

# NATIONAL Assessment Centre Services

SN092195000C

Date In: 28/9/21 18:51	Job description: S&S calling	Date & Time Completed: [check]	Done by:
Ref No: NGA/CT/21/00074/T1	E-mail (by date time, A/C time)		
Val No: SNA4623E	1-Motor Claim Xerox		
Q.O.A: 27/9/21 12:10	1-Motor W/O (Within 90 days, TP 40%)		
QID: (TP) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Assessment Report by Fax/Hand to Owner/Visor		

Preferred Wreck / INC Assessor Wreck / QW:	Tel:	Fax:
TP Handwritten: Val No: SNA4623E	INC: [check]	Non-INC: [check]
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 [check] / NO [check]	
Excess (\$):	Loading: \$1,000 [check] / \$2,000 [check]	

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of Repairs	
( ) Total Loss Case: to e-mail Insurer URGENTLY	
Drive-In [check] / Towed-In [check]	Invoice: YES [check] / NO [check]
Towing Co: [check]	

1) Apply for Transport Allowance [check] / Courtesy Car [check]	
2) QO Check / Post Repair Inspection [check]	
3) Upload Recovery Photo [Repair Cost > \$3,000] [check]	

Injury:	

NA204017	1) All Accident Insurance (QO)	
Driver/Owner	2) DA Survey Assessment (\$100) INC (H)	\$100
Contract No:	3) PFI Follow Up	\$100
Damaged Parts:	4) PFI Follow Through Survey	\$100
QC Checked by (Under-Chief):	5) PFI Follow Through Survey (Recovery)	\$100
	6) PFI Follow Through Survey (Recovery) (with 10 min 200)	\$100
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	100) PFI Follow Through Survey	\$100



# 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	28/09/2021 18:51 (SGT)
Date of Accident	27/09/2021 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH TOWARDS PIE CHANGI
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA4623E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	D & E RENT-A-CAR PTE LTD
Company Reg No	2XXXXX222Z
Email Address	INN_EE_WONG@BW.COM.SG
Mobile Phone No	(Phone) +65-62898800
Alternative Phone No	(Office) +65-62898800

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1499

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002912100
Cover Note Number	-

## DRIVER

Name of Driver	MARCUS MAXIMUS
NRIC No	SXXXX846D



Date Of Birth	01/11/1993
Occupation	Indoor
Date Of Driving Pass	24/03/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81889861
Alt. Phone Number	-
Email Address	INN_EE_WONG@BW.COM.SG
Address	87 LORONG G TELOK KURAU
Address complement	-
Postcode	426277
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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 CIRCUMSTANCES OF ACCIDENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM8666A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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.

D & E RENT-A-CAR PTE. LTD.  
Company Reg. No. 201827222Z  
30 Ubi Road 4 Singapore 408615  
Tel: 6289 8800 Fax: 6858 2120

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

To a Payoh towards PIE Changi

PIE Changi

A: SNA4623E

B: SGM8666A

TPY

**Describe Circumstances of the Accident**

Vehicle B hit onto the rear portion of my vehicle A.

**Declaration**

We declare the foregoing particulars are true in every respect.

D & E RENT-A-CAR PTE. LTD.  
Company Reg. No. 201827222Z  
30 Ubi Road 4 Singapore 408615  
Tel: 6289 8800 Fax: 6858 2120



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 27/9/21 (DD/MM/YYYY), TIME: 12:10 (HH:MM)

LOCATION: Ta payoh towards pie cheng

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNA4623E  
 b) INSURANCE COMPANY: CTI  
 c) POLICY NUMBER: DMHCSN 4000029/2100  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 216E  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: D&E Rent-A-Car Pte Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 2018 272222 CONTACT: 62898800  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: MARCUS MAXIMUS (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S70278460 CONTACT: 81889861  
 c) ADDRESS: 87 Lorong 6 Telok Kurau  
426277

\*d) DATE OF BIRTH: 01/11/1993 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR) OUTDOOR  
 f) YEARS OF DRIVING EXPERIENCE: 24/3/2012

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

## 6. WAS ANYBODY INJURED (YES / NO) (NO)

## 7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGM 8666A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = inn\_ee\_wong@bw.com.sg

fax =

VIDEO = YES



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 Hire Car

MZ406

E SN

AN0561A

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 (Singapore)

CERTIFICATE No

DMHCSNA00002912100

Engine No: 33546329B38A15A

Chassis No: WBA2X920107H67909

1. Insured Name and Registration  
Number of Vehicle

SNA4623E

2. Name of Policyholder

D & E RENT-A-CAR PTE LTD

3. Effective date of the Commencement of  
Insurance and the expiry date of the Policyholder's  
Policyholder's Excess Limit

26/06/2021  
(00:00:00)

Excess Sect I

Excess Sect I (Outside Singapore)

Excess Sect II

Excess Sect II (Outside Singapore)

EX ON WINDSCREEN

4. Date of Expiry of Insurance

24/03/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with the 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†

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 35 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

Tan Mingjie  
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