

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 29/11/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CI/21012062/13 | SAS e-filing                             |                       |         |
| Veh No: SLV944FA          | E-mail (within 2hrs, TP 4hrs)            |                       |         |
| D.O.A: 27/11/21 1935      | i-Motor Claim Form                       |                       |         |
| OD: TP Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | 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: SMC5892P   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                      |                      |
|--|---|----------------------|----------------------|
| NA2104543                              | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR: Accident Reporting (\$30);               |                      |                      |
|  | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
|  | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
|  | 4) FT: Follow-Through Survey \$120              |                      |                      |
|  | 5) RT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|  | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|  | 6) TR: Re-inspection \$75                       |                      |                      |
|  | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|  | 8) NTUC Additional Services:-                   |                      |                      |
|  | OD:   |                      |                      |
| <b>Driver/Owner:</b>                   | *N5: Courtesy Car / Tpt Allowance               | \$5                  |                      |
|  | *N6: Repair Co-ordination                       | \$10                 |                      |
|  | *N7: Post Repair Inspection                     | \$25                 |                      |
|  | *N8: DV / Collect Excess Coordination           | \$5                  |                      |
| <b>Contact No:</b>                     | TP (N11): TP (Non INC) against INC              | \$20                 |                      |
|  | 9) N12: Idac Mobile                             | \$10                 |                      |
| <b>Damaged Portion:</b>                | Invoice dated                                   | Fee Charged          |                      |
| <b>QC Checked by (Engr-In-Charge):</b> |   |                      |                      |
| <b>Auditors' Comments :-</b>           |   |                      |                      |
| <b>Cat. 1:</b>                         |   |                      |                      |
| <b>Cat. 2 / 3:</b>                     |   |                      |                      |

## 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              | 29/11/2021 15:09 (SGT)         |
| Date of Accident                | 27/11/2021 19:25 (SGT)         |
| Exact Location of Accident      | Singapore                      |
| Additional Location Information | QUEENS ST TWDS CHENG YAN COURT |
| Country/State of Loss           | Singapore                      |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLV9448A                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | EU JUN JIE              |
| NRIC No                     | SXXXX297I               |
| Email Address               | ktmotorwerk@hotmail.com |
| Mobile Phone No             | (Phone) +65-96709533    |
| Alternative Phone No        | +65-96709533            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Kia                       |
| Model  | K3                        |
| 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   | 1591                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00041472100                            |
| Cover Note Number         | -   |

### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | EU JUN NAN |
| NRIC No        | SXXXX534I  |

|  |                           |
|--|---------------------------|
| Date Of Birth  | 30/11/1995                |
| Occupation   | Indoor                    |
| Date Of Driving Pass   | 26/01/2021                |
| Driving experience   | 10 MONTHS                 |
| Gender   | Male                      |
| Mobile Number  | (Phone) +65-96678563      |
| Alt. Phone Number  | -                         |
| Email Address  | ktmotorwerk@hotmail.com   |
| Address  | BLK 736 JURONG WEST ST 75 |
| Address complement   | #09-01                    |
| Postcode   | 640736                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Sibling                   |
| 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 | Clear      |
| 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?  | 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   | CHYE SHUI FEI, SOPHIA |
| 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

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 | SMC5892P    |
| 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                              | EU JUN NAN |
| Gender  | Male       |
| Phone No  | -          |
| Address   | -          |
| Address Complement                                  | -          |
| Post Code   | -          |
| Approximate Age Years Old                           | -          |
| Injuries Sustained                                  | SLIGHT     |
| Injured person in which vehicle?                    | SLV9448A   |
| Were seat belts worn?                               | Yes        |
| Was this injured conveyed to hospital by ambulance? | No         |

