

**NATIONAL Assessment Centre Services**

Date In: 02/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/7121009262/13	SAS e-filing		
Veh No: 51A88496	E-mail (within 5hrs, Aft. 2hrs)		
D.O.A: 02/09/21 0845	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: 54C3101L	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

NA2103730	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TP: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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	02/09/2021 18:14 (SGT)
Date of Accident	02/09/2021 08:45 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8844G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAMSON KIM TZE RONG
NRIC No	SXXXX813H
Email Address	hupsoon238@yahoo.com
Mobile Phone No	(Phone) +65-97823996
Alternative Phone No	+65-97823996

#### VEHICLE PARTICULARS

Manufacturer	MG
Model	ZS EV AT DELUXE
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	0

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00159772100
Cover Note Number	-

#### DRIVER

Name of Driver	EARVIN YEO HENG SUAN
NRIC No	SXXXX009F

Date Of Birth	12/11/1966
Occupation	Indoor
Date Of Driving Pass	20/01/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88867248
Alt. Phone Number	-
Email Address	hupsoon238@yahoo.com
Address	BLK 496C TAMPINES ST 43
Address complement	#06-245
Postcode	526496
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	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)	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	SHC3101L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

## SKETCH PLAN

### IMPORTANT NOTICE

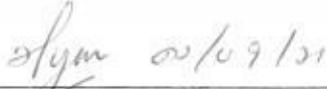
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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 lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 22/09/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

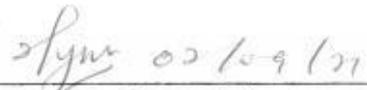
I WAS TRAVELLING ALONG BUKIT PANJANG RD  
TURNING INTO PENJING RD. I WAS STATIONARY AT THE  
POINT OF TIME CHECKING OUT TRAFFIC.  
SUDDENLY THE CAB (SHC 3101L) HIT ONTO MY REAR PORTION.

DECLARATION

I/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:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: SLA 8844G MAKE/MODEL: UGI

DATE OF ACCIDENT: 02/01/2021 TIME: 8 HR 45 MIN AM PM

LOCATION OF ACCIDENT: BUKIT PANJANG RD

EXACT PURPOSE USE DURING ACCIDENT: GOING TO WORK

### CAR OWNER

NAME OF CAR OWNER: SAMSON KIM TEE RONG.

CONTACT NO: 97823996

NRIC: S95178134

CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY

INSURANCE COMPANY: CHINA TAIYANG

TYPE OF COVERAGE:  COMPREHENSIVE  THIRD PARTY  THIRD PARTY FIRE & THEFT

POLICY NO: DUPESW00159TT2100

### ACCIDENT DRIVER

NAME OF DRIVER: EARVIN YEO HENG SWAN  AS ABOVE  IF NOT- KINDLY FILL IN BELOW

NRIC: S1740009F NO OF PASSENGER/S: 1

DATE OF BIRTH: D-11-1966

OCCUPATION: INDOOR SALES  OUTDOOR  INDOOR

DATE OF DRIVING PASS: 20/01/1994

GENDER:  MALE  FEMALE

CONTACT NO: 88867248

ADDRESS: BUK 496C TAMUJANG ST A3 #06-245 (2) 526496

DRIVER OWN ANY VEHICLE:  NO  IF YES- REGISTRATION NO: \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: FRIEND

WEATHER CONDITION:  CLEAR  RAINING OTHER: \_\_\_\_\_  
ROAD SURFACE:  DRY  WET OTHER: \_\_\_\_\_

ANY INJURIES:  NO  IF YES- NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

POLICE REPORT:  NO  IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE:  NO  YES

### 3RD PARTY INFO

VEHICLE B NO: SHC 3101L NO OF PASSENGER/S: 1 MALE

NAME: LEE SWEE SAN S21P490PD

CONTACT NO: 97906235

VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

ANY WITNESS: \_\_\_\_\_

WITNESS CONTACT NO: \_\_\_\_\_

Motor Private Car

MX1F

N SN

AN0679A

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. DMPCSNW00159772100

Engine No. : -  
Cha No. LSJW7409XLZ072219

1. Index Mark and Registration Number of Vehicle SLA8844G

2. Name of Policy Holder SAMSON KIM TZE RONG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 08/08/2021 (00:00:00)

4. Date of Expiry of Insurance 07/08/2022

Named Drivers Ex Sect. I	SS\$1,000.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	SS\$3,000.00
Ex Sect. I - Age >= 26	SS\$500.00
* Age as at date of accident	
EX ON WINDSCREEN	SS\$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 SS\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD

\* 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: ABWIN PTE LTD  
Authorised Officer



Authorised Signatory