

NATIONAL Assessment Centre Services

SN08221A0001

Date In: 10/01/2021 10:12	Job Description	Date & Time Completed	Done by
Ref No: N/A/C1721000025914	SAS e-illing		
Veh No: PC9524R	E-mail (within 3hrs. Aft. 2hrs.)		
DDA: 07/01/2021 13:45	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 10. 2hrs. 1P 2hrs)		
	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: SLX5397D 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
NA2200065	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC (only w/e 10 Jan 2022)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Oil		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NS: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*NS: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) NI2: Idac Mobile \$40		
	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	10/01/2022 10:12 (SGT)
Date of Accident	07/01/2022 13:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS WOLSKEL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9524R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KOON HONG
NRIC No	SXXXX144B
Email Address	joseph3065@gmail.com
Mobile Phone No	(Phone) +65-96892318
Alternative Phone No	+65-96892318

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Bus
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00001542100
Cover Note Number	-

DRIVER

Name of Driver	TAN KOON HONG
NRIC No	SXXXX144B

Date Of Birth	30/04/1965
Occupation	Outdoor
Date Of Driving Pass	20/07/1988
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96892318
Alt. Phone Number	+65-96892318
Email Address	joseph3065@gmail.com
Address	BLK 120B RIVERVALE DRIVE #12-384
Address complement	-
Postcode	542120
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	Clear
Road Surface	Dry

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM AH KUAN
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	SLX5397D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX9059
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	TAN KOON HONG
Gender	Male
Phone No	(Phone) +65-96892318
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC9524R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM AH KUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC9524R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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.



Policyholder's Signature / Date & Time

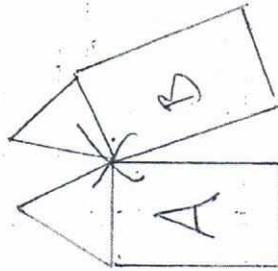
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

5 KALLANG WAY

84 GENTING LANE



VEHICLE
A: GBH9756C
B: XD515B

SKETCH PLAN

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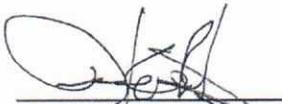
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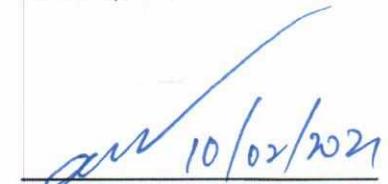
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

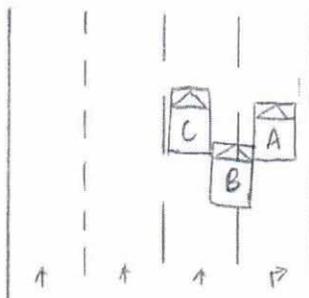

 Driver's Signature (If driver is not the policyholder) / Date & Time


 10/02/2021
 Witnessed by Reporting Centre Personnel

Sketch Plan

Upper Serangoon Road towards Wolstel Road

Vehicle A: PC9524R
 Vehicle B: SLX5397D
 Vehicle C: SLX9059D



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (PC9524R) was stationary at the stated location on the extreme right lane while waiting for the traffic light to turn to green arrow. Out of sudden, I felt an impact from the rear left side portion of my vehicle. I alighted and realised vehicle B (SLX5397D) collided onto the rear left side portion of my vehicle causing damages and I was involved in a chain collision consisting of 3 vehicle.

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

Date of Accident : 07/01/2022 Accident Time: 1345hrs (24-HR-FORMAT)
 Accident Place : Upper Serangoon Road towards Wolskel Rd
 Vehicle Reg. No (Car plate No.) : PL9524R Vehicle Make/Model: Toyota Hiace
 Insurance Company : China Taiping Policy No. DMBIS NW0000154200
 Name of Registered Owner : Company/ Individual Tan Koon Hong
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1711144B
 : Co Contact No: - Owner's Contact No: 9689 2318
 DRIVER'S Name : Tan Koon Hong DRIVER'S NRIC No: S1711144B
 DRIVER'S Date of Birth : 30 April 1965 DRIVER'S License Pass Date: 20 Jul 1988
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ (Others) owner
 DRIVER'S Address : AP1, BLK 120B Rivervale Drive #12-384 S (542120)
 DRIVER'S Contact No. / Alt No. : 1) 9689 2318 2) -
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an office)
 Email Address : joseph3065@gmail.sg
 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): 02 Passenger Name: Lim Ah Kuan Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Lim Ah Kuan
 Injured Name: Tan Koon Hong
 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: <u>SLX 5347D</u>	Vehicle Reg No: <u>SLX9059D</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

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

Motor Bus

MZ601/P

N SN

AN0664A

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.	DMB1SNW0001542100	Engine No.: 1GD8615110	
		Cha. No.:GDH2012014407	
1. Index Mark and Registration Number of Vehicle	PC9524R	AUTOSAFE	*****
2. Name of Policy Holder	TAN KOON HONG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/02/2021 (00.00.00)	Excess Sect. I.	S\$2,000.00
		Excess Sect. II	S\$3,000.00
4. Date of Expiry of Insurance	01/02/2022	EX ON WINDSCREEN.	S\$100.00
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder.			
(b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with 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:			
Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.			
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.			

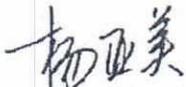
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

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:

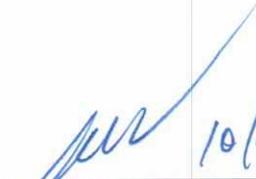
Original Report No: SND822140001 Vehicle Registration No: PC 9524R
 Name (as shown in NRIC): Tom Koon Hong NRIC/FIN/Passport No: SXXXXX144R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9689 2318
 Email Address: _____
 Date of Accident: 07/01/2021 Time of Accident: 13:45
 Place of Accident: 8 Upper Selegie Road Address Workshop Room
 Insurance Company: Chuan Wah

(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:

Insurance Vehicle Number to PC 9524R

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No: _____
 Date: 10/01/2022