

NATIONAL Assessment Centre Services:

(wef 1 Jan 08)

SN08224P0005

Date In: 25/04/2022 17:36	Job description	Date & Time Completed	Done by
Ref No: NBO/C122003841/4	SAS e-filing		
Veh No: SBD 88884	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/04/2022 18:05	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBE 44756

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

Invoice Preparation Checklist

Amo (\$)

Inc Bill

Amo (\$)

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: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*N3: 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: Idao Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

KA2201102

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:-

t. 1:

t. 2/3:

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	25/04/2022 17:36 (SGT)
Date of Accident	24/04/2022 18:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BRADDELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBD8383Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH KIM ZEE
NRIC No	SXXXX475B
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-96383224
Alternative Phone No	+65-96383224

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00051722200
Cover Note Number	-

DRIVER

Name of Driver	TOH KIM ZEE
NRIC No	SXXXX475B

Date Of Birth	26/10/1964
Occupation	Indoor
Date Of Driving Pass	02/06/1982
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96383224
Alt. Phone Number	+65-96383224
Email Address	hwapengauto@singnet.com.sg
Address	BLK 717 WOODLANDS DRIVE 70 #10-116
Address complement	-
Postcode	730717
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBF4475G
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PONRAJ RAJ KAMAL
Passport No/FIN	GXXXX266R
Contact Number	-
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH KIM ZEE
Gender	Male
Phone No	(Phone) +65-96383224
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SBD8383Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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. 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

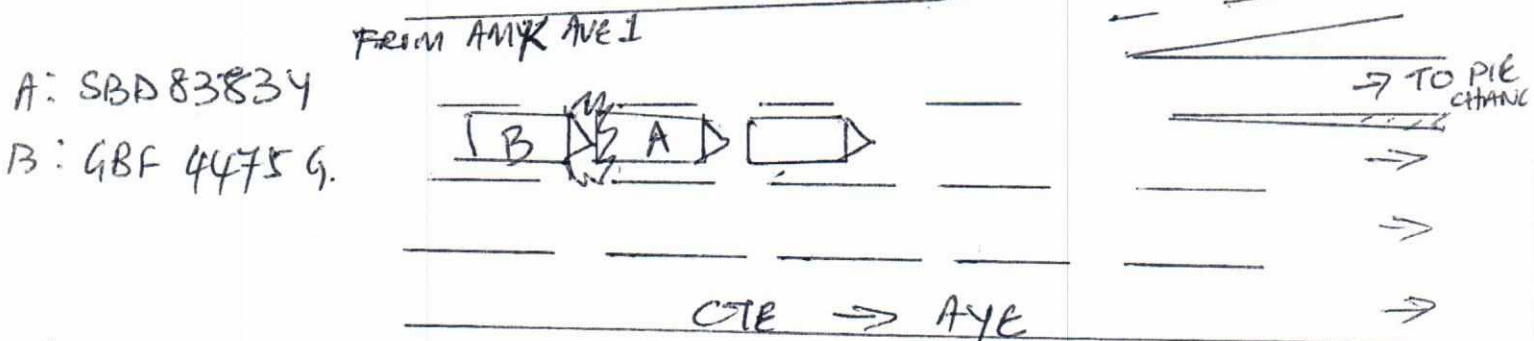
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

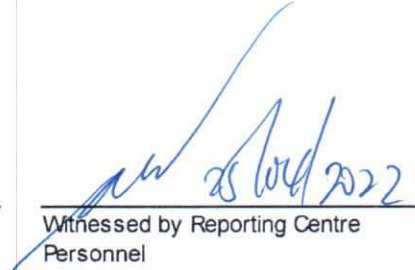
on mentioned date and time I was driving along CTE towards AYE. The traffic flow was heavy and the "stop & go" situation. The front vehicle stopped and I follow suit. Next moment vehicle 'B' crashed against my vehicle. I got down from my vehicle to inspect. we exchange particulars and took some photos before leaving the accident scene. The next day I went for medical treatment and I was given 2 days medical leave.

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


Witnessed by Reporting Centre Personnel

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 24/04/2022 Time: 1805 (24 hr format)
Exact Location of Accident *	ALONG CTE TOWARDS CITY, BY BRADDER
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SBD 83834 Make & Type *: HYUNDAI AVANTE
Name of Registered Owner *	TOH KIM ZEE
NRIC / FIN / Passport / Co Regn No. *	S1632475B
Contact Number *	9638 3224 Email/Fax No: hwapengauto@singnet.com.sg
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	TP CLAIM <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No If No, Please state action to be taken
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	ACE / AIG / China / EQ / Etiqa / MSIG / Tokio Marine CHINA
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMPCSNW 00051722200
DRIVER	
Name of Driver *	TOH KIM ZEE Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S1632475B
Date of Birth *	26/10/1964 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	02/06/1982
Contact Number *	9638 3224
Address	11K 717 WOODLANDS DR 70 #10-116 (730717)
Email Address / Fax Number *	Email: hwapengauto@singnet.com.sg Fax: 63656101
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / <input type="checkbox"/> Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES	
Vehicle Registration Number *	1) GBF 4475G. 2)
Vehicle Make / Model / Colour	TOYOTA DYNA
Damage to Vehicle/Property?	
Name of Driver	DOB 29/04/1987 PONRAJ RAJ KAMAL
NRIC/Passport Number	G 6181266R
Contact Number	
Address	
Insurance Company Name	
DETAILS OF WITNESS	
Name	
Contact No. / Email Address	



Motor Private Car

MX1F

N SN

AN0420A

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.

DMPCSNW00051722200

Engine No.: G4FGKU113678

Cha. No.: KMHD841CMKU882042

1. Index Mark and Registration
Number of Vehicle

SBD8383Y

AUTOSAFE

=====

2. Name of Policy Holder

TOH KIM ZEE

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

26/03/2022
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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 S\$500 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. : MAYBANK SINGAPORE LIMITED

* 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



[Signature]

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory

Issued By: INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer