

NATIONAL Assessment Centre Services

Date In: 03/12/2021 11:52	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21012269/m4	SAS e-filing		
Veh No: SKE 4065E	E-mail (within 8hrs. MT 2hrs)		
D.O.A: 21/11/2021 17:15	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: SML 667J	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

NA 2104581

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Lat 1:

Lat 2/3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- RT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- OD*
- N5: Courtesy Car / Tpt Allowance \$5
- N6: Repair Co-ordination \$10
- N7: Post Repair Inspection \$25
- N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- N12: Idac Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged



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	03/12/2021 11:52 (SGT)
Date of Accident	21/11/2021 17:15 (SGT)
Exact Location of Accident	341 Ubi Ave 1, Block 341, Singapore 400341
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4065E
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) +65-82821703
Alternative Phone No	+65-82821703

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00009362000
Cover Note Number	-

DRIVER

Name of Driver	KHAW SA CHIEN
NRIC No	SXXXX105B



Date Of Birth	07/09/1959
Occupation	Indoor
Date Of Driving Pass	15/03/1990
Driving experience	31 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96820852
Alt. Phone Number	-
Email Address	x-js@live.com
Address	BLK 167 HOUGANG AVENUE 1
Address complement	#13-1570
Postcode	530167
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	Collided into Parked Vehicle
Weather Conditions	Raining
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)	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?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20211129/2093

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	SML667J
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)		

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 willful 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.

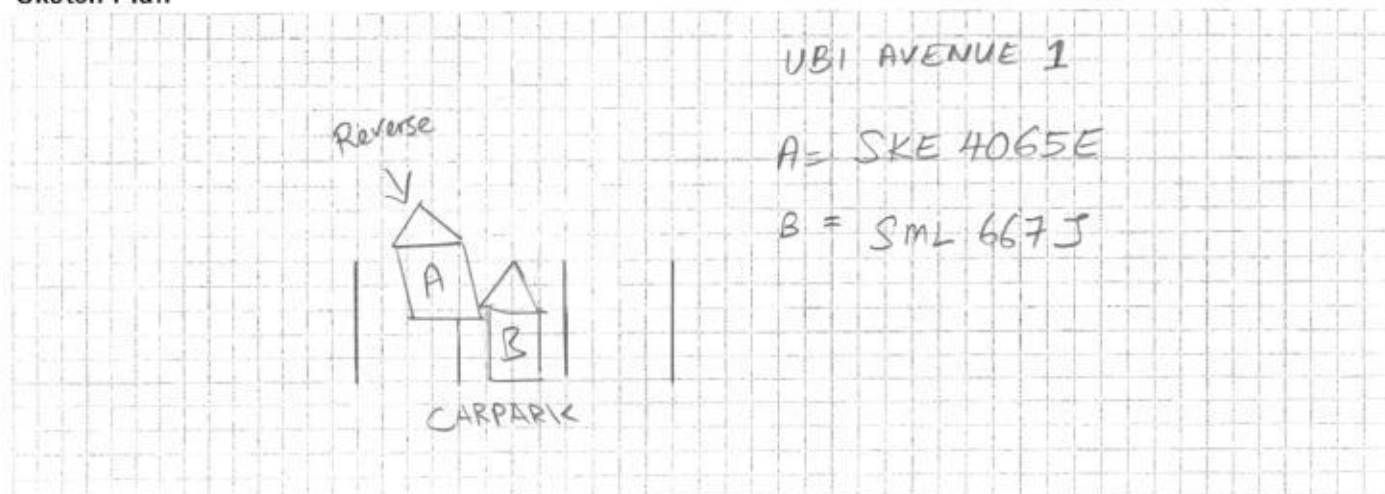


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to the police report: T/2021/129/2093.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

chugl 2/12/21

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

Rem 03/12/2021

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20211129/2093

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3

Report No. T/20211129/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 17:17		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: KHAW SA CHIEN			Address: APT BLK 167 HOUGANG AVENUE 1 #13-1570 SINGAPORE 530167		
ID Type / ID No.: NRIC NO / S1367105B			Contact No.: Home/Office: Mobile: 96820852		
Nationality: SINGAPORE CITIZEN			Email: sachienkhaw@gmail.com		
Sex: Female	Age: 62	Date of Birth: 07/09/1959	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: PRACTITIONER		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/11/2021 17:15	Type of Location: Car Park
Location: UBI AVENUE 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE4065E	Car				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20211129/2093

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20211129/2093

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
F /
Sgt 2 ROYCE YEW TIAN POH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476368

Signature Of Informant:

Date/Time:
29/11/2021 17:17

Classification Of Case:

Authentication Stamp
NP168



Signature:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2021 (DD/MM/YYYY), TIME: 17 : 15 (HH:MM)

LOCATION: Ubi Avenue 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 4065E
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DMHCSNA 00009362000
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Hyundai Elantra, (A) (1591 cc)
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: CHANG PRIVATO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53366420M CONTACT: 8282 1703
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHAW SA CHIEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1367105B CONTACT: 9682 0852
c) ADDRESS: Blk 167 Hougang Avenue 1 #13-1570 (S) 530167

*d) DATE OF BIRTH: 07 / 09 / 1959 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 / 3 / 1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rented

5. a) WEATHER CONDITION: (CLEAR / RAINING) / OTHERS
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML 667J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(0)

* No of passenger
(including driver)
()

Email = ~~tspr@telcel.com~~ x-js@live.com

fax =

VIDEO = NO

Motor Hire Car

MZ406L/B

N SN

AN0586A

Cov. Type:T

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.

DMHCSNA00009362000

Engine No.: G4FGCU483723

Cha. No. KMHDH41CMCU442698

1 Index Mark and Registration
Number of Vehicle

SKE4065E

2 Name of Policy Holder

CHANG PRIVAUTO

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

05/04/2021
(00:00:00)

Excess Sect. II

S\$1,500.00

Excess Sect. II (Outside Singapore).

S\$3,000.00

4 Date of Expiry of Insurance

27/12/2021

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: Zhong YueQiang
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