

NATIONAL Assessment Centre Services: [url: /assess] **SV08228 T0006**

Ref No: 29/08/2022 (11/7)	Job description	Date & Time Completed	Done by
Ref No: N/A/C7222008364/4	SAS e-filing		
Ref No: SFR 88663	E-mail (within 2hrs, A/C 2hrs)		
Q.A: 2/08/2022 09:30	1-Motor Claim Form		
Ⓞ / Reporting Only	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

referred Wksp / INC Ass'n Wksp / QW: () Toll () Fax: ()

P Particulars: Veh No: **GBG 2564R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note: Est., Status (WO): NI: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YBS () / 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: YBS () / 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	Action

Item/Particulars	Invoice Preparation Checklist	Ball	Excl. B
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant's use: R/C Only (w/ef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) NI: Idio DA + SMRT Survey \$150		
	8) NTUC Additional Services:		
	OD:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N4: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DY / Pollut Process Coordination \$5		
	TR (N11) / TP (N12) against INC \$20		
	9) N12: Idio Mobile \$0		
	Invoice dated	Not Charged	
	Invoice dated	Fee Charged	

N/A 22274

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	29/08/2022 17:17 (SGT)
Reported by	Both
Date of Accident	28/08/2022 09:30 (SGT)
Exact Location of Accident	36 Loyang View, Singapore 507234
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB8866J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHIN GUAN (XU JINXUAN)
NRIC No	SXXXX713I
Email Address	cgkoh8866@gmail.com
Mobile Phone No	(Phone) +65-82928866
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es300
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	2487

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00194092200

DRIVER

Name of Driver	KOH CHIN GUAN (XU JINXUAN)
NRIC No	SXXXX713I
Date Of Birth	15/08/1973
Occupation	Indoor

Date Of Driving Pass	21/03/1996
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82928866
Alt. Phone Number	-
Email Address	cgkoh8866@gmail.com
Address	36 LOYANG VIEW
Address complement	-
Postcode	507234
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2564R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

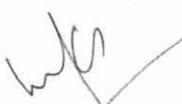
IMPORTANT NOTICE

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 willful 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.



Policyholder's Signature / Date & Time



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

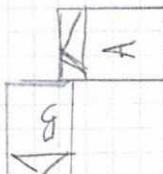


Witnessed by Reporting Centre Personnel

Sketch Plan

36 Loyang View

(A) SFB 8866J
(B) GBG 2564R



Describe Circumstances of the Accident

On 28.08.2022 @ about 9:30hrs, I parked my vehicle in front of my house at 36 Loyang View, a lorry vehicle number GBG 2564R reverse & collided onto my front left portion of my vehicle.

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



29/08/2022

Witnessed by Reporting Centre Personnel

Date of Accident : 28.08.2022 Accident Time: 9:30 hrs (24-HR-Format)

Accident Place : 36 Loyang View

Vehicle No. (Car Plate No.) : SFB 8866J Make/Model: Lexus ES300H 4DR SEDAN

Insurance Company : China Taiping Policy No: DMPCSNW00194092200

Owner or Company Name /IC No. : Koh Chin Guan (Xu Jinyuan) | S 72307131

Owner or Company Contact No. : 82928866 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Same As Above

DRIVER'S Date Of Birth : 15.08.1973 DRIVER'S License Pass Date 21.03.1996

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : 36 Loyang View S(707234)

DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : cgkoh8866@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): 0

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: <u>GBG 256AR</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Motor Private Car

MX1E

E SN

AN0727A

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.	DMPCSNW00194092200	Engine No.: A25AN151878	
		Cha. No.: JTHB21B1002086752	
1. Index Mark and Registration Number of Vehicle	SFB8866J		
2. Name of Policy Holder	KOH CHIN GUAN (XU JINYUAN)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/08/2022 (10:04:36)	Named Drivers Ex Sect. I	SS\$1,000.00
		Additional Ex Other than Named Drivers:	
4. Date of Expiry of Insurance	15/08/2023	Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	SS\$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\$1,000 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. : UNITED OVERSEAS BANK 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: _____
Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	713I
Vehicle Details	
Vehicle No.:	SFB8866J
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS ES300H 4DR SEDAN (AUTO) LUXURY
Primary Colour:	Black
Manufacturing Year:	2020
Engine No.:	A25AN151878
Chassis No.:	JTHB21B1002086752
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	\$50,984.00
Original Registration Date:	20 Feb 2020
First Registration Date:	20 Feb 2020
Transfer Count:	1
Actual ARF Paid:	\$63,772.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Feb 2030
PARF Rebate Amount:	\$47,829.00
Intended COE Rebate Details	
COE Expiry Date:	19 Feb 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$30,890.00
COE Rebate Amount:	\$22,868.00
Total Rebate Amount:	\$70,697.00

The information contained herein is correct as at 29 Aug 2022

OK