

NATIONAL ASSESSMENT Centre Services

SNIP21AM0005

Date In: 22/10/2021 17:47	Job description	Date & Time Completed	Done by
Ref No: X15217220102867	SAS e-tiling		
Veh No: SJP 9911K	E-mail (State this, A/C this)		
O.O.A: 22/10/2021 14:53	1-Motor Claim Xprin		
	1-Motor W/O (Within 30 days, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Rep/Hand to Owner/Victim		

(1) ☒ Reporting Only

TP Insurer:

Preferred Wksp / HMO Assgn Wksp / OWI:

TP Handled/Veh: Vch No: **SJC 2573B** INOC: ☐ / Non-INOC: ☐

Owner/Driver:

Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: % (Note: Est. Slows (WO) N10-20%, P1 25-75%, P1 80-100%)

Year of Registration: Warranty YRS: / NO:

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

☐ Within 30 days: Customer's information privacy Confidential & strictly NO Ref of report

☐ Total Loss Case: 1 to e-mail Insurer URGENTLY

Drive-In: / Towed-In: Invoice YRS: / NO: Towing Cost:

1) Apply for Transport Allowance: / Courtesy Car:

2) QC Check / Post Repair Inspection:

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

NA2104197

Driver/Owner:	1) All Accident Insurance (CO)	
Contract No:	2) 24 Hour Assistance (\$100)	
Damaged Portion:	3) TP Follow Up	
	4) TP Follow Up with Survey	
	5) TP Follow Up with Survey (Survey)	
	6) TP Follow Up with Survey (Survey)	
	7) TP Follow Up with Survey (Survey)	
	8) TP Follow Up with Survey (Survey)	
	9) TP Follow Up with Survey (Survey)	
	10) TP Follow Up with Survey (Survey)	
	11) TP Follow Up with Survey (Survey)	
	12) TP Follow Up with Survey (Survey)	
	13) TP Follow Up with Survey (Survey)	
	14) TP Follow Up with Survey (Survey)	
	15) TP Follow Up with Survey (Survey)	
	16) TP Follow Up with Survey (Survey)	
	17) TP Follow Up with Survey (Survey)	
	18) TP Follow Up with Survey (Survey)	
	19) TP Follow Up with Survey (Survey)	
	20) TP Follow Up with Survey (Survey)	
	21) TP Follow Up with Survey (Survey)	
	22) TP Follow Up with Survey (Survey)	
	23) TP Follow Up with Survey (Survey)	
	24) TP Follow Up with Survey (Survey)	
	25) TP Follow Up with Survey (Survey)	
	26) TP Follow Up with Survey (Survey)	
	27) TP Follow Up with Survey (Survey)	
	28) TP Follow Up with Survey (Survey)	
	29) TP Follow Up with Survey (Survey)	
	30) TP Follow Up with Survey (Survey)	
	31) TP Follow Up with Survey (Survey)	
	32) TP Follow Up with Survey (Survey)	
	33) TP Follow Up with Survey (Survey)	
	34) TP Follow Up with Survey (Survey)	
	35) TP Follow Up with Survey (Survey)	
	36) TP Follow Up with Survey (Survey)	
	37) TP Follow Up with Survey (Survey)	
	38) TP Follow Up with Survey (Survey)	
	39) TP Follow Up with Survey (Survey)	
	40) TP Follow Up with Survey (Survey)	
	41) TP Follow Up with Survey (Survey)	
	42) TP Follow Up with Survey (Survey)	
	43) TP Follow Up with Survey (Survey)	
	44) TP Follow Up with Survey (Survey)	
	45) TP Follow Up with Survey (Survey)	
	46) TP Follow Up with Survey (Survey)	
	47) TP Follow Up with Survey (Survey)	
	48) TP Follow Up with Survey (Survey)	
	49) TP Follow Up with Survey (Survey)	
	50) TP Follow Up with Survey (Survey)	
	51) TP Follow Up with Survey (Survey)	
	52) TP Follow Up with Survey (Survey)	
	53) TP Follow Up with Survey (Survey)	
	54) TP Follow Up with Survey (Survey)	
	55) TP Follow Up with Survey (Survey)	
	56) TP Follow Up with Survey (Survey)	
	57) TP Follow Up with Survey (Survey)	
	58) TP Follow Up with Survey (Survey)	
	59) TP Follow Up with Survey (Survey)	
	60) TP Follow Up with Survey (Survey)	
	61) TP Follow Up with Survey (Survey)	
	62) TP Follow Up with Survey (Survey)	
	63) TP Follow Up with Survey (Survey)	
	64) TP Follow Up with Survey (Survey)	
	65) TP Follow Up with Survey (Survey)	
	66) TP Follow Up with Survey (Survey)	
	67) TP Follow Up with Survey (Survey)	
	68) TP Follow Up with Survey (Survey)	
	69) TP Follow Up with Survey (Survey)	
	70) TP Follow Up with Survey (Survey)	
	71) TP Follow Up with Survey (Survey)	
	72) TP Follow Up with Survey (Survey)	
	73) TP Follow Up with Survey (Survey)	
	74) TP Follow Up with Survey (Survey)	
	75) TP Follow Up with Survey (Survey)	
	76) TP Follow Up with Survey (Survey)	
	77) TP Follow Up with Survey (Survey)	
	78) TP Follow Up with Survey (Survey)	
	79) TP Follow Up with Survey (Survey)	
	80) TP Follow Up with Survey (Survey)	
	81) TP Follow Up with Survey (Survey)	
	82) TP Follow Up with Survey (Survey)	
	83) TP Follow Up with Survey (Survey)	
	84) TP Follow Up with Survey (Survey)	
	85) TP Follow Up with Survey (Survey)	
	86) TP Follow Up with Survey (Survey)	
	87) TP Follow Up with Survey (Survey)	
	88) TP Follow Up with Survey (Survey)	
	89) TP Follow Up with Survey (Survey)	
	90) TP Follow Up with Survey (Survey)	
	91) TP Follow Up with Survey (Survey)	
	92) TP Follow Up with Survey (Survey)	
	93) TP Follow Up with Survey (Survey)	
	94) TP Follow Up with Survey (Survey)	
	95) TP Follow Up with Survey (Survey)	
	96) TP Follow Up with Survey (Survey)	
	97) TP Follow Up with Survey (Survey)	
	98) TP Follow Up with Survey (Survey)	
	99) TP Follow Up with Survey (Survey)	
	100) TP Follow Up with Survey (Survey)	

