

# NATIONAL Assessment Centre Services

(with 1 Jan 2021)

20821960001

Date In: 14/09/2021 10:13	Job description	Date & Time Completed	Done by
Ref No: 1381097210096117	SAS e-illing		
Veh No: 8m 5246R	E-mail (to/alt email, A/C email)		
UOA: 14/09/2021 01:50	1-Motor Claim Form		
	1-Motor W/O (with/without, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by FAX/Hand to Owner/VV/Ins		

(1) (1) Reporting Only

TP Insurer:

Preferred Wksp / HMO Ass'n Wksp / QW:

TP Indemnity

Veh No:

8m 5246R

INC ( ) / Non-INC ( )

Owner / Driver ( )

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 ( )

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of reputation

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3,000) ( )

Injury:

NA2103859

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Date:

1) All Additional Work ( )	
2) DA Survey Allowance (\$100)	INC ( )
3) Towing Fee	\$120
4) PT Follow-through Survey	\$30
5) PT Follow-through Survey (Recovery)	\$30
6) PT Follow-through Survey (Recovery)	\$30
7) PT Follow-through Survey (Recovery)	\$30
8) PT Follow-through Survey (Recovery)	\$30
9) PT Follow-through Survey (Recovery)	\$30
10) PT Follow-through Survey (Recovery)	\$30
11) PT Follow-through Survey (Recovery)	\$30
12) PT Follow-through Survey (Recovery)	\$30
13) PT Follow-through Survey (Recovery)	\$30
14) PT Follow-through Survey (Recovery)	\$30
15) PT Follow-through Survey (Recovery)	\$30
16) PT Follow-through Survey (Recovery)	\$30
17) PT Follow-through Survey (Recovery)	\$30
18) PT Follow-through Survey (Recovery)	\$30
19) PT Follow-through Survey (Recovery)	\$30
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21) PT Follow-through Survey (Recovery)	\$30
22) PT Follow-through Survey (Recovery)	\$30
23) PT Follow-through Survey (Recovery)	\$30
24) PT Follow-through Survey (Recovery)	\$30
25) PT Follow-through Survey (Recovery)	\$30
26) PT Follow-through Survey (Recovery)	\$30
27) PT Follow-through Survey (Recovery)	\$30
28) PT Follow-through Survey (Recovery)	\$30
29) PT Follow-through Survey (Recovery)	\$30
30) PT Follow-through Survey (Recovery)	\$30

Invoice dated

Fee Charged  
Per Charge



# 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	14/09/2021 10:13 (SGT)
Date of Accident	14/09/2021 07:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (AFTER THOMSON EXIT)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5246R
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG GUAT HWA (ZHONG YUEHUA)
NRIC No	SXXXX249F
Email Address	joycechong02@gmail.com
Mobile Phone No	(Phone) +65-94870747
Alternative Phone No	+65-94870747

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1595

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00179112101
Cover Note Number	-

### DRIVER

Name of Driver	CHONG GUAT HWA (ZHONG YUEHUA)
NRIC No	SXXXX249F

Date Of Birth	22/07/1975
Occupation	Indoor
Date Of Driving Pass	25/03/2011
Driving experience	10 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94870747
Alt. Phone Number	+65-94870747
Email Address	joycechong02@gmail.com
Address	BLK 50 STIRLING ROAD #01-414
Address complement	-
Postcode	141050
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2435P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KHAMSANI
Contact Number	(Phone) +65-93397054
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ9316D
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	CHONG GUAT HWA (ZHONG YUEHUA)
Gender	Female
Phone No	(Phone) +65-94870747
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT5246R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :  
Email : alphacarservices@hotmail.com

### IMPORTANT NOTICE

Signature:  X

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 :

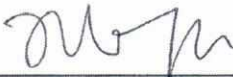
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

X



Policyholder's Signature / Date & Time

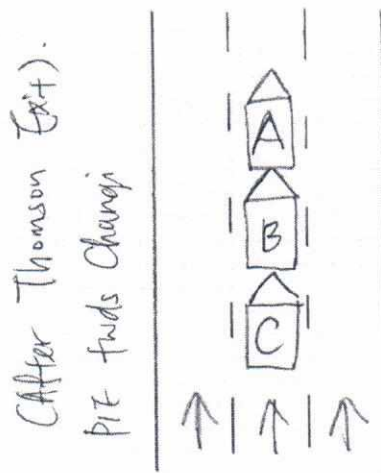
X



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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A = SMJ 5246 R.  
Vehicle B = GBJ 2435 P  
Vehicle C = GBJ 9316 D

Refer to the Attachment.

We declare the foregoing particulars are true in every respect.

*[Handwritten signature]*

Wm

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

Witnessed by Reporting Centre  
Personnel

On the 14/09/2021 at about 07:50 hrs along PIE towards Changi Before Thomson Exit.

The traffic was moderate. While I was travelling on the lane 2, my front vehicle slows down thus i follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward.

When I alight I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages my rear portion of my vehicle. It was a chain collision of total 3 vehicle involved.

I have video footage to support on my claim.

After the incident, I felt discomfort on my neck & lower backbone.

**Vehicle A : SMT 5246R**

**Vehicle B : GBJ 2435P**

**Vehicle C : GBJ 9316D**





Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 14/09/2021 (dd/mm/yy) Time of Accident: 07:50 (24-HR-FORMAT)

Vehicle No.: SMT 5246R Vehicle Make & Model / Engine (cc): Mercedes Benz B180 <sup>1.6cc</sup> Private Hire: (Y/N) (N)

Exact location of Accident: PTE fuds Changi (After Thomson Exit)

Policyholder's Name / IC No.: Chong Guat Hua ROC/UEN (Company) S7624249F

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: \_\_\_\_\_ Company Contact No / Owner Contact No: 94870747

Driver's Address: Buk 50 Stirling Road #01-414 (S) 141050

Owner Email address: joyechong02@gmail.com Insurance Company: China Taiping

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor ☐ Outdoor

**\*No. of Passengers (Including Driver):** 1

**\*Passenger Name:** \_\_\_\_\_ **Gender: Male / Female x( )**

**\*Passenger Name:** \_\_\_\_\_ **Gender: Male / Female x( )**

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet ☐ Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes ☐ No Remarks: \_\_\_\_\_

**Any Injuries:** ☒ Yes ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: SMT 5246 R

**Police Report filed:** ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

### **The Other Party(s) Details:**

1. Driver's Name / IC No: khamsani Vehicle No: B-GBJ 2435P

Driver's Contact No: 93397054 Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: C-GBJ 9316D

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376





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

MX1E

R SN

AN0662A

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.	DMPCSNW00179112101	Engine No.: 27091030886424
		Cha. No. WDD2462422J384236
1. Index Mark and Registration Number of Vehicle	SMT5246R	AUTOSAFE *****
2. Name of Policy Holder	CHONG GUAT HWA	
3. Effective date of the Commencement of Insurance for the purpose of the Regulations, Ordinance or Enactment	07/10/2021 (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 >= 25 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	06/10/2022	
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: <sup>a</sup>		
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\$1,000 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. : MAYBANK AS HP OWNER

<sup>a</sup> 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: HORIZON MOTORING  
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