## SKETCH PLAN

### IMPORTANT NOTICE

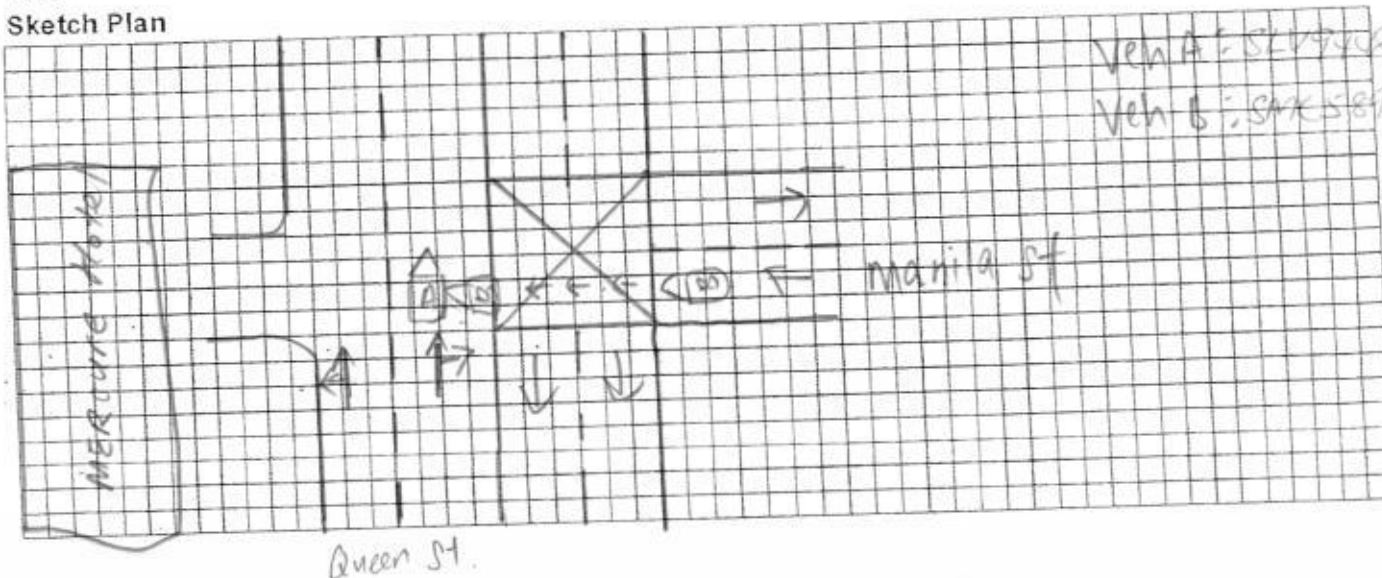
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



**Describe Circumstances of the Accident**

On the stated date and time, I was travelling along Queen St towards Chery Yan Court. As I was in my lane, suddenly vehicle B (SMC58928) came towards me from the right hand side and bang into the right portion of my vehicle. After the accident, I was not feeling well so I went to the clinic and the doctor gave me 1 day MC.

**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

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/11/2021 (DD/MM/YYYY), TIME: 19.25 (HH:MM)

LOCATION: Queens St towards Cheng Yan Court

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV9448A  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCSNW000H1472100  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Kia K3  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Eu Jun Jie (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9145297I CONTACT: 96709533  
 c) ADDRESS: BLK 736 Jurong West Street 75  
#09-01, 57640736

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Eu Jun Nan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9544534I CONTACT: 96678563  
 c) ADDRESS: BLK 736 Jurong West Street 75  
#09-01, 57640736

\*d) DATE OF BIRTH: 30/11/1995 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR) / OUTDOOR  
 f) YEARS OF DRIVING EXPERIENCE: 26.01.2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Younger Brother  
 5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS  
 b) ROAD SURFACE: (DRY) / (WET) / OTHERS Slight wet  
 6. WAS ANYBODY INJURED (YES) / (NO)  
 7. a) REPORTED TO POLICE (YES/NO) (NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC5892P MODEL: Honda  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(2)

1) Chye Shu Fei, Sophia

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

Email = Ktmotorwork@hotmail.com

fax =

video =



Motor Private Car

MX1F

N 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.

DMPCSNW00041472100

Engine No.: G4FGHH691092

Cha. No.: KNAFX411MJ5751166

1. Index Mark and Registration  
Number of Vehicle

SLV9448A

AUTOSAFE

=====

2. Name of Policy Holder

EU JUN JIE

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

07/03/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

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

06/03/2022

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.

HIRE PURCHASE CO.: OCBC BANK 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory