

NATIONAL Assessment Centre Services

Date In: 18/10/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI21010703/13	E-mail (within 2hrs. After 2hrs):		
Veh No: SMC91384	i-Motor Claim Form		
D.O.A: 17/10/21 1320	i-Motor W/O (Within 2hrs. After 2hrs)		
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: SMC62414	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

NA204256	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idne DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
	DH*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	*EP (N11): TP (N-on INC) against INC \$20			
	9) N12: Idne Mobile 10			
	Invoice date/	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	18/10/2021 17:27 (SGT)
Date of Accident	17/10/2021 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE TWDS BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9138H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RACHET SIOR BOON KIAT
NRIC No	SXXXX535B
Email Address	rachetsbk@gmail.com
Mobile Phone No	(Phone) +65-97375754
Alternative Phone No	+65-97375754

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
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	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00005842101
Cover Note Number	-

DRIVER

Name of Driver	RACHET SIOR BOON KIAT
NRIC No	SXXXX535B

Date Of Birth	12/08/1979
Occupation	Indoor
Date Of Driving Pass	11/10/2004
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-97375754
Alt. Phone Number	+65-97375754
Email Address	rachetsbk@gmail.com
Address	BLK 112 EDGEFIELD PLAINS
Address complement	#03-392
Postcode	820112
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	Raining
Road Surface	Wet

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

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	SJM6241U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CONSTANCE GOW SOK HOON
Contact Number	(Phone) +65-94503122
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	SLZ9167P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RACHET SIOR BOON KIAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMC9138H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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:

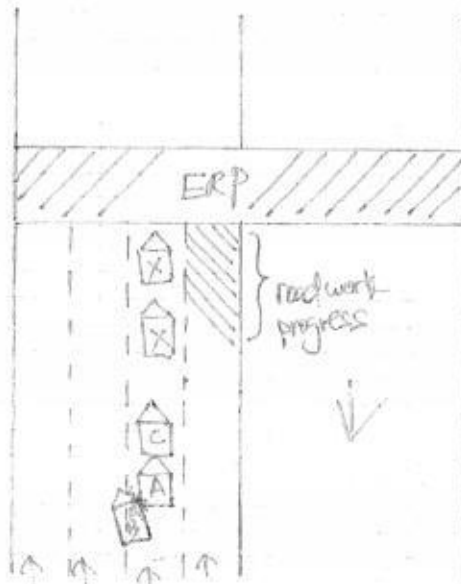
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



(A) SMC 9138H

(B) SJM 6241U

(C) SLZ 9167P

Along CTE Towards Braddell.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/10/2021 at about 1300hrs, I was driving along CTE Towards Braddell in the 2nd lane. Vehicle. Infront of me brake and stopped so i also stop on my foot brake. and almost stop. Suddenly, i felt an impact from behind and due to the huge impact, my Car being push forward and collided onto rear portion of Vehicle Infront of me (SLZ 9167P). when i come out to inspect my car and i realized that i was involved 3 cars chain collision accident. I felt discomfort after the accident and i went to visit my doctor. Doctor was give me 2 days of m.c. and will follow up my medical treatment if necessary. Hence, I hereto lodge this report to claim against Veh-B (SJM 6241U)'s Insurance for my accident damages.

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: 18/10/2021

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

VEHICLE NO: SMC 9138H

MAKE & MODEL: Acadi Q5

AUTO / MANUAL

*DATE OF ACCIDENT

17 / 10 / 2021

*C.C.

TIME OF ACCIDENT

1320

AM / PM

LOCATION OF ACCIDENT

Along CTE Towards Brackell

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Rachet Sior Boon Kiat Email: rachet.sbk@gmail.com

TELP NO

Mobile: 97375754 Office: Home:

NRIC

S79715358

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY

YES / NO ?

INSURANCE CO.

China Taiping Insurance

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

DMPC SN30889319000

NAME OF DRIVER

AS ABOVE / IF NO.

NRIC

As Above.

DATE OF BIRTH

12 / 08 / 1979

ANY PASSENGER

YES / NO :

NAME OF PASSENGER

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

GENDER

Male / Female

CONTACT NO.

Mobile: 97375754 Office: Home:

EMAIL

ADDRESS

Blk 112 Edgefield Plains # 03-392 S(820112)

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes: Reg No.

INSURER.

RELATIONSHIP

Employee / If No: owner

WEATHER CONDITION

Clear / Raining / Other

ROAD SURFACE

Dry / Wet / Other

ANY INJURIES

CONTACT NO.

No / If yes: Who? Rachet Sior Boon Kiat

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

NAME

SM 6241U

Any Passenger: a pet - dog

CONTACT NO.

Constance Gow Sok Hoon

VEHICLE C NO.

94503122

VEHICLE D NO.

SL2 9167P

Any Passenger: +1

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

Any Passenger:

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?

YES / NO



Motor Private Car

MX1E

R SN

AN0420A

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.

DMPCSNW00005842101

Engine No.: CDN084651

Cha. No.: WAUZZZ8R8AA052165

1. Index Mark and Registration
Number of Vehicle

SMC9138H

AUTOSAFE

2. Name of Policy Holder

RACHET SIOR BOON KIAT

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

11/01/2021
(00:00:00)

Named Drivers Ex Sect. I

SS1,250.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

* Age as at date of accident

EX ON WINDSCREEN

SS100.00

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 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.: SWEE SENG CREDIT PTE LTD AS HP OWNER

* 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:

Authorised Officer

Authorised Signatory

Vehicle Details

Vehicle No.	Make / Model
SMC9138H	AUDI / Q5 2.0L TFSI QUATTRO AT D /AB HID 4WD 5DR
Vehicle Type :	Vehicle Attachment 1 :
P11 - Passenger Station Wagon/Jeep/Land Rover	With Roof Rack
Vehicle Scheme :	Chassis No. :
Normal	WAUZZZ8R8AA052165
Propellant :	Engine No. :
Petrol	CDN084651
Motor No. :	Engine Capacity :
-	1984 cc
Power Rating :	Maximum Power Output :
-	155.0 kW (207 bhp)
Maximum Laden Weight :	Unladen Weight :
2320 kg	1740 kg
Year Of Manufacture :	Original Registration Date :
2009	11 Jan 2010
Lifespan Expiry Date :	COE Category :
-	B - Car (1601cc & above)
PQP Paid :	COE Expiry Date :
\$39,463.00	10 Jan 2030
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
10 Jan 2022	-
Inspection Due Date :	Intended Transfer Date :
10 Jan 2022	18 Oct 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :
-	-