

NATIONAL ASSESSMENT CENTRE SERVICES

SM08223V0004

Date In: 31/08/2022 17:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C17220030104	E-mail (w/attach. files):		
Veh No: SMZ2596A	i-Motor Claim Form		
DOB: 29/03/2002 19:02	i-Motor W/O (w/attach. files: TP 4002)		
OD: (TP) 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: Vch No: SMK652/L 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)	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	Amnt (\$)	Amnt (\$)
		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) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QIC:		
	*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 \$30		
	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	31/03/2022 17:23 (SGT)
Date of Accident	29/03/2022 19:02 (SGT)
Exact Location of Accident	28 Woodlands Cres, Singapore 738085
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1596A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SG CAR CHOICES 2 PTE LTD
Company Reg No	2XXXXX987N
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-93898961
Alternative Phone No	+65-93898961

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	Commercial vehicle
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00003472100
Cover Note Number	-

DRIVER

Name of Driver	CHEN YUN
NRIC No	SXXXX195D

Date Of Birth	10/10/1982
Occupation	Outdoor
Date Of Driving Pass	12/07/2013
Driving experience	8 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93898961
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	279 BEDOK SOUTH AVENUE #10-32
Address complement	-
Postcode	465458
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 - Major/Minor Rd
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	SMK6521L
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) -

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

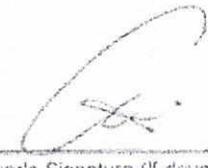
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

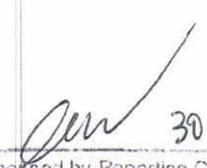
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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


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

 30/03/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

 Woodlands Crescent Coppark

A - SM21596A
B - SMK6521L

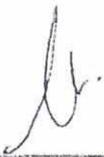


Describe Circumstances of the Accident

On the started dark time I was travelling straight on the drive way
Out of sudden vehicle bearing SMK 65216 run out from car park lot
and collided into the front portion of my vehicle.
DEF?

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

 30/03/2022

Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29 / 03 / 2022 (dd/mm/yy) Time of Accident: 19 : 02 (24-HR-FORMAT)

Vehicle No.: SMZ1596A Vehicle Make & Model: MERCEDES GLB200

*Transmission: Manual Auto *C.c: 1332

Exact location of Accident: 28 WOODLANDS CRESCENT CARPARK

Policyholder's Name: SG CAR CHOICES 2 PTE LTD NRIC/FIN/REG No.: 201701987N

*Policyholder's email address: REPORTING@MYCAR.SG

Driver's Name: CHEN YUN NRIC/FIN/REG No.: S8284195D

*Driver's email address: REPORTING@MYCAR.SG

Driver's Contact No.: 93898961 Company Contact No (If any): _____

Date of birth: 10/10/1982 Driving Pass Date: 12/07/2013

Driver's Address: 279 BEDOK SOUTH AVENUE, #10-32, SINGAPORE (465458)

Insurance Company: CHINA TAIPING

Policy No.: DMHCSNW00003472100 Type of Coverage: Comprehensive Third Party / Third Party, Fire & Theft

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)

Type of Accident

Chain Collision Head To Rear Side Swipe Other MAJOR/ MINOR ROAD

Occupation (nature job) Indoor Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

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 Car camera? Yes / No

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

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

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

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMK6521L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: 83665236

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

Motor Hire Car

MZ406

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)

N SN

AN0687A

Cov. Type: C

CERTIFICATE No.	DMHCSNW00003472100	Engine No.: 28291480338298	
		Cha. No.: W1N2476872W039952	
1. Index Mark and Registration Number of Vehicle	SMZ1596A	AUTOSAFE	*****
2. Name of Policy Holder	SG CAR CHOICES 2 PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/04/2021 (13:39:14)	Excess Sect. I	SS2,000.00
		Excess Sect. I (Outside Singapore)	SS4,000.00
		Excess Sect. II	SS2,000.00
4. Date of Expiry of Insurance	12/04/2022	Excess Sect. II (Outside Singapore)	SS4,000.00
		EX ON WINDSCREEN	SS100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with the 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*

- (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.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

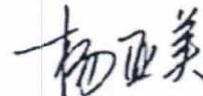
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: CREDENCEL INSURANCE AGENCY
 Authorised Officer



Authorised Signatory