

NATIONAL Assessment Centre Services [Ref: 20102] 2/2

Date In: 22/04/22	Job description	Date & Time Completed	Done by
Ref No. NA/CT202003727/13	SAS e-filing		
Veh No: SLJ6592Z	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 21/04/22 1335	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 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: SLJ6592Z, 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 hot line: 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:

NA20201079

Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
		Est Bill	Add Bill
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$10)		
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) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON:			
*N5: Courtesy Car / Tpl 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: Idao Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cal. 1:

Cal. 2 / 3:

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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 22/04/2022 10:41 (SGT)
Date of Accident 21/04/2022 13:35 (SGT)
Exact Location of Accident 29 Scotts Rd, Singapore 228224
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ6592Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MATHESON EUAN CAMPBELL
Passport No/FIN GXXXX571W
Email Address fiona@layauto.com
Mobile Phone No (Phone) +65-81965743
Alternative Phone No +65-81965743

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00238822100
Cover Note Number -

DRIVER

Name of Driver MATHESON LAURA AMELIA KATRINA
Passport No/FIN GXXXX850U

Date Of Birth	14/08/1982
Occupation	Indoor
Date Of Driving Pass	01/01/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81965743
Alt. Phone Number	-
Email Address	fiona@layauto.com
Address	168 SIXTH AVENUE
Address complement	-
Postcode	276543
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOTHER-IN-LAW
Gender	Female

PASSENGER 2

Name	MATHESON EUAN CAMPBELL
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG2601Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90856740
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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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

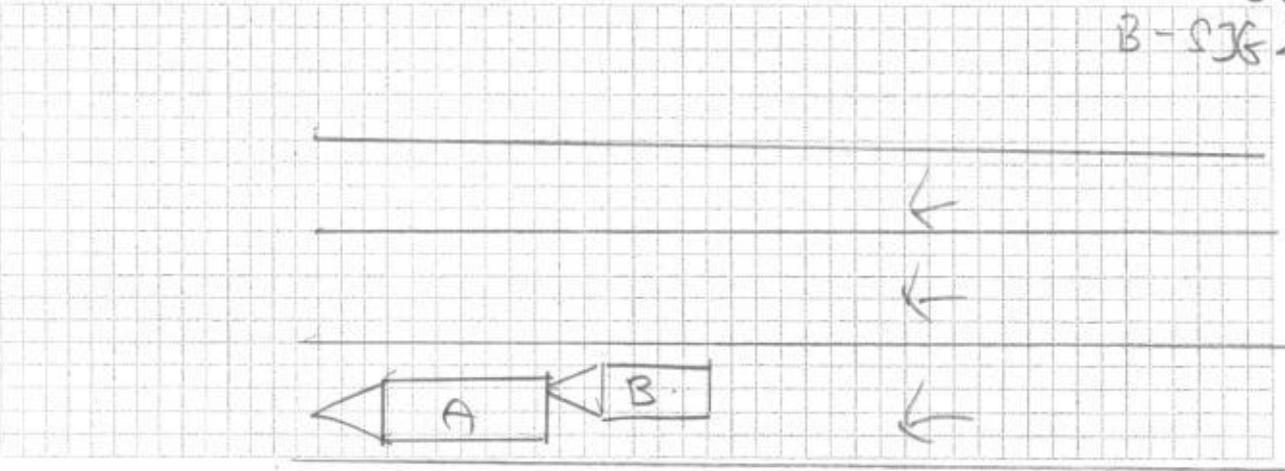
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

LA
Policyholder's Signature / Date & Time

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

[Signature] 22/04/22
Witnessed by Reporting Centre Personnel

Sketch Plan



2a
Scoty
Road

A-SLJ 6592Z
B-SJG 2601Y

Describe Circumstances of the Accident

I was stationary while waiting for traffic to clear. Suddenly vehicle B hit against the rear of my vehicle, causing damage to the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

LA

Policyholder's Signature / Date & Time

hmm

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

lym 22/04/22

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 21/04/2002 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: 29 Jotts Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ6592Z
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSNW00238822100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda 3
f) TYPE: (S / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure use
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: Matheson Euan Campbell (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: G4031571W CONTACT: 81965743
C) ADDRESS: 168 Sixth Ave.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Matheson Lauva Amelia Katrina (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3971850U CONTACT: 81965743
c) ADDRESS: 168 Sixth Ave.

*No of passengers
(including driver)
(3)

- *d) DATE OF BIRTH: 14/08/1982 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 6 year

mother-in-law

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: SJG 2601Y MODEL: Toyota Altis
b) DRIVER'S NAME: Pushpin Singh
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9085 6740

*No of passengers
(including driver)

9. THIRD PARTY VEHICLE

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

*No of passengers
(including driver)

email = fiom@kyauto.com

fax =

VIDE.O =

Motor Private Car

MX1F

N SN

AN0606A

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.	DMPCSNW00238822100	Engine No.: P52040B325	
		Cha. No.: JM6BN22A8H0124970	
1. Index Mark and Registration Number of Vehicle	SLJ6592Z	AUTOSAFE	=====
2. Name of Policy Holder	MATHESON EUAN CAMPBELL		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/11/2021 (14.14.40)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	11/11/2022	* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his 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.*			
Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.			
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
HIRE PURCHASE CO. : DBS BANK 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: LAY AUTO PTE LTD
 Authorised Officer



Authorised Signatory