

# NATIONAL Assessment Centre Services *SM0822470004*

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <i>07/04/2022 15:19</i> | Job description                          | Date & Time Completed | Done by |
| Ref No: <i>NBA/07122003228/Y</i> | SAS e-filing                             |                       |         |
| Veh No: <i>SMP 6629J</i>         | E-mail (within 8hrs. Aft. 2hrs.)         |                       |         |
| D.O.A: <i>07/04/2022 18:00</i>   | i-Motor Claim Form                       |                       |         |
| OD: <i>(IF) Reporting Only</i>   | i-Motor W/O (Within 01. 2hrs. TP 4hrs)   |                       |         |
|                                  | 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: <i>SHC 6886E</i> | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |             |          |
|--|---|-------------|----------|
| <i>X/A2200946</i>                      | <b>Invoice Preparation Checklist</b>            | Amf (\$)    | Amf (\$) |
| <b>Claimant's Particulars :-</b>       | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| <b>Driver/Owner:</b>                   | 2) DA: Damage Assessment (\$100); INC (\$30);   |             |          |
| <b>Contact No:</b>                     | 3) TF: Towing Fee \$40/\$45                     |             |          |
| <b>Damaged Portion:</b>                | 4) FT: Follow-Through Survey \$120              |             |          |
| <b>QC Checked by (Engr-In-Charge):</b> | 5) RT: Follow-Through Survey (Resurvey) \$30    |             |          |
| <b>Auditors' Comments :-</b>           | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| <b>Cat 1:</b>                          | 6) TR: Re-inspection \$75                       |             |          |
| <b>Cat 2 / 3:</b>                      | 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: Idac 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 15:19 (SGT)                        |
| Date of Accident                | 04/04/2022 18:00 (SGT)                        |
| Exact Location of Accident      | SG, Orchard Rd, Lucky Plaza, Singapore 238863 |
| Additional Location Information | DROP OFF POINT                                |
| Country/State of Loss           | Singapore                                     |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMP6629J                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | Yes                     |
| Name Of Registered Owner    | SWIFT MOTORING          |
| Company Reg No              | 5XXXX074K               |
| Email Address               | edwin.tan1989@gmail.com |
| Mobile Phone No             | (Phone) +65-83322594    |
| Alternative Phone No        | +65-83322594            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Noah                      |
| 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   | 1797                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMHCSNW00003392100                            |
| Cover Note Number         | -   |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | TAN BOOK KEONG, EDWIN |
| NRIC No        | SXXXX017I             |





|  |                                 |
|--|---------------------------------|
| Date Of Birth  | 08/07/1989                      |
| Occupation   | Outdoor                         |
| Date Of Driving Pass   | 10/09/2009                      |
| Driving experience   | 12 YEARS AND 7 MONTHS           |
| Gender   | Male                            |
| Mobile Number  | (Phone) +65-83322594            |
| Alt. Phone Number  | -                               |
| Email Address  | edwin.tan1989@gmail.com         |
| Address  | BLK 30 CHAI CHEE AVENUE #10-100 |
| Address complement   | -                               |
| Postcode   | 460030                          |
| 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   | 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?   | No  |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SHC6836E             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Taxi                 |
| Name of Driver              | AW TECK SEONG        |
| NRIC No                     | SXXXX972F            |
| Contact Number              | (Phone) +65-91901634 |
| 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 making 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/rail 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.



