

# NATIONAL Assessment Centre Services

Date in: 23/08/2022 15:34  
 Ref No: 138101220087214  
 Veh No: GBB 892  
 D.O.A: 23/08/2022 13:30  
 OD: TP / Reporting Only

Job description: SAS e-filing  
 Date & Time C: Done by:  
 E-mail (within 2hrs, AUC 2hrs)  
 I-Motor Claim Form  
 I-Motor W/O (Within: OD, 2hrs, TP 4hrs)  
 I-Photo Uploaded  
 Assessment/Summary Report  
 Asst Report by Fax / Hand to Owner / Wksp

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Yeh No: SNA 45856 INC ( ) / Non-INC

Owner / Driver: (

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (Note: Est. Status ( )): NI: 0-20%; P: 21-75

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

( ) Walk-In Customer: Customer information strictly confidential & strictly NO ref

( ) Total Loss Case: to e-mail insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Towing: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Country Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair ( )] ( )

Injury: ( )

Date/Time: ( )

Address: ( )

Phone: ( )

Mobile: ( )

Other: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Invoice Pre: ( )  
 1) AR: Accident Reporting  
 2) DA: Damage Assessment  
 3) TF: Towing  
 4) FT: Follow-through Sur  
 5) FT: Follow-through Sur  
 For claiming cost IN  
 6) TR: Re-inspection  
 7) NI: Ids DA - SMRT S  
 8) NTUC Additional Serv  
 9) NI: Ids DA - SMRT S  
 Invoice dated  
 Invoice dated

NA 2202760

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge)

Auditors' Comment:

L 1:

L 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 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	25/08/2022 15:34 (SGT)
Reported by	Driver
Date of Accident	23/08/2022 13:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	EXIT NEAR STEVENS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB789Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KENNETH CROOKS DAVIS
NRIC No	SXXXX106D
Email Address	dgareth@gmail.com
Mobile Phone No	(Phone) +65-91255269
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Ford
Model	Ranger
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3198

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00124352100

### DRIVER

Name of Driver	GARETH CROOKS DAVIS
NRIC No	SXXXX310D
Date Of Birth	29/01/1981
Occupation	Indoor



Date Of Driving Pass	17/06/2004
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91255269
Alt. Phone Number	-
Email Address	dgareth@gmail.com
Address	14 TANGLIN WALK
Address complement	-
Postcode	247882
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA4585G
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SONIA YIM ZI QI
NRIC No	SXXXX314H

Contact Number	(Phone) +65-92723016
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

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 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.

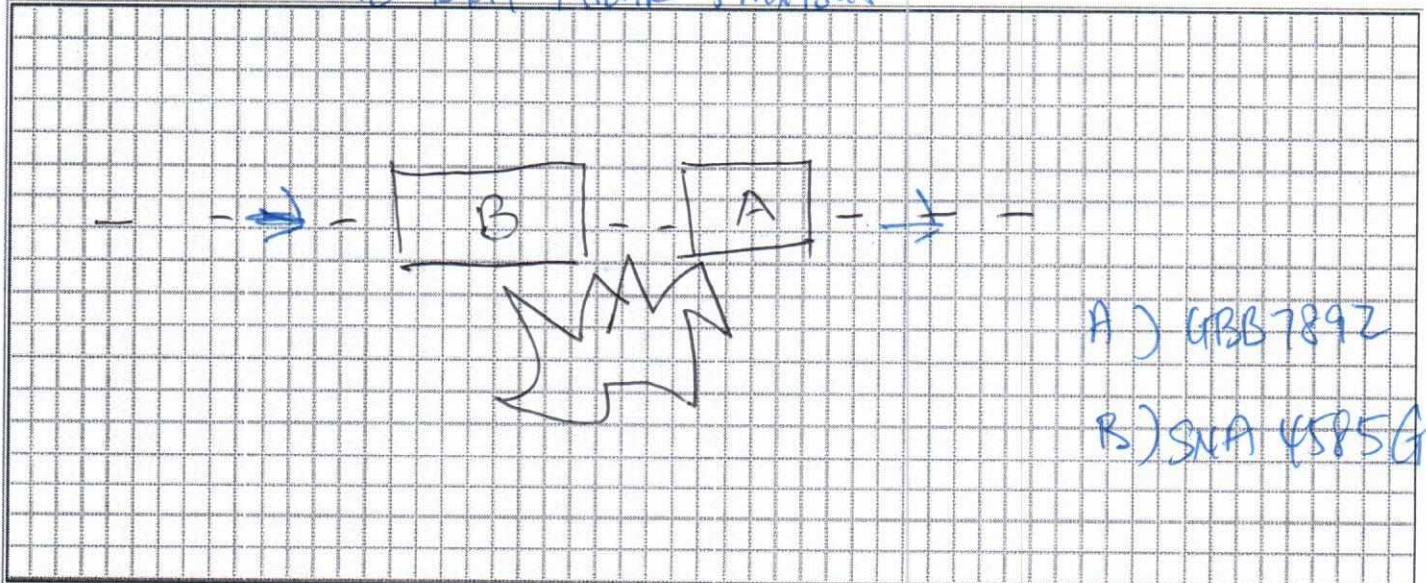
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE EX17 NEAR STRAITS





Describe Circumstance of the Accident

A WAS DRIVING DOWN PIE.  
A HAD TO BRAKE.

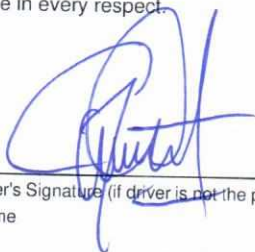
B HIT THE REAR OF A.

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

  
25/08/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	23/8/22	Time of Accident:	1330 HRS
Exact Location:	DIE EXIT NEAR STEVENS		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	GBB789Z	NRIC / FIN / Passport no:	S8184310D
Name of Registered Owner:	KENNETH C. DAVIS		
Owner's Email:	dgareth@gmail.com		
Owner's Address:	14 TANGLIN WALK		
Vehicle Make:	FORD	Vehicle Model:	RANGER
Engine Capacity (cc):		Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	CHINA TAIPING		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:			

DRIVER			
Name of Driver:	GARETH DAVIS	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S8184310D	Date of Birth:	29/01/81
Occupation:	Indoor / Outdoor	Driving Pass Date:	
Contact Number:	91255269	Gender:	<input checked="" type="radio"/> Male / <input type="radio"/> Female
Address:			
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / <input checked="" type="radio"/> Wet
Video available:	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Was anybody injured?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Police Report Made?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SNA4585G		
Vehicle Make / Model:	HONDA		
Name of Driver:	SONIA YIM 21 Q1		
NRIC / FIN / Passport no:	S9834314H		
Contact Number:	9272 3016		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

24/8/22



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 Commercial

MZ300/P

N SN

AN0729A

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.

DMCVSNW00124352100

Engine No.: P5AT2076459

Cha. No.: MNBUMFF50GW474525

1. Index Mark and Registration  
Number of Vehicle

GBB789Z

AUTOSAFE  
=====

2. Name of Policy Holder

KENNETH CROOKS DAVIS

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

30/10/2021  
(00:00:00)

Excess Sect I . S\$450.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

29/10/2022

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:\*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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: ACCORD MOTOR PTE LTD  
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