

NATIONAL ASSESSMENT CENTER SERVICES SINCE 1980

Date In: 2/10/2021 15:30	Job description	Date & Time Completed	Done by
Ref No: X142104193	SAS e-Billing		
Val No: SV 7337A	E-mail (by date limit, A/C limit)		
P.O.A: 2/10/2021 R.30	1-Motor Claim Xprin		
(1) TP Reporting Only	1-Motor W/O (W/limit 00 limit, TP limit)		
TP Insurers	1-Photo Uploaded		
	Assessment Survey Report		
	April Report by Fax/Hand to Owner/Agent		

Preferred Wksp/INO A#1011 Wksp/ QW1 () Toll Fax1 ()

TP Initials/Agency () Val No: **FBS 4768U** INC () / Non-INC ()

Owner/Driver () Toll ()

Policy No () Period () Cover Type ()

Confirmed by () Date () Driver ()

Insured/Driver Liability () % (Note-Use Slows (WO) NI 0-20% PI 21-75% P 80-100%)

Year of Registration () Warranty YES () / NO ()

Excess (\$) Load limit \$1,000 () / \$2,000 ()

() Will-in-Claimant: Customer's information strictly confidential & strictly NO Refor of repolion

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

Drive-In () / Towed-In () ; Invoiced VAS () / NO () ; Towing Cost ()

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

2) QO Check/Post Repair Inspection ()

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

Injury ()

X142104193

Driver/Owner	1) All Additional Work Done (50)	UNCLD
Company No	2) PA Survey Attachment (\$100)	3/23/21
Damage/Part	3) TP Follow Up	3/23/21
	4) TP Follow-up through Survey	3/23/21
	5) TP Follow-up through Survey (Recovery)	3/23/21
	6) TP Follow-up through Survey (Recovery)	3/23/21
	7) TP Follow-up through Survey (Recovery)	3/23/21
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	49) TP Follow-up through Survey (Recovery)	3/23/21
	50) TP Follow-up through Survey (Recovery)	3/23/21

QC Checked by (English-Chinese)

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 22/10/2021 15:30 (SGT)
Date of Accident 21/10/2021 18:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS CHANGI BEFORE BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV7337A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN FANG
NRIC No SXXXX569I
Email Address huadaengrg@singnet.com.sg
Mobile Phone No (Phone) +65-86018858
Alternative Phone No +65-86018858

VEHICLE PARTICULARS

Manufacturer BMW
Model 116i
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 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00202652102
Cover Note Number -

DRIVER

Name of Driver CHEN FANG
NRIC No SXXXX569I

Date Of Birth	05/07/1982
Occupation	Indoor
Date Of Driving Pass	06/03/2010
Driving experience	11 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86018858
Alt. Phone Number	+65-86018858
Email Address	huadaengrg@singnet.com.sg
Address	69A LORONG MARZUKI
Address complement	-
Postcode	417158
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	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 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	FBS4268U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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

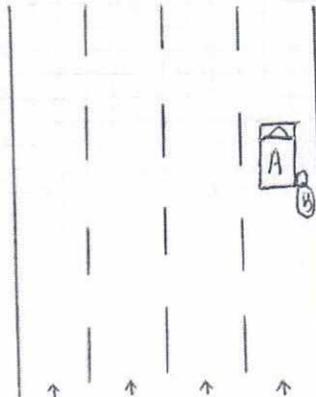
Driver's Signature (If driver is not the policyholder) / Date & Time

22/10/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Changi before BKE



Vehicle A: CLV7337A

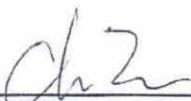
Vehicle B: FBS4268U

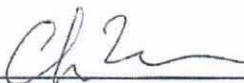
Describe Circumstances of the Accident

On the Stated date & time, I, vehicle A (LV7337A) was travelling straight at the stated location on lane 1. As the front vehicle came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted and realised vehicle B (FBS45684) collided onto the rear portion of my vehicle causing damages.

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


20/10/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 21/10/21 Accident Time: 1830 (24-HR-FORMAT)

Accident Place : PIE Changi before BKE

Vehicle Reg. No (Car plate No.) : SLU737A Vehicle Make/Model: BMW 116i

Insurance Company : China Taiping Policy No. DMP(LSNW)00202652102

Name of Registered Owner : Company / Individual Chen Fang

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8286569E

Co Contact No: - Owner's Contact No: 86018858

DRIVER'S Name : Chen Fang DRIVER'S NRIC No: S8286569E

DRIVER'S Date of Birth : 05 July 1980 DRIVER'S License Pass Date 06 Mar 2010

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

DRIVER'S Address : 69A Lorong Marzuki Singapore 47156

DRIVER'S Contact No. / Alt. No. : 1) 86018858 2) -

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

Email Address : huadaengq @ Signet . com . sg

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): 01 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: FBS4268U 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: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____ 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: _____

