

NATIONAL Assessment Centre Services: (wef 1 Jan'08)			
Date In: 19/05/2022 16:19	Job description	Date & Time Completed	Done by
Ref No: N/A/CT220047874	SAS e-filing		
Veh No: 80W 2269K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/05/2022 15:45	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: SMK 4275K	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] ( )		

Date/Time	Actions

N/A 2201366		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:				Inc Bill	Rep Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damage Portion:		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: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		OD*			
		*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	19/05/2022 16:19 (SGT)
Date of Accident	14/05/2022 15:45 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW2269K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA KENG GUAN
NRIC No	SXXXX986G
Email Address	aloysius85phang@gmail.com
Mobile Phone No	(Phone) +65-83822058
Alternative Phone No	+65-83981261

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1799

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00077542100
Cover Note Number	-

## DRIVER

Name of Driver	JOHIAH BTE ABU
NRIC No	SXXXX557D

Date Of Birth	28/10/1968
Occupation	Indoor
Date Of Driving Pass	25/04/2012
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-83981261
Alt. Phone Number	-
Email Address	aloysius85phang@gmail.com
Address	BLK 438 CHOA CHU KANG AVENUE 4 #02-477
Address complement	-
Postcode	680438
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHUA KENG GUAN
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

#### 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	SMK4275K
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LOW POH KEE
NRIC No	SXXXX466I
Contact Number	(Phone) +65-96446428
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

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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.

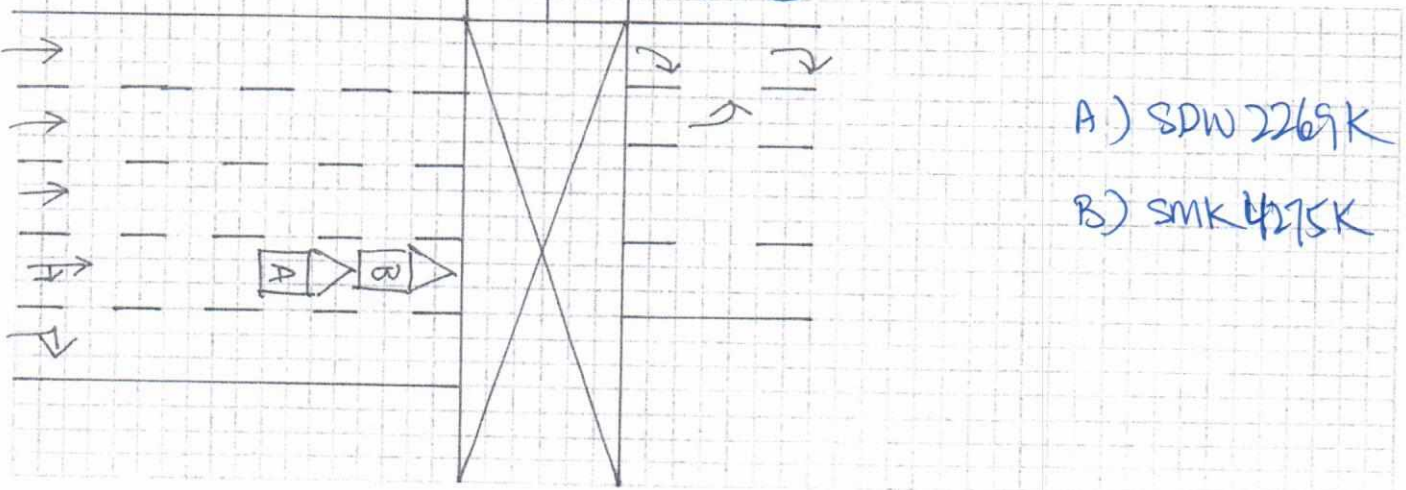
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

DINEARN ROAD



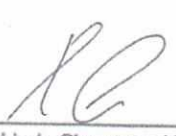
**Describe Circumstances of the Accident**

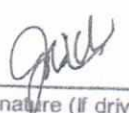
On 14/5/2022 at 15:45 PM . I was traveling along Dunearn Rd .

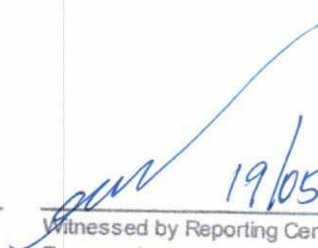
I accidentally collided onto rear portion of vehicle B (SMK4275K) .

**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

 19/05/2022  
Witnessed by Reporting Centre  
Personnel



Date of Accident : 14/05/2022 Accident Time: 1545 (24-HR-Format)  
Accident Place : DUNZARN Rd  
Vehicle No. (Car Plate No.) : SDW2269K Make/Model: HONDA STREAM 1.8(17)  
Insurance Company : CHINA TAIPING Policy No: DMPLSNW00077542160  
Owner or Company Name / IC No. : CHUA KENG GUAN S16488866 YONG  
Owner or Company Contact No. : 8382 2058 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : SOHIAH BTE ABU S1776557D  
DRIVER'S Date Of Birth : 28/10/1968 DRIVER'S License Pass Date 25 Apr 2012  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : BIK438 CHOA CHU KANG AVE 4 #02-477  
S'PORE (680438)  
DRIVER'S Contact No. / Alt No. : 1) 83981261 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Aloysius JS Phang & Gmoe. Gm  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Own Insurance  
Number of Passengers (Including Driver): 02  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: SMK4275K

Vehicle No: —

Vehicle Make/Model: SIENIA

Vehicle Make/Model: —

Name Driver: S1530466I

Name Driver: —

IC No. Driver/Contact: LOW POH KIEP  
96446428

IC No. Driver/Contact: —

\* NEW - Passenger's name & gender:

Motor Private Car

MX1F

E SN

AN0687A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00077542100	Engine No.: R18A1752592 Cha. No.: RN61046896
1. Index Mark and Registration Number of Vehicle	SDW2269K	AUTOSAFE *****
2. Name of Policy Holder	CHUA KENG GUAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/04/2021 (18:01:29)	Named Drivers Ex Sect. I S\$750.00 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
4. Date of Expiry of Insurance	21/05/2022	
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.	

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Xin Yi Josephine  
Authorised Officer



Authorised Signatory