

NATIONAL ASSOCIATION OF CERTIFICATE SUPPLIERS

Date In: 08/11/2021 19:32
Ref No: 138107201139114
Veh No: SMW 5245D
C.O.A: 06/11/2021 16:35

Job description

Date & Time Completed

Done by

SAS e-Testing

U-Insat (by auto mail, A91141)

I-Motor Claim Y/No

I-Motor W/O (W/insat 00 1111, TP 1011)

I-Photo Uploaded

Assessment Survey Report

Assessment Report by Box/Hand to Owner/Agent

(1) (1) Reporting Only

TP Insurer

Preferred Wksp / NO Afters / Wksp / QW /

Tell

Fax

TP Insat/Policy

Veh No

108226C

NO

/ Non-NO

Owner / Driver

Tell

Policy No

Period

Cover Type

Continued by

Date

Time

Insured/Driver Liability

%

(Note: Use Slows (WO) N10-20%, P121-79%, P180-100%)

Year of Registration

Warranty Y/N

/ NO

Insurance (\$

Loading

\$1,000

/ \$2,000

() Walker/Owner/Owner Information solely confidential & solely NO for of report

() Total Loss Case to email Insurer URGENTLY

Drive-In

/ Towed-In

/ Invoiced

Y/N

/ NO

/ Towing Co

1) Apply for Transport Allowance

/ Courtesy Car

2) QO Check/Post Repair Inspection

3) Upload Recovery Photo (Repair Costs \$3,000)

Injury

NA2104355

Driver/Owner

Continued No

Continued Portion

QO Checked by (Engin-Chiuryo)

1) All London Insurance (QO)

2) All London Insurance (QO)

3) All London Insurance (QO)

4) All London Insurance (QO)

5) All London Insurance (QO)

6) All London Insurance (QO)

7) All London Insurance (QO)

8) All London Insurance (QO)

9) All London Insurance (QO)

10) All London Insurance (QO)

11) All London Insurance (QO)

12) All London Insurance (QO)

13) All London Insurance (QO)

14) All London Insurance (QO)

15) All London Insurance (QO)

16) All London Insurance (QO)

17) All London Insurance (QO)

18) All London Insurance (QO)

19) All London Insurance (QO)

20) All London Insurance (QO)

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	08/11/2021 19:32 (SGT)
Date of Accident	06/11/2021 16:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE BEFORE BAHAGIA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5345D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO HANG KEONG (ZHANG HANGQIANG)
NRIC No	SXXXX087I
Email Address	sipac6565@gmail.com
Mobile Phone No	(Phone) +65-93884844
Alternative Phone No	+65-93884844

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00006732000
Cover Note Number	-

DRIVER

Name of Driver	TEO HANG KEONG (ZHANG HANGQIANG)
NRIC No	SXXXX087I

Date Of Birth	26/07/1965
Occupation	Outdoor
Date Of Driving Pass	25/03/1986
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93884844
Alt. Phone Number	+65-93884844
Email Address	sipac6565@gmail.com
Address	BLK 178C RIVERVALE CRESCENT #02-415
Address complement	-
Postcode	543178
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	AFTER RAIN
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HAZEL
Gender	Female

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	YQ8226C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 my 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.

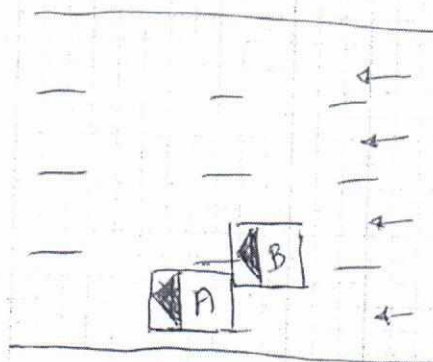
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CRK TOWARDS SUE BEFORE BAHAGIA EXIT.



A = SMW 5345D


B = YQ 8226C


Describe Circumstances of the Accident

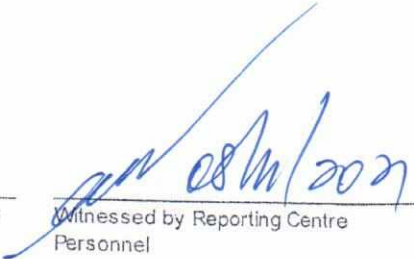
On the stated date and time, I vehicle A (SMQ 5345D) was driving straight along the stated venue. As the front vehicle slow down, I followed suit. Suddenly I felt a strong impact and then I realised vehicle B (YQ 8226C) had hit onto my vehicle rear portion.

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: 6 / 11 / 2021 (dd/mm/yy)

Time of Accident: 16 : 35 (24-HR-FORMAT)

Vehicle No.: SMQ 5345D Vehicle Make & Model / Engine (cc): Toyota Noah Private Hire: (Y / N)

Exact location of Accident: CTE towards SLE before Bahagia exit

Policyholder's Name / IC No.: Teo Hang Keong S1731087I ROC/UEN (Company): _____

Driver's Name / IC No.: Teo Hang Keong S1731087I (As Above) ☐

Driver's Contact No.: 93884844 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 178c Riverside Crescent #02-415 S(543178)

Owner Email address: sipac6565@gmail.com Insurance Company: CHINA TAIPING

Driver Email address: _____

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?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 2

*Passenger Name: Hazel 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: YQ 8226C

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: _____

Motor Hire Car

MZ406L/B

N SN

AN0450A

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. DMHCSNW00006732000

Engine No.: 2ZR0D75731

Cha. No.: ZWR800389961

1. Index Mark and Registration
Number of Vehicle

SMQ5345D

AUTOSAFE

=====

2. Name of Policy Holder

TEO HANG KEONG

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

22/11/2020

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

21/11/2021

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN. S\$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.

TEO HANG KEONG

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.

HIRE PURCHASE CO.: GLOBAL MOTOR PTE LTD

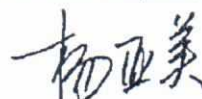
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: INXPIRE N SOLUTIONS
Authorised Officer



Authorised Signatory