

NATIONAL Assessment Centre Services, **SNAP21A0001**

Date In: 2/10/2021 16:20	Job description	Date & Time Completed	Done by
Ref No: NB01CT1210108217	SAS e-illing		
Val No: SMY 42107	E-mail (by date time, also file)		
D.O.A: 2/10/2021 05:10	1-Motor Claim Form		
(1) TP Reporting Only	1-Motor W/O (Within 90 days TP 4011)		
TP Insurer	1-Photo Uploaded		
	Assessment Survey Report		
	Assessment Report by Tax/Hand to Owner/TP Ins		

Preferred Wksp / INO Assgn Wksp / OW: Yell Fax

TP Kind/Status: Yell No **SV9306C** INC () / Non-INC ()

Owner / Driver (Tel)

Policy No (Tel) Period (Cover Type ())

Consisted by 1 (Date) -Tiller

Insured/Driver Liability (%) [Note: Est Status (WO) NI 0-20% PI 21-79% P 80-100%]

Year of Registration (Warranty Y/N () / NO ())

Excess (\$) Loading: \$1,000 () / \$2,000 ()

() Write-In Customer: Customer's information strictly confidential & strictly NO risk of rejection

() Total Loss Case: 1 to e-mail Insurer URGENTLY

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

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

2) QO Check / Post Repair Inspection ()

3) Upload Repair Photo [Repair Cost > \$3000] ()

Injury: _____

NA2104162

Driver/Owner	1) All Accident Information (WO)	
Contract No	2) QO Survey/Assessment (\$100)	\$100
Damaged Portion	3) TP Follow Up	\$100
QC Checked by (Write-In-Client)	4) TP Follow Through Survey	\$100
	5) TP Follow Through Survey (Assessment)	\$100
	6) TP Follow Through Survey (Assessment)	\$100
	7) TP Follow Through Survey (Assessment)	\$100
	8) TP Follow Through Survey (Assessment)	\$100
	9) TP Follow Through Survey (Assessment)	\$100
	10) TP Follow Through Survey (Assessment)	\$100
	11) TP Follow Through Survey (Assessment)	\$100
	12) TP Follow Through Survey (Assessment)	\$100
	13) TP Follow Through Survey (Assessment)	\$100
	14) TP Follow Through Survey (Assessment)	\$100
	15) TP Follow Through Survey (Assessment)	\$100
	16) TP Follow Through Survey (Assessment)	\$100
	17) TP Follow Through Survey (Assessment)	\$100
	18) TP Follow Through Survey (Assessment)	\$100
	19) TP Follow Through Survey (Assessment)	\$100
	20) TP Follow Through Survey (Assessment)	\$100

TP Check
 P1 Check

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 21/10/2021 16:20 (SGT)
Date of Accident 21/10/2021 09:10 (SGT)
Exact Location of Accident Yishun Industrial Park A, Singapore 752106
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4310T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHANG PRIVAUTO
Company Reg No 5XXXX420M
Email Address x-js@live.com
Mobile Phone No (Phone) +65-97610264
Alternative Phone No +65-97610264

VEHICLE PARTICULARS

Manufacturer Honda
Model Mobilio
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSN00009352000
Cover Note Number -

DRIVER

Name of Driver CHUA SOON HENG (CAI SHUNXING)
NRIC No SXXXX882I

Date Of Birth	22/06/1973
Occupation	Outdoor
Date Of Driving Pass	22/03/1999
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97610264
Alt. Phone Number	-
Email Address	x-js@live.com
Address	BLK 336B YISHUN STREET 31 #09-23
Address complement	-
Postcode	762336
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHUA ALSEN
Gender	Male

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 PLAN

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV9326C
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	CHUA SOON HENG (CAI SHUNXING)
Gender	Male
Phone No	(Phone) +65-97610264
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY4310T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHUA ALSEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY4310T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



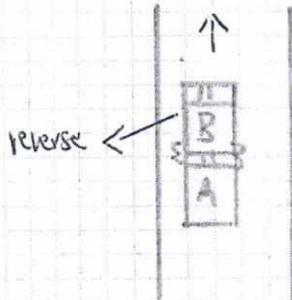
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Yishture INDUSTRIAL PARK A



A: SMY4310T
B: SGV 9326C

Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (SMY4310T) was travelling at the stated location. As the vehicle B (SGV9326C) came to a stop, I followed suit. Suddenly vehicle B (SGV9326C) started to reverse and collided onto the front portion of my vehicle.

