

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SN0822510008**

Date In: 30/05/2022 16:41	Job description	Date & Time Completed	Done by:
Ref No: N/BA/C7322005091/4	SAS e-filing		
Veh No: SA 2488K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/05/2022 21:30	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: **SLG 8840K** 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	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

NA2201480

Statement Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: 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 / 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		
C. Checked by (Engi-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
1.1:			
1.2/3:			

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	30/05/2022 16:41 (SGT)
Date of Accident	29/05/2022 21:30 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA2483K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANG PENG HENG
NRIC No	SXXXX368F
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-96849227
Alternative Phone No	+65-91007001

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	DMPCSNW00118152100
Cover Note Number	-

DRIVER

Name of Driver	KANG HWEE YOUNG
NRIC No	SXXXX938F

Date Of Birth	20/09/1993
Occupation	Indoor
Date Of Driving Pass	02/09/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91007001
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 1 YISHUN CLOSE #08-01
Address complement	-
Postcode	7680004
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHERVYN TNG WANTING
Gender	Female

PASSENGER 2

Name	MA YUJIE
Gender	Female

PASSENGER 3

Name	KANG HWEE CHIAT
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER FILE TOO BIG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8840K
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG HONG POH
NRIC No	SXXXX167F
Contact Number	(Phone) +65-91613868
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	KANG HWEE YOUNG
Gender	Male
Phone No	(Phone) +65-91007001
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCA2483K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHERVYN TNG WANTING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCA2483K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	MA YUJIE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCA2483K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	KANG HWEE CHIAT
Gender	Male

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCA2483K
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.

KANU

Policyholder's Signature / Date &
Time

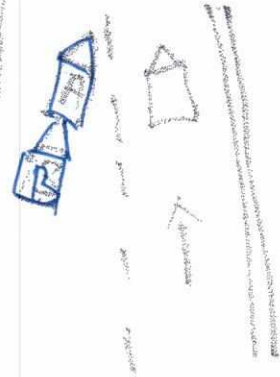
Y

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

Sketch Plan

Vehicle A SCA 2483K
Vehicle B SLG 8840K

35/05/22
Witnessed by Reporting Centre
Personnel



BRADDELL Road towards 271 City

Describe Circumstances of the Accident

On 29/05/2022 about 21:30pm. My car was travelling along Bradbells Road Slip Road towards CTE City. As I approaching out to major Road I slow down and stop to give way to oncoming vehicle. Suddenly vehicle B "SLG 8840K" from my rear collided onto my vehicle with impact very badly and heavy. After left the accident scene me and my car passenger was feeling unwell and ~~my~~ body pain and decided to consult doctor for me. I have video footage recorded the accident.

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

 30/05/2022
Witnessed by Reporting Centre Personnel

(28708)

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 29/05/2022 Time: 21.30pm (24 hr format)
Exact Location of Accident *	Along Brasbell Road towards CTE city
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SCA 2483K Make & Type *: TOYOTA VIOS
Name of Registered Owner *	KANG PENG HENG
NRIC / FIN / Passport / Co Regn No. *	S1557368F
Contact Number *	9684 9227 Email/Fax No: Winsen - tingwei@hotmail.com
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? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMPCLSNW 00118152100
DRIVER	
Name of Driver *	KANG Hwee Young Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S9336938F
Date of Birth *	2010911993 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	02/09/2021
Contact Number *	9100 7001
Address	Blk 1 Yishun close #08-01 5 (768004)
Email Address / Fax Number *	Email: Winsen - tingwei@hotmail.com Fax: —
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: SON
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 / <u>Front to Rear</u> / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
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 type="checkbox"/> No / <input checked="" type="checkbox"/> Yes with owner too Blk
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input 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?
Number of Passengers (Including DRIVER)? *	(04)
Passengers	Name: Chervyn Ting Wenting Name: MA Yu Jie Gender: Male / <u>Female</u> Gender: Male / <u>Female</u>
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <input checked="" type="checkbox"/> No	

Name: KANG Hwee chint
Gender: male

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SLG 8840K	2)
Vehicle Make / Model / Colour	TOYOTA ALTIS / silver	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	NG Hong Poh	
NRIC/Passport Number	S1629167F	
Contact Number	9161 3868	
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0444A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

CERTIFICATE No.

DMPCSNW00118152100

Engine No.: 1NZX819976

Che. No.: MR053HY9305086189

1 Index Mark and Registration
Number of Vehicle

SCA2483K

AUTOSAFE
=====

2 Name of Policy Holder

KANG PENG HENG

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

10/06/2021
(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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 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).



Issued By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨西美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6369 6111

6222 1033

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