

ACTION 11: Assessment Centre Services

Date In: 18/03/22	Job Description	Date & Time Completed	Done by:
Ref No: NA/CTE22002537/13	SAs e-filing		
Veh No: SLK 9853X	E-mail (within 2hrs. After 2hrs)		
DDA: 17/03/22 1620	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (within 10. 2hrs. TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: PA9957K	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 (\$)
		1st Bill	Add'l 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) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N in INC) against INC \$20		
	9) N12: Idac Mobil \$10		
	Invoice dated / Fee Charge:		
	Invoice dated / Fee 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	18/03/2022 15:57 (SGT)
Date of Accident	17/03/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ARTILLERY AVE ROUNDABOUT TO ALLANBROOKE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9853X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	QC LIMOUSINES
Company Reg No	5XXXX313D
Email Address	kohfuqiang@yahoo.com.sg
Mobile Phone No	(Phone) +65-87003484
Alternative Phone No	+65-87003484

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
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	1950

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00007692102
Cover Note Number	-

DRIVER

Name of Driver	CHAD TAN ENG HUI(CHEN YONGHUI)
NRIC No	SXXXX537J

Date Of Birth	04/06/1994
Occupation	Indoor
Date Of Driving Pass	03/11/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87003484
Alt. Phone Number	-
Email Address	kohfuqiang@yahoo.com.sg
Address	BLK 17 MARSILING LANE
Address complement	#02-253
Postcode	730017
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAVE
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9957K
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) -

SKETCH PLAN

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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

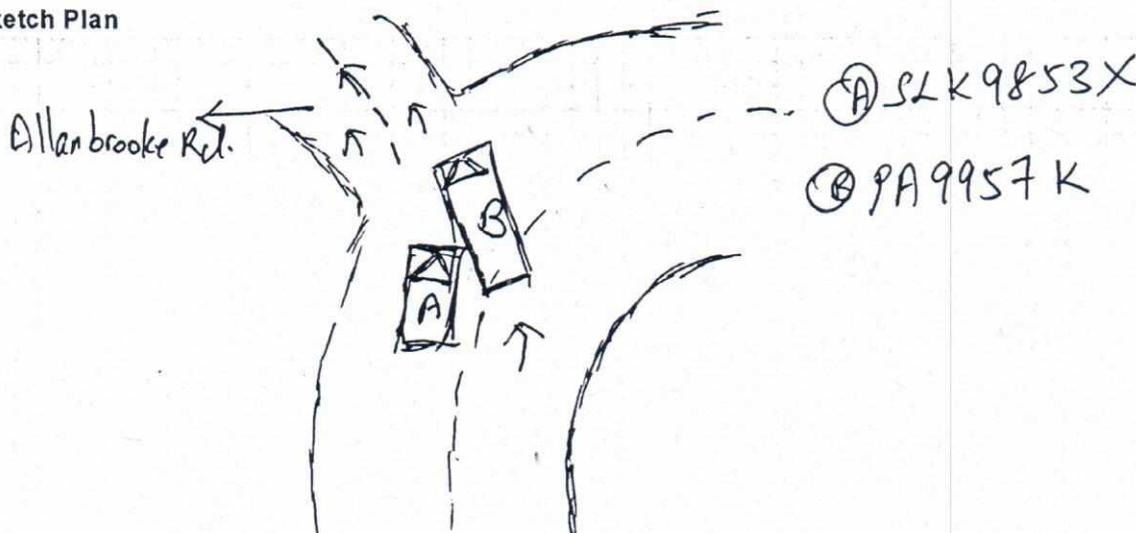
CA

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

Sym 18/03/22

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

On mentioned date and time, I was travelling along the outer lane of the ~~say~~ said roundabout, suddenly Veh B (Bus) from the right (inner lane of roundabout) making a suddenly left turn exiting to Allenbrooke Rd and collided onto my vehicle ^{front right portion}. After the accident impact, me and my passenger feel uncomfortable. If need to, we might consult doctor. x *af*

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

+ af
Driver's Signature (if driver is not the policyholder) / Date & Time

shyam 18/03/22
Witnessed by Reporting Centre Personnel

Date of Accident: 17/03/2021 (dd/mm/yy) Time of Accident: 16:20 (24-HR-FORMAT)
 Vehicle No.: SLK 9853X Vehicle Make & Model / Engine (cc): Mercedes E220d. Private Hire: (Y/N)
 Exact location of Accident: Artillery Ave Roundabout to Allanbrooke Rd.
 Policyholder's Name / IC No.: BC Limousines ROC/UEN (Company) 53310313D
 Driver's Name / IC No.: Chad Tan Eng Hui / S9490537J (As Above)
 Driver's Contact No.: 87003484 Company Contact No / Owner Contact No: _____
 Driver's Address: Blk 17 Marsiling Lane #02-253 S (730017)
 Owner Email address: Kohfugiang@yahoo.com.sg Insurance Company: _____
 Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)
 Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)
 Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor / Outdoor
 Private use / Work purpose *No. of Passengers (Including Driver): _____

*Passenger Name: Dave Gender: Male / Female x ()
 *Passenger Name: _____ Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)
 Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

- Driver's Name / IC No: _____ Vehicle No: PA 9957K
 Driver's Contact No: _____ Insurance Company: _____
 - Driver's Name / IC No (If Any): _____ Vehicle No: _____
 Driver's Contact No: _____ Insurance Company: _____
- *Independent Witness (If Any): _____ Contact No: _____
 Preferred Workshop Name: _____ Contact No: _____

Motor Hire Car

MZ407

R SN

AN0575A

Gov. 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.	DMHCSNW00007682102	Engine No.: 65492080019648	
		Chs. No.:WDDZ130042A031740	
1. Index Mark and Registration Number of Vehicle	SLK9853X	AUTOSAFE	
2. Name of Policy Holder	QC LIMOUSINES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	09/08/2021 (00:00:00)	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	08/08/2022	Excess Sect.II (Outside Singapore).	SS\$2,500.00
		EX ON WINDSCREEN .	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	Any employee or any person who is driving with the Policyholder's order or with their 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:*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes.		
	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. : ARIKI CAPITAL PTE LTD 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: OH GIM KONG
Authorised Officer

..... 
Authorised Signatory