

NTUC Assessment Centre Services

Date In: 15/08/22	Job description:	Date & Time Completed:	Done by:
Ref No: NM/C1222007751/A13	SAS e-filing		
Veh No: SGA3784M	E-mail (within 2hrs. AP: 2hrs)		
D.O.A: 14/08/22 1205	i-Motor Claim Form		
OD: Ⓢ Reporting Only	i-Motor W/O (Within: OD: 2hrs, TP: 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA6266M	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
	MOBILE REPORTING (ARRIAN)
	HD PERFECT AUTOWORK PTE LTD
	8 KACI BUKIT AVE 4
	#08-09 PREMIER @ KACI BUKIT
	415875

NA2202157	NA2202158	MOBILE REPORTING	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) RT: 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:-		
			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 \$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 Actual 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	15/08/2022 16:57 (SGT)
Reported by	Both
Date of Accident	14/08/2022 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF FRANKEL AVE & SIGLAP DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA3784M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA BOCK KOON
NRIC No	SXXXX330H
Email Address	maxcash5188@gmail.com
Mobile Phone No	(Phone) +65-86595515
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004782200

DRIVER

Name of Driver	CHUA BOCK KOON
NRIC No	SXXXX330H
Date Of Birth	06/05/1972
Occupation	Outdoor

Date Of Driving Pass	06/05/1994
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86595515
Alt. Phone Number	-
Email Address	maxcash5188@gmail.com
Address	BLK 640 WOODLANDS RING RD
Address complement	#09-17
Postcode	730640
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	Side Swipe
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)	4
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	-

PASSENGER 1

Name	GOJEK PASSENGER
Gender	Male

PASSENGER 2

Name	GOJEK PASSENGER
Gender	Female

PASSENGER 3

Name	GOJEK PASSENGER
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
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA6266M
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 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.

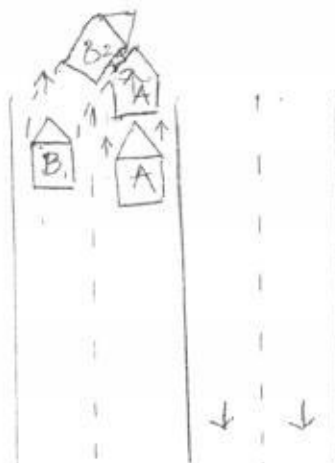
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Frankel Avenue



Siglap Drive

Vehicle A: SGA 3784M

Vehicle B: SLA 6266M

Describe Circumstances of the Accident

On 14/08/2022 at around 1205pm I was traveling along Frankel Avenue on right lane (lane 1) just before Siglap Drive. Suddenly vehicle B from the left lane swerve right attempting to turn into Siglap Drive and collided onto my vehicle front left portion. After the accident, we took photos and exchange particulars. My vehicle could not be driven after the accident, and I had to activate towing. I wish to state that during the point of time, I have 3 passengers on board via Gojek Booking. I have checked with them, no one is injured.

Passenger 1 : Male

Passenger 2 : Female

Passenger 3 : Female

Declaration

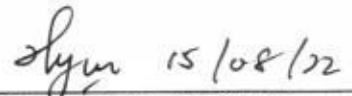
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

ADRIAN MOBILE REPORTING
have't
collect
money

SINGAPORE ACCIDENT STATEMENT

Accident Date: 14/08/2022	Time: 1205	(hh:mm) 24 hr format
Location Junction of Frankel Avenue & Siglap drive		
Vehicle Number SGA3784M		
Insured Name Chua Bock Koon		
NRIC / FIN S7215330H	Contact Number 8659 5515	
Make Toyota	Model A1T1S	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: () Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMHCSHW00004782200		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN -	Contact Number -	
Date of Birth 06/05/1972		
Driving Pass Date 06/05/1994		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address maxcash5188@gmail.com		() NO EMAIL
Address of Driver 640 WOODLANDS RING ROAD #09-17		
SINGAPORE 730640		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DEMANDSUE 2 nd party	Name Driver	Contact
Veh B SLA6266M		
Veh C		
Veh D		
Veh E		
Veh F		

3 passenger s

- ① Gojek male passenger
- ② Gojek Female passenger

Motor Hire Car

MZ406UB

N SN

AN0688A

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, 1955 (Malaysia)

CERTIFICATE No	DMHCSNW0004782200	Engine No.: 1ZRY208608	Chs. No. MR053REH104538725
1. Index Mark and Registration Number of Vehicle	SGA37B4M	AUTOSAFE	*****
2. Name of Policy Holder	CHUA BOCK KOON		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/04/2022 (00:00:00)	Excess Sect. I	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	13/04/2023	Excess Sect. II (Outside Singapore)	SS\$2,500.00
		EX ON WINDSCREEN	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below. 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.</p> <p>CHUA BOCK KOON</p>		
6. Limitations as to use*	<p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover: (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		

* 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: THIS MARKETING INSURANCE AGENCY
Authorised Officer


Authorised Signatory

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

6389 6111

6222 1033

www.sg.cntaiping.com