

NATIONAL Assessment Centre Services

Date In: 13/12/2021	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21012608/r3	SAS e-filing		
Veh No: SLC 7226L	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 11/12/2021 19:25	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within 10D 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: SLF 43562 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 2104665	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	Add Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Auditors' Comments :- d. 1: d. 2/3:	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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) NI: Idac DA + SMRT Survey \$160			
	8) 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				
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	13/12/2021 14:27 (SGT)
Date of Accident	11/12/2021 19:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BAYFRONT AVE JUNCTION RAFFLES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7226L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK MENG CHER
NRIC No	SXXXX494J
Email Address	guomingshu120@gmail.com
Mobile Phone No	(Phone) +65-90887048
Alternative Phone No	+65-90887048

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2356

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00084902104
Cover Note Number	-

DRIVER

Name of Driver	QUEK MENG CHER
NRIC No	SXXXX494J

Date Of Birth	05/11/1978
Occupation	Indoor
Date Of Driving Pass	09/07/2007
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90887048
Alt. Phone Number	+65-90887048
Email Address	guomingshu120@gmail.com
Address	57A EDGEDALE PLAINS
Address complement	#03-22
Postcode	828682
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	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	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GUO ZHISHAN JAVELLE
Gender	Female

PASSENGER 2

Name	GUO XIANGKAI JAYDEN
Gender	Male

PASSENGER 3

Name	GUO ZONGRUI JAVAN
Gender	Male

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF4356Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE YANG XIAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW5252T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAIRUL NIZAM BIN MOHD TAMREN
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	QUEK MENG CHER
Gender	Male
Phone No	(Phone) +65-90887048
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLC7226L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GUO ZHISHAN JAVELLE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC7226L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	GUO XIANGKAI JAYDEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC7226L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	GUO ZONGRUI JAVAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC7226L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921CD0005 Vehicle Registration No: SLC 7226L
Name (as shown in NRIC): Quek Meng Cher NRIC/FIN/Passport No: S7833494J
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 57A Edgedale Plains #03-22 (S) Singapore (828682)
Contact (Tel): _____ Mobile No.: 9088 7048
Email Address: guomingshu120@gmail.com
Date of Accident: 11/12/2021 Time of Accident: 1925
Place of Accident: Bayport Ave Junction Raffles Ave.
Insurance Company: CTI

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Add in photo for vehicle SLC 7226L front portion.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Renee Sia
NRIC/FIN No.: _____
Date: 13/12/2021

SKETCH PLAN

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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

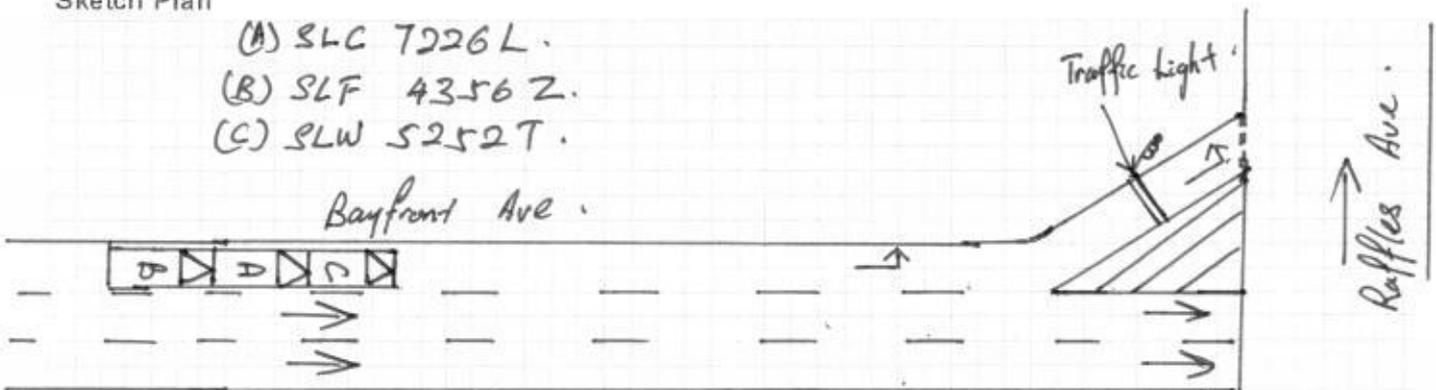
Ru 13/12/21

Witnessed by Reporting Centre Personnel

Sketch Plan

- (A) SLC 7226 L.
- (B) SLF 4356 Z.
- (C) SLW 5252 T.