QC Checked by (Engineer-Chicago):

Date:

For Client
Per Client

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 17:47 (SGT)
Date of Accident	22/10/2021 14:53 (SGT)
Exact Location of Accident	15 Tanjong Katong Rd, Singapore 436950
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9971K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JUN HAO
NRIC No	SXXXX604G
Email Address	junhao24111988@gmail.com
Mobile Phone No	(Phone) +65-87486771
Alternative Phone No	+65-87486771

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00137222100
Cover Note Number	-

DRIVER

Name of Driver	TAN JUN HAO
NRIC No	SXXXX604G

Date Of Birth	24/11/1988
Occupation	Outdoor
Date Of Driving Pass	08/06/2009
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87486771
Alt. Phone Number	+65-87486771
Email Address	junhao24111988@gmail.com
Address	BLK 238 LOR 1 TOA PAYOH #10-04
Address complement	-
Postcode	310238
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 - Major/Minor Rd
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)	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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC2573B
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	TAN JUN HAO
Gender	Male
Phone No	(Phone) +65-87486771
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJP9971K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.

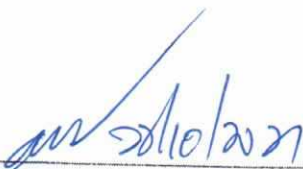
(collectively the "Purposes")

(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

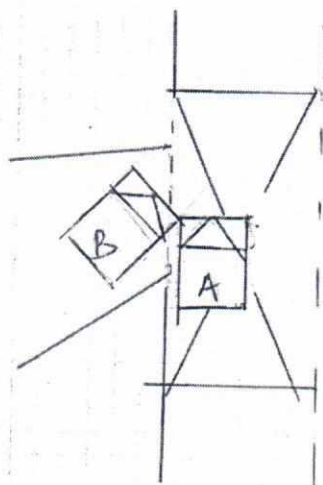
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



15 TANJONG KATONG RD

A = SJT9971K

B = SGC2573B

Describe Circumstances of the Accident

I WAS TRAVELLING STRAIGHT ALONG TANJONG KATONG RD.
VEHICLE B SUDDENLY CUT INTO MY LANE FROM THE LEFT.

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


Witnessed by Reporting Centre
Personnel

Email: 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: 22 / 10 / 2021 (dd/mm/yy)

Time of Accident: 14 : 53 (24-HR-FORMAT)

Vehicle No.: SJP9971K Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y/N)

Exact location of Accident: 15 TANGJONG KATONG ROAD

Policyholder's Name / IC No.: TAN JUN HAO ROC/UEN (Company): _____

Driver's Name / IC No.: TAN JUN HAO 388466049 (As Above) ☐

Driver's Contact No.: 8748 6771 Company Contact No / Owner Contact No: _____

Driver's Address: APT BLK 238 LORONG 1 TOA PAYOH #10-04 SINGAPORE 310238

Owner Email address: CS8558CS@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address: JUNHAO24111988@GMAIL.COM

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: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGC2573B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



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

MX1F

N SN

AN0584A

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. DMPCSNW00137222100

Engine No.: 1AZE132803

Cha. No.:MR053BK4107043851

1. Index Mark and Registration Number of Vehicle SJP9971K

AUTOSAFE
=====

2. Name of Policy Holder TAN JUN HAO

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 07/07/2021 (00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 06/07/2022

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:

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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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.

Authorised Signatory

Issued By: HUANG GUOQING TERRY
Authorised Officer