

NATIONAL Assessment Centre Services

Date In: 22/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTE22007007/13	SAS e-filing		
Veh No: SU43769S	E-mail (within 3hrs. AIC 2hrs)		
D.O.A: 21/07/22 1830	i-Motor Claim Form		
OD: (IP) 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: SME53274 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	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: 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		

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	22/07/2022 18:14 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROBINSON RD TWDS COLLYER QUAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3769S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN THAI HONG
NRIC No	SXXXX383B
Email Address	a6679b@gmail.com
Mobile Phone No	(Phone) +65-90239640
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00248192101

DRIVER

Name of Driver	YONG HAO JIE, RYAN
NRIC No	SXXXX1951
Date Of Birth	20/08/1998
Occupation	Indoor

Date Of Driving Pass	07/09/2017
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96426424
Alt. Phone Number	-
Email Address	a6679b@gmail.com
Address	BLK 701 WOODLANDS DR 40
Address complement	#05-120
Postcode	730701
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	UNCLE
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME5327U
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)	-

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

Zam

Policyholder's Signature / Date & Time

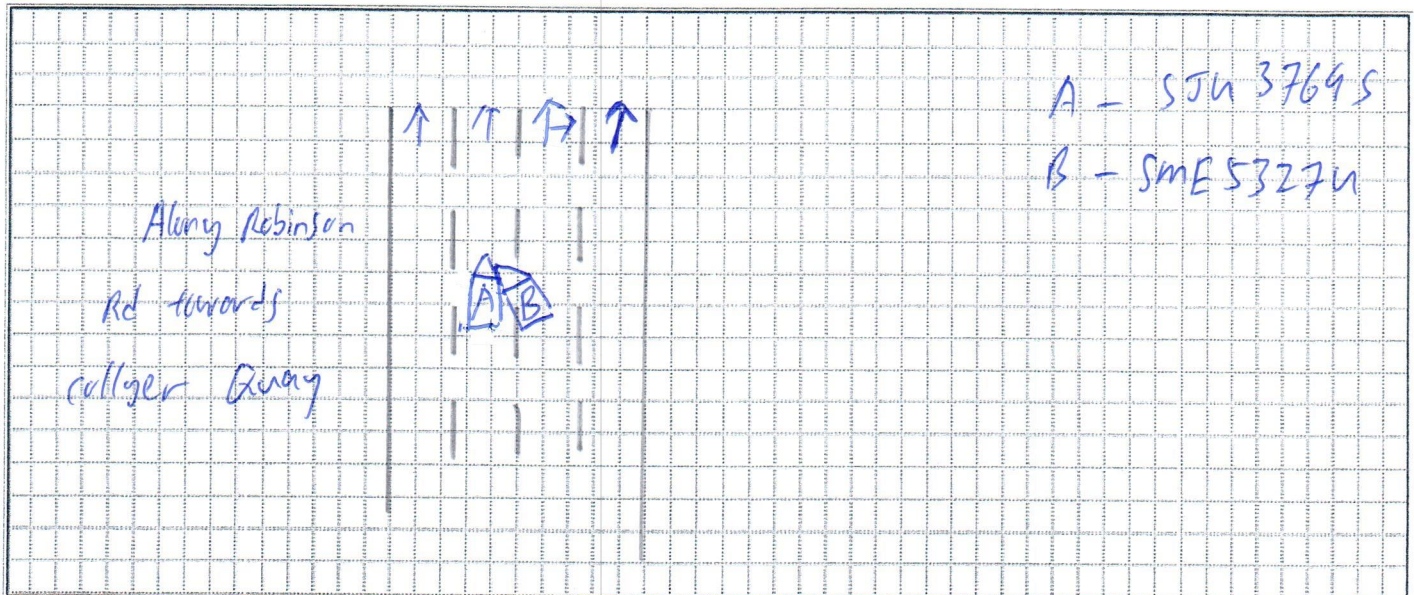
[Signature]

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

[Signature] 22/07/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

on the stated date and time, I was travelling along robinson rd
towards coller bay when suddenly vehicle B change lane abruptly,
causing collision and damages to the front right hand portion of
my vehicle A, nobody is injured in the accident.

Declaration

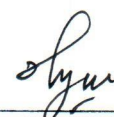
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 22/07/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Date of Accident : 21.07.2022 Accident Time: 1830 (24-HR-Format)
Accident Place : Along Robinson Rd, towards Collyer Quay
Vehicle No. (Car Plate No.) : SJU 3769 S Make/Model: Toyota WISH
Insurance Company : China Taiping Policy No: 0MPCSNAC024819210
Owner or Company Name / IC No. : Tan Thai HUNG 51243383 B
Owner or Company Contact No. : 90239640 Owner's Hp _____ Company Tel _____
DRIVER'S Name/IC No. : YONG HAO JIE RYAN
DRIVER'S Date of Birth : 20.08.1998 DRIVER'S License Pass Date: 07.09.2017
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: uncle
DRIVER'S Address : Blk 701, Woodlands Drive 40, #05-120, S(730701)
DRIVER'S Contact No./ Alt No. : 1) 96426424 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : a 6679 b @ gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (Including Driver): 01 driver
Was there any video Captured by car camera? NO
Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose
Any injury (If YES, Please state): nil

Other Party Driver's Particular (if any)

Vehicle No	: SME 5327U	Vehicle No	:
Vehicle Make/Model	: Hyundai Elantra	Vehicle Make/Model	:
Name Driver	:	Name Driver	:
IC No. Driver/Contact:	:	IC No. Driver/Contact:	:

Passenger's name & gender:

Motor Private Car

MX1WF
R SN
AN0435A
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.

DMPCSNA00248192101

Engine No.: 2ZR0470110

Cha. No.: ZGE200024705

1. Index Mark and Registration
Number of Vehicle

SJU3769S

AUTOSAFE
=====

2. Name of Policy Holder

TAN THAI HONG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment01/12/2021
(00:00:00)

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

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 will be doubled). A Flat \$S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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 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: Moses Chia Wen Jye
Authorised Officer
Authorised Signatory