

NATIONAL Assessment Centre Services

Date In: 14/12/2021	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21012669/r3	SAS e-filing		
Veh No: SNA 9463S	E-mail (within Max. MP 2hrs)		
D.O.A: 11/12/2021 13:00	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLT 7609B** 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: 90-100%]

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 2104677		Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Imaged Portion:		4) FT: Follow-Through Survey \$120			
Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only. (wef 10 Jan 2005)			
L 1:		6) TR: Re-inspection \$75			
L 2/3:		7) NI: Idno 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 (N/a INC) against INC \$20			
		9) N12: Idno 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	14/12/2021 16:51 (SGT)
Date of Accident	11/12/2021 13:00 (SGT)
Exact Location of Accident	Artillery Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9463S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARTIN ELIAS REYES
NRIC No	SXXXX467B
Email Address	martinreyes21@hotmail.com
Mobile Phone No	(Phone) +65-91070314
Alternative Phone No	+65-98315553

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	OS KONA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00008142100
Cover Note Number	-

DRIVER

Name of Driver	MARTIN ELIAS REYES
NRIC No	SXXXX467B

Date Of Birth	21/11/1976
Occupation	Indoor
Date Of Driving Pass	08/11/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91070314
Alt. Phone Number	+65-98315553
Email Address	martinreyes21@hotmail.com
Address	154 CANBERRA DRIVE
Address complement	#01-24
Postcode	768081
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	Side Swipe
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?	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?	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	SLT7609B
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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- 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.

[Signature]
14/12/2021

[Signature]

[Signature] 14/12/2021

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

I was driving then I stop and got hit behind.

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

Rn 14/12/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (Saturday) 11 / 12 / 2021 (DD/MM/YYYY), TIME: 13 : 00 (HH:MM) (1pm)

LOCATION: Artillery Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNA 9463S
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DmHCSNW00008142100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Hyundai ^{As} Kong (A) (1580cc)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Workip
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) reporting only
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Martin Elias Reyes (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 7658467B CONTACT: 9107 0314
c) ADDRESS: 154 Canberra Drive #01-24 (S) 768081

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Same As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 7831 5553
c) ADDRESS: _____

*d) DATE OF BIRTH: 21 / 11 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) (Singer)

f) YEARS OF DRIVING EXPERIENCE: 08/11/2018

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

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: SLT 7609B MODEL: Honda
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: _____

martinreyes21@hotmail.com

Email = autohub325@gmail.com

fax =

VIDEO = NO

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Motor Car

M230110

N 31

4496134

001 10000

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 To All Vehicles (Third-Party Risks and Compensation) Rules, 1982
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks and Compensation) Act, 1989 (Malaysia)

 Policy No. / TE No. **OMHC5NW00008142100**

 Engine No. **G-3LEMH122716**

 Chassis No. **KRKH 251E (001) 036077**

 Vehicle Registration
 Number of Vehicle **WA94635**
AUTOSAFE

(Malaysia)

 Name of Policyholder **MARTIN ELIAS REYES**

 Effective Date of the Commencement of
 Insurance for the purposes of the Regulations
 and Date of Expiry **10/08/2021
 (17.25.14)**

 Excess Sect I **50,000.00**

 Excess Sect I (Outside Singapore) **50,000.00**

 Excess Sect II **50,000.00**

 Excess Sect II (Outside Singapore) **50,000.00**
EX ON WINDSCREEN **50,000.00**
1. Persons or Classes of Persons entitled to drive*

As per Licensed 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.

MARTIN ELIAS REYES
2. Exclusions

1. Loss for the damage of passengers or goods in connection with the Policyholder's business;
2. Loss for third parties for pleasure purposes and business purposes of any person to whom the vehicle is hired.

3. Exclusions not cover

1. Loss by racing, pace making, reliability trial or speed-testing;
2. Loss when driving a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

4. (RR) PURCHASE CO. / ORCHARD CREDIT (PTE) LTD.

Conditions restored cooperative by Section 9 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).

For and on behalf of

For CHINA TAIPING INSURANCE (SINGAPORE) LTD.

AUTO WORLD PTE LTD
 Authorised Officer


 Ruffiana Djalaly