

NATIONAL Assessment Centre Services

Date In: 09/05/22	Job description	Date & Time Completed	Done by
Ref No NA/CTI 22004237/13	SAS e-filing		
Veh No: SMN/118113	E-mail (within 3hrs, APC 2hrs)		
D.O.A 07/05/22 0900	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: SKU 6863X 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

NA 2201198	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 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	09/05/2022 12:13 (SGT)
Date of Accident	07/05/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS B4 KALLANG EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN1181B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MIRS INNOVATE PTE LTD
Company Reg No	2XXXXX166K
Email Address	liudongyu.uav@mirs-innov.com
Mobile Phone No	(Phone) +65-83892747
Alternative Phone No	+65-83892747

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00209882101
Cover Note Number	-

DRIVER

Name of Driver	LIU DONGYU
Passport No/FIN	GXXXX358N

Date Of Birth	23/04/1992
Occupation	Indoor
Date Of Driving Pass	16/04/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83892747
Alt. Phone Number	-
Email Address	liudongyu.uav@mirs-innov.com
Address	BLK 570 HOUGANG ST 51
Address complement	#10-105
Postcode	530570
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHEN LU
Gender	Female

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	SKU6863X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIU DONGYU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMN1181B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHEN LU
Gender	Female
Phone No	(Phone) +65-85880960
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMN1181B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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

(A) SMN 1181 B.

(B) SKU 6863X.



P12 towards Tuas before Kallang Exit.

Describe Circumstances of the Accident

On 07/05/2022 at @ 0900 hrs, I was travelling in my vehicle (SMN 1181B) along PIE towards Tuas before Kallang exit on the extreme right lane. I slowed down and stopped due to traffic jam ahead. Suddenly, a car (SKU 6863X) from behind collided onto the rear portion of my vehicle.

Declaration

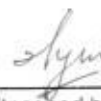
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

 09/05/22

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SMN 1181 B.	MAKE & MODEL:	Toyota Altis.	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	07/05/2022	CC:	1-6	
TIME OF ACCIDENT:	0900 HRS			
LOCATION OF ACCIDENT:	P/E towards Tuas before Kallang exit.			
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER:	MIRS INNOVATE PTE LTD.			
TEL NO:	H/P: 8389 2747	OFFICE:	HOME:	
NRIC:	201719166K			
ADDRESS:	5, Little Road #03-01, Centex Ind. Building (S) 536983.			
EMAIL:	liudongyu.uav@mirs-innov.com			
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/>			
INSURANCE COMPANY:	China Taiping.			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	DMPCSNW00209882101.			
NAME OF DRIVER:	AS ABOVE / IF NO: LIU DONGYU.			
NRIC:	G 3449358N	ANY PASSENGER:	01 (F).	
DATE OF BIRTH:	23/04/1992	LICENCE PASSED DATE:	16/04/2019.	
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> INDOOR <input type="radio"/>			
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 8389 2747	OFFICE:	HOME:	
ADDRESS:	BLK 570, Hongkong Street 51 #10-105 (S) 530570.			
EMAIL:	liudongyu.uav@gmail.com.			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Employee.			
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:			
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:			
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?			
NAME & CONTACT:	LIU DONGYU (H/P: 8389 2747)			
NAME & CONTACT:	SHEN LU (H/P: 8588 0960)			
POLICE REPORT:	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHO?			
VEHICLE B REG NO:	SKU 6863 X.	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="radio"/> NO <input type="radio"/>			
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> NO <input type="radio"/>			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO			
ACCIDENT PORTION:	Rear Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="radio"/> NO <input type="radio"/>			
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Private Car

S&AF

R SN

AN0692A

Car 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, (1988 Malaysia)

DMPCSNW000209 882161

CERTIFICATE No.

DMPCSNW0020882101

Engine No.: 12RY209230

Chassis No. MK053REH104538838

 1. Index Mark and Registration
 Number of Vehicle

SMN1181B

 AUTOSAFE

2. Name of Policy Holder

MRS INNOVATE PTE LTD

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

 04/11/2021
 (00.00.00)

Named Drivers Ex Sect. 1 \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 \$53,000.00

Ex Sect. 1 - Age >= 26 \$5500.00

4. Date of Expiry of Insurance

03/11/2022

* Age as at date of accident

EX ON WINDSCREEN \$5100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on 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*

 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 \$5500 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. : HL BANK

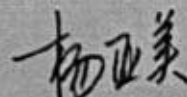
 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: **TRANSCENDENCE MANAGEMENT**
 Authorised Officer


 Authorised Signatory