

NATIONAL Assessment Centre Services

Date In: 06/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTE21012335/13	SAS e-filing		
Veh No: SGH94864	E-mail (w/then 3hrs. AD 2hrs)		
D.O.A: 05/12/21 1345	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: SFB8833A	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	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	06/12/2021 16:15 (SGT)
Date of Accident	05/12/2021 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CASHEW RD JUNC OF UPPER BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH9486Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KO SONG POH
NRIC No	SXXXX006I
Email Address	kosongpoh@yahoo.com.sg
Mobile Phone No	(Phone) +65-98520784
Alternative Phone No	+65-98520784

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00012492100
Cover Note Number	-

DRIVER

Name of Driver	KO SONG POH
NRIC No	SXXXX006I

Date Of Birth	23/01/1973
Occupation	Outdoor
Date Of Driving Pass	02/10/1993
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98520784
Alt. Phone Number	+65-98520784
Email Address	kosongpoh@yahoo.com.sg
Address	BLK 228 PENDING ROAD
Address complement	#07-237
Postcode	670228
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFB8833D
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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	KO SONG POH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGH9486Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

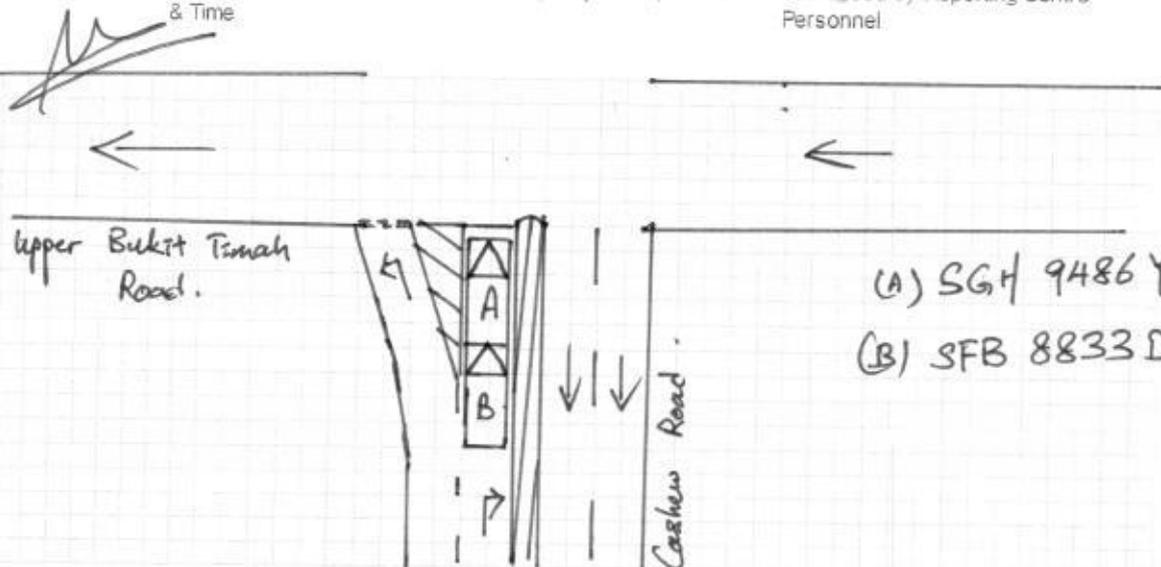


Driver's Signature (if driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05/12/2021 at @ 1345 hrs, I stopped my vehicle (SGH 9486Y) along Cashew Road junction Upper Bukit Timah Road due to red light waiting to turn right. Suddenly, a car (SFB 8833D) from behind collided onto the rear portion of my vehicle.

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

2/ym 06/12/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SGH 9486 Y.	MAKE & MODEL:	Honda Shutter (Auto) MANUAL
DATE OF ACCIDENT:	05/12/2021.	CC:	1.5
TIME OF ACCIDENT:	1345 HRS		
LOCATION OF ACCIDENT:	Cashew Road junction Upper Bukit Timah Road		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT	<input checked="" type="checkbox"/> PRIVATE USE	<input checked="" type="checkbox"/> PRIVATE HIRE
NAME OF OWNER:	KO SONG POH		
TEL NO:	H/P: 9852 0784	OFFICE:	HOME:
NRIC:	S7302006 I		
ADDRESS:	BLK 228 Pending Road #07-237 (S) 670228		
EMAIL:	kasongpoh@yahoo.com.sg		
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY		
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
INSURANCE COMPANY:	China Taiping		
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO:	DMHCSNW00019492100		
NAME OF DRIVER:	<input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NO:		
NRIC:		ANY PASSENGER:	02 (CF)
DATE OF BIRTH:	23/01/1973	LICENCE PASSED DATE:	02/10/1993
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR		
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
CONTACT NO:	H/P:	OFFICE:	HOME:
ADDRESS:			
EMAIL:			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP:	Owner		
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:		
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:		
ANY INJURIES:	NO <input checked="" type="checkbox"/> IF YES, WHO?		
NAME & CONTACT:	KO SONG POH (H/P: 9852 0784)		
NAME & CONTACT:			
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?		
VEHICLE B REG NO:	SFB 8833D.	ANY PASSENGERS:	N.A.
NAME OF DRIVER:	Goh Bee San.	CONTACT NO:	9100 7035
VEHICLE C REG NO:		ANY PASSENGERS:	
VEHICLE D REG NO:		ANY PASSENGERS:	
VEHICLE E REG NO:		ANY PASSENGERS:	
VEHICLE F REG NO:		ANY PASSENGERS:	
VEHICLE G REG NO:		ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT:	N.A.
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO		
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO		
ACCIDENT PORTION:	Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="checkbox"/> NO			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	JOSEPH TAN		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN

AN0679A

Cov. Type:C

CERTIFICATE No.	DMHCSNW00012492100	Engine No. : LEB7104460	
1. Index Mark and Registration Number of Vehicle	SGH9486Y	Cha. No. :GP72003415	
2. Name of Policy Holder	KO SONG POH	AUTOSAFE	*****
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/10/2021 (00:00:00)	Excess Sect. I	S\$1,250.00
4. Date of Expiry of Insurance	19/10/2022	Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,250.00
		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.		
	KO SONG POH		
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.		

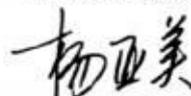
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: Moses Chia Wen Jye
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