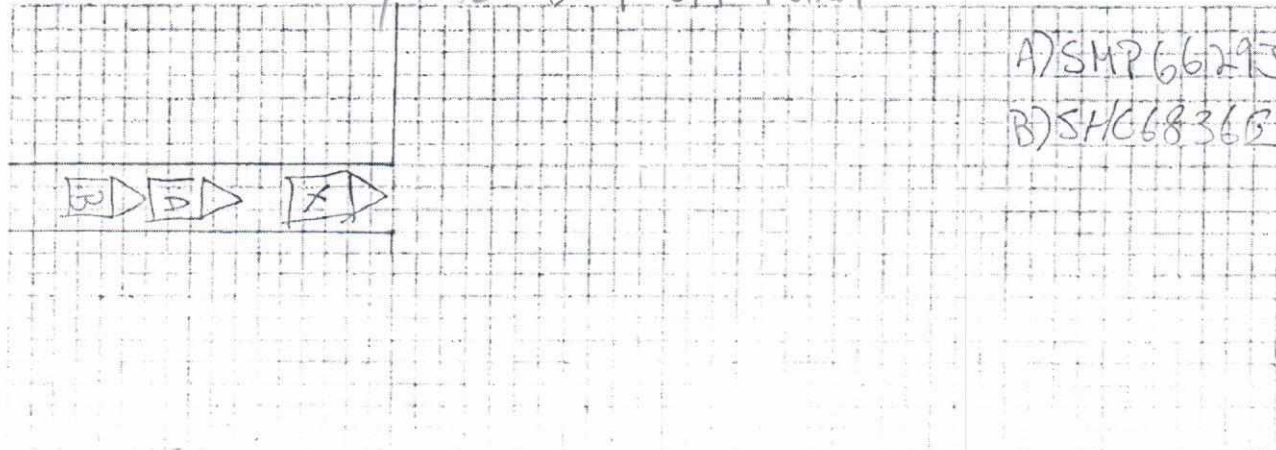
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

LUCKY PLAZA DROP OFF POINT





Describe Circumstances of the Accident

ACCIDENT DATE : 04 APRIL 2022 , TIME : 1800 H

I WAS DRIVING OUT OF THE PICKUP POINT (LUCKY PLAZA) AND MY VEHICLE WAS STATIONARY BEFORE EXITING OUT TO ENTER INTO THE MAIN ROAD (ORCHARD RD). THE CAR IN FRONT OF ME HAD YET TO MOVE OFF. SHORTLY, I FELT AN IMPACT FROM THE BACK AND I CAME OUT TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER.

Declaration

I/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

Witnessed by Reporting Centre Personnel

07/04/2022

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

Date of Accident: 04 / 04 / 2022 (dd/mm/yy) Time of Accident: 18 : 00 (24-HR-FORMAT)  
Vehicle No.: SMP6629J Vehicle Make & Model: TOYOTA NOAH  
\*Transmission : ☐ Manual ☒ Auto \*C.c : 1797  
Exact location of Accident: LUCKY PLAZA DROP OFF POINT  
Policyholder's Name: SWIFT MOTORING NRIC/FIN/REG No.: 53398074K  
\*Policyholder's email address : EDWIN.TAN1989@GMAIL.COM  
Driver's Name: TAN BOON KEONG, EDWIN NRIC/FIN/REG No.: S89230171  
\*Driver's email address : EDWIN.TAN1989@GMAIL.COM  
Driver's Contact No.: 83322594 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 08/07/1989 Driving Pass Date: 10/09/2009  
Driver's Address: BLK 30 CHAI CHEE AVENUE, #10-100, SINGAPORE (460030)  
Insurance Company: CHINA TAIPING  
Policy No.: DMHCSNW00003392100 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's 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: AW TECK SEONG S121292F Vehicle No: SHC6836E  
Driver's Contact No: 91901634 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





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 Hire Car

**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)

MZ407

N SH

AN0576A

Cov. Type C

CERTIFICATE No.

DMHCSNW0003392100

Engine No.: 22R0082324

Chs. No.: ZWR800301431

1. Index Mark and Registration  
Number of Vehicle

SMP662BJ

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

SWIFT MOTORING

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

12/04/2021  
(10:15:24)

|                                      |             |
|--------------------------------------|-------------|
| Excess Sect I .                      | \$31,250.00 |
| Excess Sect. I (Outside Singapore)   | \$52,500.00 |
| Excess Sect. II                      | \$31,250.00 |
| Excess Sect. II (Outside Singapore). | \$32,500.00 |
| EX ON WINDSCREEN .                   | \$3100.00   |

4. Date of Expiry of Insurance

07/04/2022

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. : TAI THONG LEE TDG (PTE) LTD

\* 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: 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