

# NATIONAL Assessment Centre Services

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In: <b>13/12/2021</b>        | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/CTI 21012604/r3</b> | SAS e-filing                             |                       |         |
| Veh No: <b>SNC 4373R</b>          | E-mail (within 2hrs, AP 2hrs)            |                       |         |
| D.O.A: <b>10/12/2021 20:10</b>    | i-Motor Claim Form                       |                       |         |
| OD <b>(TP)</b> 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: <b>STY 9482H</b> | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                       |  |                   |                   |
|---------------------------------------|--|-------------------|-------------------|
| <b>NA 210 4662</b>                    | <b>Invoice Preparation Checklist</b>             | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| <b>Claimant's Particulars :-</b>      | 1) AR : Accident Reporting (\$30);               |                   |                   |
| <b>Driver/Owner:</b>                  | 2) DA : Damage Assessment (\$100); INC (\$80)    |                   |                   |
| <b>Contact No:</b>                    | 3) TP : Towing Fee \$40/\$45                     |                   |                   |
| <b>Damaged Portion:</b>               | 4) FT : Follow-Through Survey \$120              |                   |                   |
| <b>C Checked by (Engr-In-Charge):</b> | 5) RT : Follow-Through Survey (Resurvey) \$30    |                   |                   |
| <b>Auditors' Comments :-</b>          | For claiming against INC Only. (wef 10 Jan 2005) |                   |                   |
| <b>(1) :</b>                          | 6) TR : Re-inspection \$75                       |                   |                   |
| <b>(2 / 3) :</b>                      | 7) N1 : Idac DA + SMRT Survey \$160              |                   |                   |
|                                       | 8) NTUC Additional Services:-                    |                   |                   |
|                                       | Q11*   |                   |                   |
|                                       | *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 (R-n 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              | 13/12/2021 17:26 (SGT) |
| Date of Accident                | 10/12/2021 20:10 (SGT) |
| Exact Location of Accident      | Lavender St, Singapore |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SNC4373R                 |
| INSURED/POLICYHOLDER        |                          |
| Is company?                 | Yes                      |
| Name Of Registered Owner    | D & E RENT-A-CAR PTE LTD |
| Company Reg No              | 2XXXXX222Z               |
| Email Address               | inn_ee_wong@bw.com.sg    |
| Mobile Phone No             | (Phone) +65-84040490     |
| Alternative Phone No        | +65-84040490             |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | GLB180                    |
| 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   | 1991                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMHCSNA00002912100                            |
| Cover Note Number         | -   |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | DI DIER MARIO ANTONIO |
| NRIC No        | SXXXX569C             |

|  |                          |
|--|--------------------------|
| Date Of Birth  | 02/11/1982               |
| Occupation   | Indoor                   |
| Date Of Driving Pass   | 15/04/2015               |
| Driving experience   | 6 YEARS AND 8 MONTHS     |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-84190883     |
| Alt. Phone Number  | -                        |
| Email Address  | inn_ee_wong@bw.com.sg    |
| Address  | BLK 59 STRATHMORE AVENUE |
| Address complement   | #08-91                   |
| Postcode   | 142059                   |
| Is the driver the policyholder?                              | No                       |
| If No, Relationship of the Driver with the Insured           | RENTAL                   |
| 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   | Chain Collision |
| Weather Conditions | Raining         |
| Road Surface       | Wet             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 4   |
| 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   | FRIEND |
| 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

#### 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?                 | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJY9482H    |
| Vehicle Manufacturer        | Kia         |
| 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)     | - |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                    |
|---|--------------------|
| Vehicle Registration Number             | GBD5226M           |
| 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

### 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



A = SNC 4373R

B = SJY 9482H

C = GBD 5226M

Lavender Street

Describe Circumstances of the Accident

I was driving in rainy conditions at a slow speed heading to dinner. Suddenly, the lorry in front of me came to an abrupt stop in the middle of the road.

I stopped a distance away from the lorry, and the car behind me ~~was~~ stopped in time too.

1 second later, I felt a collision impact, and it appeared that a car had banged the car behind me, and the impact led to my vehicle hitting the lorry in front of me.

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

(Friday) ACCIDENT STATEMENT

(8:10pm)

ACCIDENT DATE: 10 / 12 / 2021 (DD/MM/YYYY), TIME: 20 : 10 (HH:MM)

LOCATION: Lawender Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNC 4373R  
b) INSURANCE COMPANY: CTI  
c) POLICY NUMBER: DMHCSNA00002912100  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mercedes ~~GLA~~ (A) GLB 180  
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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: D & E Rent-A-Car Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 20827222Z CONTACT: 840 40 490  
c) ADDRESS: \_\_\_\_\_

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

DRIVER

- a) NAME: Di Dier Mario Antonio (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8235569C CONTACT: 8419 0883  
c) ADDRESS: Blk 59 Strathmore Avenue # 08-91 (S) 142059

\* d) DATE OF BIRTH: 02 / 11 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/4/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: rental

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: SJY 9482H (B) MODEL: K1A  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: G8D 5226m (C) CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

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

rspu@1kkauto.com

Email = inn-ee-wong@bw.com.sg

fax = \_\_\_\_\_

VIDEO = Yes



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.

Motor Hire Car

MZ406

E SN

AN0561A

Cov. Type: C

### 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, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00002912100

Engine No.: 28291480597618

Cha. No.: W1N2476842W140959

1. Index Mark and Registration:  
Number of Vehicle

SNC4373R

2. Name of Policy Holder

D & E RENT-A-CAR PTE LTD

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

29/10/2021  
(00:00:00)

Excess Sect I . S\$1,500.00

Excess Sect. I (Outside Singapore) S\$3,000.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

24/03/2022

Excess Sect. II (Outside Singapore) S\$3,000.00

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with the Policyholder's 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:

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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: Tan Mingjie  
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