BLK 521 BEDOK NORTH AVE 1
Address complement	#12-306
Postcode	460521
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:E20210820/7019

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	SJY2961M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

WITNESS DETAILS

WITNESS 1

Name	MS VIOLET OON
Phone	(Phone) +65-97397124
Email	-

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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

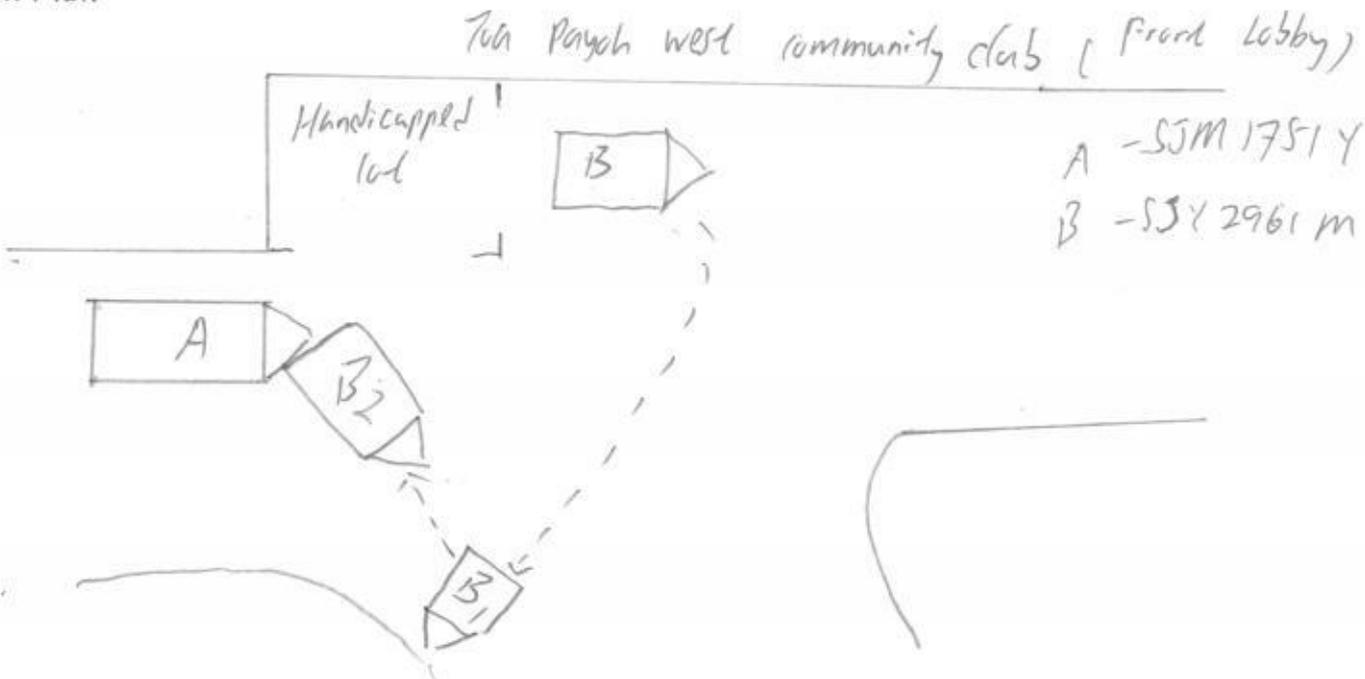
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Quido
Policyholder's Signature / Date & Time

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

Hyun
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, my vehicle was stationary parked near to the handicap lot to pick up one passenger (Violet van) vehicle B make ^{a three point} turn out from her stationary point. While reversing, her rear right portion collided to the front right portion of my vehicle A causing damages to the front right portion and front right undercarriage of my vehicle A. After the accident, the steering alignment was abnormal. I wish to state the passenger I was about to pick up can be my witness at the point of accident.

witness : miss violet van (97397124)

please add in police report E/20210820/7019

Declaration

We declare the foregoing particulars are true in every respect.

Aulus
Policyholder's Signature / Date & Time

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

Alyn
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



E/20210820/7019

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210820/7019

Witness Ms Violet Oon (97397124)

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

20/08/2021 13:01

Classification Of Case:

Date of Accident : 19/08/202 Accident Time: 00:35 pm (24-HR-Format)
 Accident Place : TOA PARK WEST Community Club (friend's lobby)
 Vehicle No. (Car Plate No.) : SJM 1751X Make/Model: TOYOTA Altis
 Insurance Company : China Taiping Policy No: DMKESHU0000769200
 Owner or Company Name / IC No. : Andrey Andrew Teo Poh Choo
 Owner or Company Contact No. : _____ Owner's Hp 98637960 Company Tel _____
 DRIVER'S Name/IC No. : S7716287E (same as owner)
 DRIVER'S Date of Birth : 17-06-1977 DRIVER'S License Pass Date: 16 Feb 2004
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner

DRIVER'S Address : Blk 521 Bedok North Ave 1, #12-306, S(460521)
 DRIVER'S Contact No./ Alt No. : 1) 98637960 2) _____
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : a3669@gmail.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): one driver
two passengers (unknown) male
female
 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 injury (If YES, Please state): Nil

Other Party Driver's Particular (if any)

Vehicle No	: <u>SJY 2961 M</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Toyota Altis</u>	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender: unknown

xinhua workshop @ gmail.com



Motor Hire Car

MZ406L/B

E SN

AN0621A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSNW00007692000	Engine No.: 3ZZ4815123 Cha. No.:MR053ZEE106125249
1. Index Mark and Registration Number of Vehicle	SJM1751Y	AUTOSAFE *****
2. Name of Policy Holder	AUDREY AUDREA TEO POH CHOO	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/11/2020 (00:00:00)	Excess Sect I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect.II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	22/12/2021	
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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. AUDREY AUDREA TEO POH CHOO	
6. Limitations as to use:	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor
Authorised Officer

Authorised Signatory