Declaration

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

21/10/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 21 Oct 2021 Accident Time: 0910 (24-HR-FORMAT)
Accident Place : Yishun Industrial Park A
Vehicle Reg. No (Car plate No.) : SMY4310T Vehicle Make/Model: Honda Mobilo
Insurance Company : China Tai Ping Policy No. DMHCSNA0000935200
Name of Registered Owner : Company / Individual Chang Private
ID of Registered Owner : Co Reg No: S3366420M Owner's NRIC No: _____
Co Contact No: _____ Owner's Contact No: _____

DRIVER'S Name : Chua Soon Heuy DRIVER'S NRIC No: S73218821

DRIVER'S Date of Birth : 22 June 1973 DRIVER'S License Pass Date 22 Mar 1999

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : Block 336 B Yishun Street 31 # 09-23 S(760336)

DRIVER'S Contact No./ Alt No. : 1) 9761 0264 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : X-js@live.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): 2 Name & Gender; Male, Chua Aisen

Was the accident reported to the police? YES \ NO

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 injuries, if yes (name of the injured person) Chua Soon Heuy, Chua Aisen

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKV9326C

Vehicle Reg No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name DRIVER: _____

Name DRIVER: _____

IC No. DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

DRIVER'S Contact & add: _____

CHANG PRIVAUTO
526 Hougang Ave 6 #06-147, Singapore 530526

VEHICLE LEASE AGREEMENT

This agreement is made on the (Date) 3/9/2021

BETWEEN

CHANG PRIVAUTO, 526 Hougang Ave 6 #06-147, Singapore 530526, Tel: 82821703 (Jian Shun)
[Hereinafter referred to as the "Lessor" which article shall wherever the context so admits include its assigns and successor in title] of the one part;

AND

Name: Chua Soon Heng NRIC/ID: S7321882I
Address: 336B Yishun St 31 #9-23 S762336
Date of Birth: 22/6/1973 Contact No.: 97610264

[hereinafter referred to as the "Lessee" which article shall wherever the context so admits include its assigns and successor in title] of the other part

RECITALS;

- Whereas the Lessor is the owner of a make and model of motor vehicle of the following description:
Registration number SMY4310T; Model Honda Mobilio; Colour Silver
- Whereas the Lessee is desirous of leasing and the Lessee has agreed to lease the aforesaid motor vehicle on the terms and conditions herein contained

NOW THEREFORE THE PARTIES AGREE AS FOLLOWS:

1. DURATION

The agreement shall endure for a period commencing from 3/9/2021 to 2/9/2022 and shall then continue indefinitely until renewal or termination with the mutual agreement of the Parties.

2. RENTAL

The motor vehicle is hereby leased at a rate of S\$ 360/week inclusive of GST with the following conditions:

- Unlimited mileage
- Servicing and maintenance
- Road tax
- Vehicle insurance (NOT INCLUDING applicable excess payable incurred by Lessee)
- 24 hours breakdown and emergency service (SINGAPORE ONLY)
- Lessee will be liable to a late payment administrative fee of SGD \$50.00 plus 2% late payment (computed on a monthly basis) if the Rental or other applicable payment remain unpaid after becoming due.
- In the event, the Rental remains unpaid for more than THREE (03) calendar days, the Lessor may lodge a police report as a loss of vehicle and activate the vehicle repossession team to retrieve the vehicle. The incidental cost of the repossession process will be charged to the Lessee.
- All payments due hereunder shall be made to the Lessor at its address stated herein. Any payment sent by post shall be sent at the risk of the Lessee. Payment mode can be in CASH, CHEQUE or BANK TRANSFER to the following account:
CHANG JIAN SHUN (POSB SAVINGS)
Account Number: 186-11772-7
- Additional named drivers can be included to drive the vehicle with prior approval from the Lessor. Any additional driver will be charged at SGD \$25.00 weekly. This amount will be valid throughout the rental period.

[Handwritten signature]


3. DEPOSIT

- The Lessee shall upon signing this Agreement pay to the Lessor a deposit (the Deposit) of S\$ 300 as security.

Motor Hire Car

MZ406L/B

E SN

AN0586A

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.	DMHCSNA00009352000	Engine No.: L15Z12874889	Cha. No.:MRHDD4870GP000502
1. Index Mark and Registration Number of Vehicle	SMY4310T	AUTOSAFE	=====
2. Name of Policy Holder	CHANG PRIVAUTO		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/09/2021 (00:00:00)	Excess Sect. I .	SS\$2,000.00
		Excess Sect. I (Outside Singapore)	SS\$4,000.00
		Excess Sect. II	SS\$1,500.00
4. Date of Expiry of Insurance	27/12/2021	Excess Sect.II (Outside Singapore).	SS\$3,000.00
		EX ON WINDSCREEN .	SS\$100.00

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.

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: _____
Tan Xin Yi Josephine
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