

NATION 11 Assessment Centre Services **810822470002**

Date In: <b>07/04/2022</b> <b>09:40</b>	Job Description	Date & Time Completed	Done by
Ref No: <b>X/138/C7220003522/Y</b>	SAS e-filing		
Veh No: <b>PC 797D</b>	E-mail (w/ date, str. Al. 2hrs.)		
DOA: <b>06/04/2022</b> <b>09:15</b>	i-Motor Claim Form		
OP: <b>(IP)</b> Reporting Only	i-Motor W/O (w/ date, str. 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: Vch No: **SMD 7932L** 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 ( ) / Towel-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 Bill
Driver/Owner:	1) AR : Accident Reporting (\$30)			
Contact No:	2) DA : Damage Assessment (\$100)	INC (\$30)		
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)	\$10		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2 / 3:	6) TR : Re-inspection	\$15		
	7) N1 : Idue 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: Idue Mobile	\$0		
	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	07/04/2022 12:40 (SGT)
Date of Accident	06/04/2022 09:15 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	EXIT CHOA CHU KANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC797D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STORMBOX
Company Reg No	5XXXX349E
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-98274737
Alternative Phone No	+65-98274737

## 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	Commercial vehicle
Transmission	Manual
CC	2982

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMB1SNW00009092100
Cover Note Number	-

## DRIVER

Name of Driver	TOH KHOON SEONG
NRIC No	SXXXX733E

Date Of Birth	16/03/1958
Occupation	Outdoor
Date Of Driving Pass	08/06/1979
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98274737
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 354 CHOA CHU KANG CENTRAL #12-329
Address complement	-
Postcode	680354
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	SMD7933L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG HUE CHEONG
NRIC No	SXXXX886E
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

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.

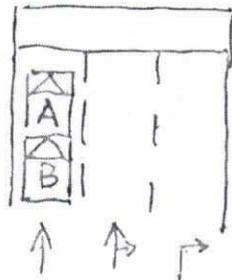
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

KJE EXIT TO CHOA CHU KANG



A: PC 797D

B: SMD 7933L



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06 / 04 / 2022 (dd/mm/yy) Time of Accident: 09 : 15 ( 24-HR-FORMAT)

Vehicle No.: PC797D Vehicle Make & Model: TOYOTA HIACE

\*Transmission:  Manual  Auto \*C.c.: 2982

Exact location of Accident: KJE EXIT CHOA CHU KANG

Policyholder's Name: STORMBOX NRIC/FIN/REG No.: 53067349E

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

Driver's Name: TOH KHOON SEONG NRIC/FIN/REG No.: S1284733E

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

Driver's Contact No.: 98274737 Company Contact No (If any): \_\_\_\_\_

Date of birth: 16/03/1958 Driving Pass Date: 08/06/1979

Driver's Address: BLK 354 CHOA CHU KANG CENTRAL, #12-329, SINGAPORE (680354)

Insurance Company: CHINA TAIPING

Policy No.: DMB1SNW00009092100 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 \_\_\_\_\_

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 filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party (S) Details:

1. Driver's Name / IC No: ANG HUE CHEONG S1809886E Vehicle No: SMD7933L

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: \_\_\_\_\_

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

Motor Bus

Model

N SN

BR0087A

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, 1956 (Malaysia)

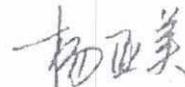
CERTIFICATE No.	DMB1SNW00008092100	Engine No.	1KD2107916
		Chassis No.	JTFST22P100011084
1. Index Mark and Registration Number of Vehicle	PC787D	AUTOSAFE	*****
2. Name of Policy Holder	STORMBOX		
3. Effective date of this Certificate of Insurance for the purposes of the Regulations: (Date of Commencement)	01/08/2021 (00:00:00)	Excess Sect. I	S\$2,000.00
		Excess Sect. II	S\$3,000.00
4. Date of expiry of Insurance	31/07/2022	EX ON WINDSCREEN	S\$100.00
5. Persons or Classes of Persons entitled to drive*			
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.			
regulations to drive the motor vehicle or has been so permitted and is not disqualified by order of a Court of law, or is a person of any description prohibited or restricted 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 6 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: AEINA INSURANCE BROKERS PTE LTD  
Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208354E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com