

# NATIONAL Assessment Centre Services SL108 22/10001

Date In: 18/01/2022 10:36	Job description	Date & Time Completed	Done by
Ref No: X18A/CT220000628/4	SAS e-filing		
Veh No: SJH 447TX	E-mail (within 24hrs. Aft. 2hrs.)		
DOA: 17/01/2022 13:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (within 24hrs. Aft. 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: SLR 2420X	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	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 \$10		
	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	18/01/2022 10:36 (SGT)
Date of Accident	17/01/2022 13:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS (ADAM ROAD EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4477X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DYNAMIC CAR RENTAL
Company Reg No	5XXXX467K
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-88173108
Alternative Phone No	(Office) +65-67465405

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	AXIO
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	Commercial vehicle
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00011182101
Cover Note Number	-

### DRIVER

Name of Driver	CHANG GUANG RUI
NRIC No	SXXXX803J

Date Of Birth	17/08/1995
Occupation	Indoor
Date Of Driving Pass	13/08/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173108
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 56 TEBAN GARDENS ROAD #23-465
Address complement	-
Postcode	600056
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHUA HOCK THIAM
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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2420X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

* Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL2454Z
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHANG GUANG RUI
Gender	Male
Phone No	(Phone) +65-88173108
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJH4477X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	CHUA HOCK THIAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJH4477X
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.



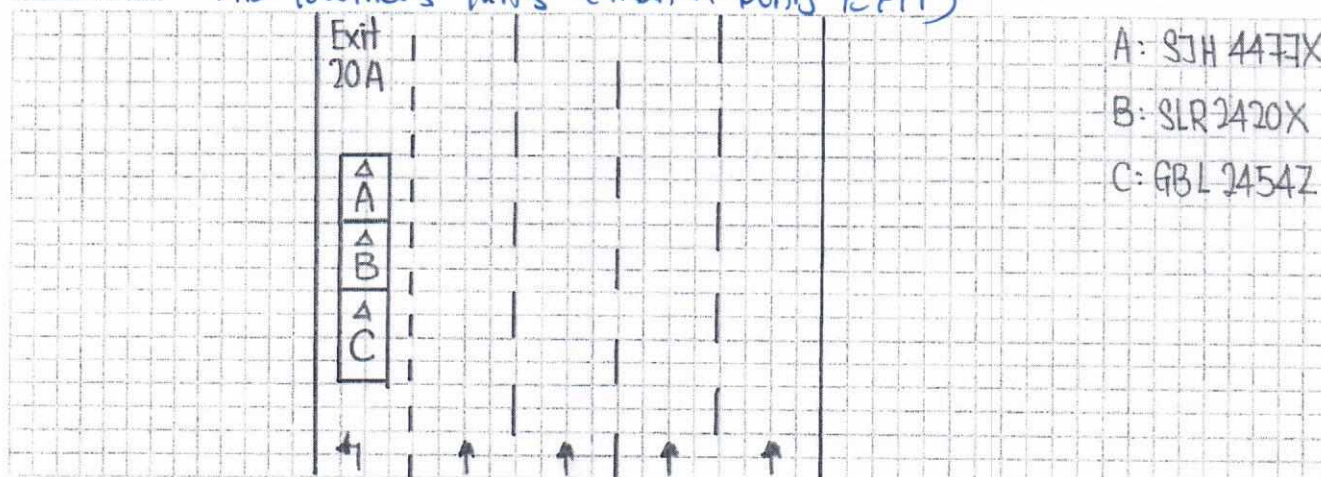
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS JURAS (ADAM ROAD EXIT)



**Describe Circumstances of the Accident**

On 17.01.2022 at about 13:30pm. I was travelling along PIE towards TUAS (Adam Road Exit). The front vehicle stopped, I follow. Suddenly, I felt an impact from my rear. I was involved in a 3 vehicles chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, appearing to be 'V...'.

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

Witnessed by Reporting Centre Personnel

A handwritten signature in blue ink, followed by the date '18/01/2022'.



Date of Accident : 17.01.2022 Accident Time : 13:30 pm (24-HR-Format)  
 Accident Place : PIE towards TUAS (Adam Road Exit)  
 Vehicle No (Car Plate No) : SIH 4477X Make/Model: Toyota Corolla Axio 1.5X  
 Insurance Company : China Taiping Policy No: DMHCSNA00011182101  
 Fleet Policy : YES / NO  
 Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft  
 Name of Owner / IC No : Dynamic Car Rental (52928467K)  
 Owner Contact No : 6746 5405 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 Driver Name / IC No : Chang Guang Rui (S9528803J)  
 Driver's Date of Birth : 17.08.1995 Driver's License Pass Date: 13.08.2020  
 Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other Hirer  
 Driver's Address : Blk 56 Teban Gardens Road # 23-465 S (600056)  
 Driver's Contact No : 1) 8817 3108 2) \_\_\_\_\_  
 Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address : jasonkcapl@gmail.com  
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance  
 Number of Passenger(include Driver) : 2 person (1 Driver, 1 Passenger)  
 Was ther any video footage ? : YES / NO → At Traffic Police  
 Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose  
 Any injury (If Yes, Pls State) : Yes (1 Driver, 1 Passenger).

**Other Party Driver's Particular (if any)**

Vehicle B No : <u>SLR 2420X → A19</u>	Name & Contact No: _____
Vehicle C No : <u>GBL 2454Z</u>	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

Male : Chua Hock Thiam



Motor Hire Car

MZ406L/B

R SN

AN0707B

Cov. Type:T

**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.

DMHCSNA00011182101

Engine No.: 1NZD067989

Cha. No.: NZE1416083864

1. Index Mark and Registration  
Number of Vehicle

SJH4477X

2. Name of Policy Holder

DYNAMIC CAR RENTAL

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

14/10/2021  
(00:00:00)

Excess Sect. II

SS\$1,500.00

Excess Sect. II (Outside Singapore).

SS\$3,000.00

4. Date of Expiry of Insurance

13/10/2022

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.

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.

\* 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: Chun Suat Lay Sally  
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: SX10822120001 Vehicle Registration No: SH4477X

Name (as shown in NRIC): CHONG GUAN RUI NRIC/FIN/Passport No: SXXXXX803J

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: +65

Email Address: \_\_\_\_\_

Date of Accident: 17/01/2022 Time of Accident: 13:30

Place of Accident: PIE TOWARDS MAS (ADAM ROAD FLY17)

Insurance Company: China Insurance

**(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:

DRIVER HP NUMBER TO +65 88173108

Policyholder / Driver's Signature  
Date:

18/1/2022  
Reporting Centre Personnel's Signature  
Name: Ref 1. WONG  
NRIC/FIN No.:  
Date: