

NATIONAL Assessment Centre Services

Date In: 23/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22004808/m4	SAS e-filing		
Veh No: SMD 4705Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/05/2022 13:40	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: XD 7048L	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 2201389	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
	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:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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	23/05/2022 11:40 (SGT)
Date of Accident	21/05/2022 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS CHANGI BEFORE PUNGGOL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4705Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XIAO SHOUHAI
NRIC No	SXXXX753H
Email Address	shxiao2013@yahoo.com.sg
Mobile Phone No	(Phone) +65-96367023
Alternative Phone No	+65-96367023

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00145402100
Cover Note Number	-

DRIVER

Name of Driver	XIAO SHOUHAI
NRIC No	SXXXX753H

Date Of Birth	15/11/1976
Occupation	Indoor
Date Of Driving Pass	14/10/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96367023
Alt. Phone Number	+65-96367023
Email Address	shxiao2013@yahoo.com.sg
Address	BLK 102B PUNGGOL FIELD
Address complement	#13-424
Postcode	822102
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 - Change/cross lane
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WAN DIJING
Gender	Female

PASSENGER 2

Name	XIAO SHUNQI
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	XD7048L
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GNANA SAMMANTHAM SARAVANAN
Contact Number	(Phone) +65-91445682
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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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

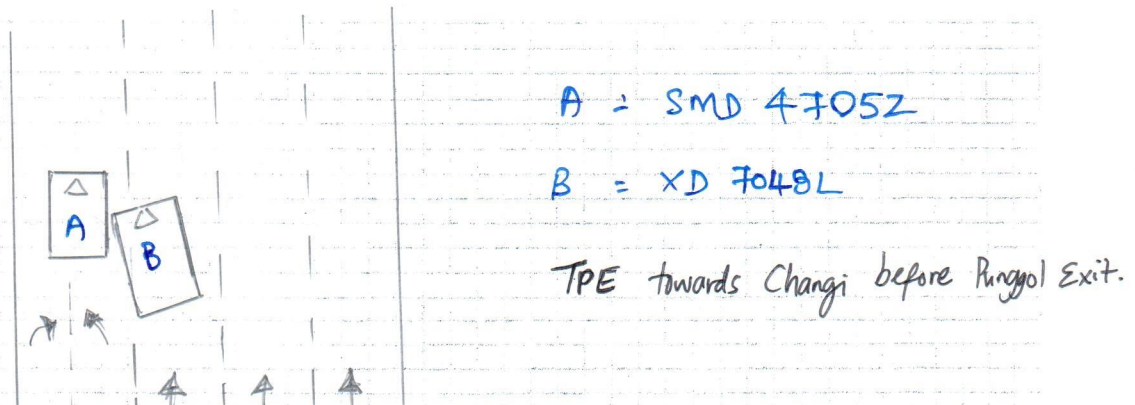
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


I was travelling along TPE towards Changi before Punggol Exit on 21/5/2022 at about 1:40 p.m. As I was travelling straight suddenly vehicle B cut into my lane and collided into the rear right portion of my vehicle. We alighted to exchange particulars and left the scene after that. That's all.

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

 23/5/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMD 4705Z

MAKE & MODEL: Honda City

AUTO / MANUAL

DATE OF ACCIDENT	21 / 05 / 2022	*C.C. 1498cc
TIME OF ACCIDENT	(1340hrs) 1:40 PM / PM	
LOCATION OF ACCIDENT	TPE towards Changi before Punggol Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Xiao Shouhai	
EMAIL:	shxiao2013@yahoo.com.sg	Office: MOBILE: 96367023
NRIC	S7683753H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	China	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00145402100	
NAME OF DRIVER	AS ABOVE / IF NO	
NRIC	S7683753H	
DATE OF BIRTH	15 / 11 / 1976	
ANY PASSENGER	YES / <u>NO</u> : 02	
NAME OF PASSENGER	Wan Dijing (F), Xiao Shungi (M)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	14 / 10 / 2009	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 96367023 Office: Home:	
EMAIL:	shxiao2013@yahoo.com.sg	
ADDRESS	Blk 102B Punggol Field, #13-424 (S) 822102	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / <u>Raining</u> / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: <u>Who</u> ?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	XD 704BL	Any Passenger: NA
NAME	GNANA SAMMANTHAM SARA J A NAN	
CONTACT NO.	9146 5682 / 8388 5005	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:	Lee Brothers Automotive Pte. Ltd	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Private Car

MX1F

N SN

AN0444A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00145402100

Engine No.: L15Z16201862

Cha. No.:MRHGM6660KT000251

1. Index Mark and Registration
Number of Vehicle

SMD4705Z

AUTOSAFE
=====

2. Name of Policy Holder

XIAO SHOUHAI

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment21/08/2021
(00:00:00)

Named Drivers Ex Sect. I \$500.00

Additional Ex Other than Named Drivers:

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

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

* Age as at date of accident

EX ON WINDSCREEN . \$5100.00

4. Date of Expiry of Insurance

20/08/2022

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 \$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.: STANDARD CHARTERED BANK(S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

META AGENCY PTE LTD

Authorised Officer


Authorised Signatory