Bayfront Ave.



Bayfront Ave Junction Raffles Ave.

Describe Circumstances of the Accident

On 11/12/2021 at @ 1925 hrs, I stopped my vehicle (SLG 7226 L) along Bayfront Ave junction Ruffles Ave on the extreme left lane due to red light. Suddenly, a car (SLF 4356Z) from behind collided onto the rear portion of my vehicle. The impact then caused my vehicle to inch forward and caused my vehicle to collide onto the vehicle (SLW 5252 F) ahead of me.

Declaration

I/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

 13/12/21

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SLC 7226 L		MAKE & MODEL:	Honda Odyssey. <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL	
DATE OF ACCIDENT:	11 / 12 / 2021		CC:	2.4 (2356cc)	
TIME OF ACCIDENT:	1925 HRS				
LOCATION OF ACCIDENT:	Bayfront Ave Junction Raffles Ave.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> (PRIVATE USE) / <input type="radio"/> PRIVATE HIRE				
NAME OF OWNER:	QUEK MENG CER.				
TEL NO:	H/P: 9088 7048		OFFICE:	HOME:	
NRIC:	S7833494J				
ADDRESS:	57A Edgedale Plains #03-22 (2) 828682.				
EMAIL:	guomingshu120@gmail.com.				
CLAIM TYPE:	OD / <input checked="" type="radio"/> (THIRD PARTY) REPORTING ONLY				
FLEET POLICY:	YES <input type="radio"/> (NO) <input checked="" type="radio"/>				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft				
POLICY NO:	DMPCS NW 00084902104				
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE / IF NO:				
NRIC:			ANY PASSENGER:	03 (2M) (1F)	
DATE OF BIRTH:	05 / 11 / 1978		LICENCE PASSED DATE:	09 / 07 / 2007	
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> (INDOOR) <input type="radio"/>				
GENDER:	<input checked="" type="radio"/> (MALE) / <input type="radio"/> FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / <input checked="" type="radio"/> (RAINING) / OTHERS:				
ROAD SURFACE:	DRY / <input checked="" type="radio"/> (WET) / OTHER:				
ANY INJURIES:	NO <input checked="" type="radio"/> (IF YES, WHO?) ① Quek Meng Cer (H/P:) 9088 7048.				
NAME & CONTACT:	② Guo Zhishan Juvell. ③ Guo Xiangkai Jayden.				
NAME & CONTACT:	④ Guo Zongru Javan.				
POLICE REPORT:	<input checked="" type="radio"/> (NO) / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> (NQ) / IF YES, WHO?				
VEHICLE B REG NO:	SLF 4356 Z.		ANY PASSENGERS:	02 (1M) (1F)	
NAME OF DRIVER:	Wee Yang Xian.		CONTACT NO:		
VEHICLE C REG NO:	SLW 5252 T.		ANY PASSENGERS:	N-A	
VEHICLE D REG NO:	Fairul Nizam Bin Mohd		ANY PASSENGERS:		
VEHICLE E REG NO:	Tamren		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?	YES <input type="radio"/> (NO) <input checked="" type="radio"/>				
WAS THERE ANY AUDIO RECORDED?	YES <input type="radio"/> (NO) <input checked="" type="radio"/>				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> (YES) / <input type="radio"/> NO				
ACCIDENT PORTION:	Front and Rear Portion -				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="radio"/> (NO) <input checked="" type="radio"/>				
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 Private Car

MX1F

R SN

AN0421A

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. DMPCSNW0084902104

Engine No.: K24W1408758

Cha. No. RC11108615

 1. Index Mark and Registration
 Number of Vehicle SLC7226L

 AUTOSAFE
 =====

2. Name of Policy Holder QUEK MENG CHER

 3. Effective date of the Commencement of
 Insurance for the purposes of the Regulations,
 Ordinance or Enactment 24/05/2021
 (00:00:00)

 Named Drivers Ex Sect. I S\$1,000.00
 Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 23/05/2022

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

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. : MAYBANK AS HP OWNER

* 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: VITESSE SOLUTIONS
 Authorised Officer



Authorised Signatory