

NATION 11 ASSESSMENT CENTRE SERVICES

SM0821CK000A

Date: 20/12/2021 17:41
Ref No: N138/C1221012886/Y
Veh No: SMX 9764P
D/C: 11/12/2021 18:35
① Reporting Unit
TP Insurer

Description
SAs e-filing
E-mail (as per SAs) At 21:00
i-Motor Claim Form
i-Motor W/O (within 14 days of 21:00)
i-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars: Vch No: SM07628D 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 or repairer
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice YES () / NO () ; Towing Co ()

Remarks:- (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

Claimant's Particulars :-	Invoice Preparation Checklist	And (\$)	And (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	1st Bill	And Bill
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40 \$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$20		
	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$15		
	7) N1: Idic DA - SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	• N5: Courtesy Car / Tpt Allowance \$5		
	• N6: Repair Coordination \$25		
	• N7: Post Repair Inspection \$5		
	• N8: DV / Collect Excess Coordination \$20		
	• N9: N11, TF (if a INC) against INC \$10		
	9) N12: Idic Mobile		
	Invoice dated	Free Charge	
	Invoice dated	Free Charge	

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	20/12/2021 17:41 (SGT)
Date of Accident	19/12/2021 18:35 (SGT)
Exact Location of Accident	Buyong Rd, Singapore
Additional Location Information	BEFORE KRAMAT LANE TOWARDS CTE (SLE/TPE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9764P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HAN YOCK JUAN
NRIC No	SXXXX930J
Email Address	anggordon.x@gmail.com
Mobile Phone No	(Phone) +65-94234111
Alternative Phone No	+65-94234111

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Private car
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	DMHCSNW00001592100
Cover Note Number	-

DRIVER

Name of Driver	HAN YOCK JUAN
NRIC No	SXXXX930J

Date Of Birth	27/12/1959
Occupation	Outdoor
Date Of Driving Pass	30/12/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-94234111
Alt. Phone Number	+65-94234111
Email Address	anggordon.x@gmail.com
Address	BLK 9 LORONG 7 TOA PAYOH #02-329
Address complement	-
Postcode	310009
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 - Change/cross lane
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	CELINE TAN
Gender	Female

PASSENGER 2

Name	UNKNOWN PAX
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

PLEASE REFER TO SKETCH PLAN

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	SMD7623G
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	HAN YOCK JUAN
Gender	Male
Phone No	(Phone) +65-94234111
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX9764P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

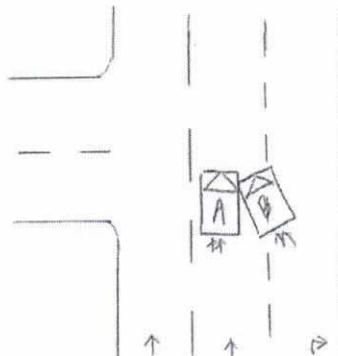
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Buyong Road before Kramat Lane towards CTE (SCE/TPE)



Vehicle A: SMX9764P

Vehicle B: SMD7623G

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMX9764P) was travelling straight at the stated location on Lane 2. Out of sudden, vehicle B (SMP7623G) from Lane 1 abruptly cut into my lane and collided onto the front right portion of my vehicle causing damages.

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


20/12/2021
Witnessed by Reporting Centre Personnel

JWG

Date of Accident : 19/12/2021 Accident Time: 1835hrs (24-HR-FORMAT)
Accident Place : Buyong Road before Kramat Lane towards (TE (SLE/TPE)
Vehicle Reg. No (Car plate No.) : SMX 9764P Vehicle Make/Model: Honda Shuttle
Insurance Company : China Taiping Policy No. DMHCSNW00001592100
Name of Registered Owner : Company / Individual Han Yock Juan
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1392930J
Co Contact No: - Owner's Contact No: 94234111
DRIVER'S Name : Han Yock Juan DRIVER'S NRIC No: S1392930J
DRIVER'S Date of Birth : 27 Dec 1959 DRIVER'S License Pass Date : 30 Dec 1983
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner
DRIVER'S Address : APT Blk 9 Lorong 7 Ton Payoh #02-329 S (310009)
DRIVER'S Contact No / Alt No. : 1) 94234111 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an org)
Email Address : anggordon.x@gmail.com
Weather & Road Surface : CLEAR & DRY / ~~RAINING & WET~~ / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (including Driver): 03 Passenger Name: Celine Tan Gender: M/F
Was the accident reported to the police? YES / NO Passenger Name: Unknown Gender: M/F
Was there any video Captured by car camera: YES / NO Any Injuries: YES / ~~NO~~ Injured Name: Han Yock Juan
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMD 763G
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____



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

MZ406L/B

N SN

AN0055A

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.	DMHCSNW00001592100	Engine No.: L1536022859	Cha. No.: GK82102426
1. Index Mark and Registration Number of Vehicle	SMX9764P	AUTOSAFE	=====
2. Name of Policy Holder	HAN YOCK JUAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/02/2021 (15:52:27)	Excess Sect. I .	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	07/02/2022	Excess Sect. II (Outside Singapore).	SS\$2,500.00
		EX ON WINDSCREEN .	SS\$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. HAN YOCK JUAN		
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. : GOLDBELL FINANCIAL SERVICES 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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor
Authorised Officer


Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎ 6222 1033

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