

NATIONAL Assessment Centre Services

Date In: 06/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT121012331/13	SAS e-filing		
Veh No: SMZ6849H	E-mail (within 3hrs. MO 2hrs)		
D.O.A: 06/12/21 0815	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: SLF1476E	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

NA2104604

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Am't (\$) 1st Bill	Am't (\$) Add Bill
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) FT: 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:-		
OH*		
*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 \$30		

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 17:08 (SGT)
Date of Accident	06/12/2021 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN CENTRE SLIP RD TWDS LENTOR NEAR YISHUN AVE
Country/State of Loss	2 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ6949H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH CHWEE TEE
NRIC No	SXXXXX502C
Email Address	sltjanettan@gmail.com
Mobile Phone No	(Phone) +65-96259341
Alternative Phone No	+65-96259341

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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00004382100
Cover Note Number	-

DRIVER

Name of Driver	POH CHWEE TEE
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NRIC No	SXXXX502C
Date Of Birth	28/09/1966
Occupation	Outdoor
Date Of Driving Pass	12/05/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96259341
Alt. Phone Number	+65-96259341
Email Address	sltanjanettan@gmail.com
Address	BLK 448 YISHUN RING RD
Address complement	#13-78
Postcode	760448
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1476E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MOHAMMAD ROMZI BIN KASSIM
NRIC No	SXXXX423E
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	POH CHWEE TEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ6949H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

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

YISHUN CENTRE SUPERIOR TRADING CENTRE NEAR YISHUN AVE 2

[A] SMZ6949H

[B] SLF1476E


Describe Circumstances of the Accident


I WAS DRIVING ALONG YISHUN CENTRE ROAD TURN LEFT
SLIP RD TOWARDS LENTOR NEAR YISHUN AVE 2. SUDDENLY
BEHIND VEHICLE NO. SLF1476E IMPACT TO MY BACK.

Declaration

We declare the foregoing particulars are true in every respect.

 6/12/21
Policyholder's Signature / Date &
Time

 6/12/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

 06/12/21
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 06/12/2021 (DD/MM/YYYY), TIME: 08:15 (HH:MM)

LOCATION: YISHUN CENTRE SLIP ROAD TOWARDS LENTOR. NEAR YISHUN AVE 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMZ 6949H
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMHCSNW00004382100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA SUTTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: POH CHWEE TEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1768502 C CONTACT: 9625 9341
 c) ADDRESS: BIK 448 YISHUN RING ROAD #13-78
S' 760448

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: POH CHWEE TEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1768502 C CONTACT: 9625 9341
 c) ADDRESS: BIK 448 YISHUN RING ROAD #13-78
S' 760448

* d) DATE OF BIRTH: 28/09/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 27 YEARS

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUF 1476E MODEL: _____
 b) DRIVER'S NAME: MOHAMMAD RUMZI BIN KASSIM
 c) NRIC/FIN/PASSPORT: S6940423 E CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(2)

1 PASSENGER
 FEMALE,

NO DETAIL

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email = SLTAN JANETTAN @ GMAIL . COM

fax =

video =

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

CERTIFICATE No. DMHCSNV00034382100 Engine No.: LEB7104038
 Cha. No. GP72003065

1. Index Mark and Registration Number of Vehicle SMZ6040H AUTOSAFE

2. Name of Policy Holder POH CHWEE TEE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 12/05/2021 (00:00:00)

4. Date of Expiry of Insurance 11/05/2022

Excess Sect I S\$1,250.00
 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.

POH CHWEE TEE

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. - TECK WEI CREDIT 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 TECK WEI CREDIT PTE LTD



Co. Reg. No. 200512300K
 210 Turf Club Road
 The Grandstand, Lot A8
 Singapore 287995
 Tel: 6465 0020 Fax: 6465 0017
 Email: info@teckwei.com.sg

Issued By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

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



SMZ6949H_Cl.pdf

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.

\$3,261.87

Motor Hire Car

MZ40SLD

N Sh

ANW00A

Car Type C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1988 (Malaysia)

CERTIFICATE No.	DMHCBN00004362100	Engine No. L5B7104028
		Chs No. GP72003003
1. Motor Mark and Registration Number of vehicle	SMZ6949H	AUTOSAPR

2. Name of Policyholder	POH CHIEW TEE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactments	12/05/2021 (00:00:00)	Excess Sgd I \$51,250.00 Excess Sgd I (Outside Singapore) \$52,500.00 Excess Sgd II \$51,250.00 Excess Sgd II (Outside Singapore) \$52,500.00 EX ON WINDSCREEN \$9100.00
4. Date of Expiry of Insurance	11/05/2022	

5. Persons or Classes of Persons entitled to drive*

As per Namah Drivers) station 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.

POH CHIEW TEE

6. Exclusions as to use*

- (1) Use for the damage 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 pushing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. TECK WEI CREDIT PTE LTD

* Limitations rendered imperative by Section 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 55 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).

TECK WEI CREDIT PTE LTD
Co. Reg. No. 200912300K
219 Tuff Club Road
The Grandstand, Lot 48
Singapore 287595
Tel: 6465 0020 Fax: 6465 0017
Email: teckweicredit.com.sg

Issued By

Authorized Officer

Pte CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208194E)
1 Anson Road #16-00 Springleaf Tower Singapore 079909

6589 6111

6222 1031

www.singtaiping.com

IMPORTANT NOTICE**If you sell your motor vehicle this NOTICE is IMPORTANT
And MUST be complied with**

Purchasers are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) it is an offence for any person to sell or cause to be sold any other person to use a motor vehicle without a valid policy of insurance under this Act.

Purchasers are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the third party insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect is made. If failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

The policy will cease to be valid when the motor vehicle has been sold to another person unless the insured or insured has been notified by the insurance company concerned. If the insurance company agrees to issue the new policy then, and complete the policy accordingly, and will issue a new Certificate of Insurance in the new owner's name.

重要通知

凡購買者均應注意，根據《1989年汽車（第三者風險及賠償）法》（第189章），任何人在未持有有效保險單的情況下，將任何車輛出售或導致他人使用該車輛，均屬違法行為。

購買者還應注意，在出售汽車時，必須向保險公司交還保險單。如果保險單遺失或損壞，必須作出法定聲明。如果未能遵守此項義務，將構成違反《1989年汽車（第三者風險及賠償）法》（第189章）的罪行。