

NATION 11 Assessment Centre Services SM08223V0002

Date In: 31/03/2022 15:31	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X/BA/CT/22002991/4	E-mail (within 2hrs. After Survey)		
Veh No: XE 5840 Z	i-Motor Claim Form		
DTA: 31/03/2022 08:50	i-Motor W/O (Within 24 Hrs. After Survey)		
QD: <input checked="" type="checkbox"/> Reporting Only	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: SMS 3B9K	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

<p>NA2200855</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR : Accident Reporting (\$30),</td> <td></td> <td></td> </tr> <tr> <td>2) DA : Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF : Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT : Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT : Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR : Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1 : Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> Q1:</td> <td></td> <td></td> </tr> <tr> <td> *N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td> *N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> *N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td> *N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td> TP (N11) : TP (Non-INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Blue Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charge:</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charge:</td> <td></td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR : Accident Reporting (\$30),			2) DA : Damage Assessment (\$100); INC (\$80)			3) TF : Towing Fee \$40/\$45			4) FT : Follow-Through Survey \$120			5) FT : Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR : Re-inspection \$75			7) N1 : Idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q1:			*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: Blue Mobile	\$0		Invoice dated	Fee Charge:		Invoice dated	Fee Charge:	
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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	31/03/2022 15:31 (SGT)
Date of Accident	31/03/2022 08:50 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	JUNCTION WITH SLE EXIT 8A NEAR LAMPOST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5840Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SING HENG HOE CONSTRUCTION (1988) PTE LTD
Company Reg No	1XXXXX453N
Email Address	admin@singhenghoe.com
Mobile Phone No	(Phone) +65-83983779
Alternative Phone No	(Office) +65-65653606

VEHICLE PARTICULARS

Manufacturer	CAMC
Model	HN3251X40C3M6
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	Commercial vehicle
Transmission	Manual
CC	11812

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00105922101
Cover Note Number	-

DRIVER

Name of Driver	SHANMUGAM RAJKUMAR
Passport No/FIN	GXXXX989U

Date Of Birth	31/05/1988
Occupation	Outdoor
Date Of Driving Pass	25/06/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83983779
Alt. Phone Number	-
Email Address	admin@singhenghoe.com
Address	BLK 291 CHOA CHU KANG AVENUE 3 #06-801
Address complement	-
Postcode	680291
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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

PLEASE REFER TO SKETCH PLAN

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	SMS3139K
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH SHEAU JIUN
NRIC No	SXXXX616Z
Contact Number	(Phone) +65-83983779
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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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.



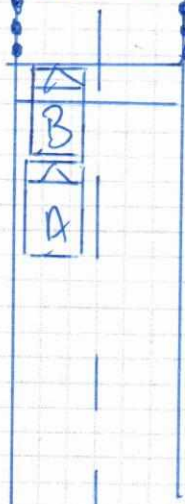
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

MANDAL ROAD, BND SKR PKT 8A NEAR CAMPUS 46559F



A) XE5840Z

B) SMS 3139K

Describe Circumstances of the Accident

ON 31/03/2022 AT ABOUT 08:50HRS I WAS TRAVELLING ALONG
MAIN ROAD AND SLE EXIT RA. THE CAR SMO 3139K JAM
BROKE AND I COULD NOT BRACK ONE TIME & HIT THE REAR
PORTION OF THE CAR.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

31/03/2022
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 03 / 2022) (DD/MM/YYYY), TIME: (08 : 50) (HH:MM)

LOCATION: Junction of Mandai Road and SLE Exit 8A Near LP 465S9F

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XE 5840Z
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMCVSNW00105922101
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CAMC HN3251X40C3 m6
 f) TYPE: (SALEON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) TIPPER
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Singheng Hoe Construction (1988) P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 198802453N CONTACT: 65653606
 c) ADDRESS: Blk 504 Jurong West St 51 #02-211
8640504

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Shanmugam Raikumar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G2436989U CONTACT: 83983779
 c) ADDRESS: Blk 291 Choa Chu Kang Ave 3 #06-801
8680291

* d) DATE OF BIRTH: (31 / 05 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25/06/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 3139K MODEL: KIA
 b) DRIVER'S NAME: LOH SHEAU JIUN
 c) NRIC/FIN/PASSPORT: S7781616Z CONTACT: 83983779

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

email =

VIDEO vlog



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 Commercial

MZ301/C

R SN

AN0576A

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.

DMCVSNWD0105922101

Engine No.: CM6D2840060119G08076

Cha. No.: LZ5N2DD34KB010440

1. Index Mark and Registration
Number of Vehicle

XE5840Z

AUTOSAFE
=====

2. Name of Policy Holder

SING HENG HOE CONSTRUCTION (1988) PTE LTD

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

01/09/2021
(00:00:00)

Excess Sect I. S\$2,000.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

31/08/2022

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes
Any person who is driving on 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 in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or 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 of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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: _____
I MARKETING AGENCY
Authorised Officer

Authorised Signatory

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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com