

NATIONAL Assessment Centre Services: (www.nashoes)

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with/ w/o shrt, ATG shrt)		
1-Motor Claim Form		
1-Motor W/O (w/with: OD, 2hrs, TP 4hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: ()
 P Particulars: () Yeh No: () 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: YBS () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

Excess: ()
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: ()
Date & Time Completed: () Done by: ()

Remarks:	(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check/ Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

[illegible]

NA2202340	Invoice # 2202340
Incident Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); TIC (\$30)
Contact No:	3) TP: Towing Fee \$10/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Ensurvey) \$30
	For claiming at least TIC Only (over 10 days 2025)
	6) TR: Re-inspection \$75
	7) NI: Id: DA + SMART Survey \$160
	8) NTUC Additional Services:

C. Checked by (Engn-In-Charge);	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$5
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (N11 INC) against INC	\$10
	9) N12: Kase Mobile	10
	Invoice dated	Not Charged
	Invoice dated	Not 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	01/09/2022 11:26 (SGT)
Reported by	Both
Date of Accident	30/08/2022 11:53 (SGT)
Exact Location of Accident	Clarke Quay, Singapore
Additional Location Information	CENTRAL OUTSIDE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8285X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHEN JUNJIE
NRIC No	SXXXX118J
Email Address	sjj19191984@gmail.com
Mobile Phone No	(Phone) +65-98556421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00195392100

DRIVER

Name of Driver	SHEN JUNJIE
NRIC No	SXXXX118J
Date Of Birth	06/05/1984
Occupation	Outdoor

Date Of Driving Pass	25/06/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98556421
Alt. Phone Number	-
Email Address	sjj19191984@gmail.com
Address	BLK 580 WOODLANDS DRIVE #02-592
Address complement	-
Postcode	730580
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)	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG9265H
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)		-

IMPORTANT NOTICE

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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:

- (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.

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

Sketch Plan

THE CLARKE QUAY CENIPA

VEH (A) SKV 8285X
(B) GRG 9285 H

Describe Circumstance of the Accident

ON THE STATED DATE & TIME, I WAS PARK MY VEHICLE (A)
SKV 8285 X AT LEFT SIDE OF THE CLARKE QUAY CENTRAL OUTSIDE
SUDDENLY I SAW A VEHICLE (B) GBG 9265 H WAS COMING FROM MY
REAR & HIS VEHICLE DOOR NO CLOSE & THE DOOR ACCIDENTALLY HIT
ONTO THE RIGHT SIDE OF MY VEHICLE. I ALIGHTED & DISCOVERED MY
VEHICLE WAS DAMAGED. I HAVE LODGED THIS REPORT FOR
INSURANCE CLAIMS PURPOSE.

VEH (A) SKV 8285 X

(B) GBG 9265 H

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

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

(5)

Date of Accident : 30/8/22 Accident Time: 1152HRS (24-HR-Format)
Accident Place : THE CLARKE QUAY CENTRAL OUTSIDE.
Vehicle No. (Car Plate No.) : SKV 8285X Make/Model: MERCEDES.
Insurance Company : CHINA TAIPING Policy No: DMPCHW 001 95372101
Owner or Company Name /IC No. : SHEN JUN JIE (S8413 118J).
Owner or Company Contact No. : 9855 6421 Owner's Hp — Company Tel
DRIVER'S Name / IC No. : AS ABOVE.
DRIVER'S Date Of Birth : 06/05/1984 DRIVER'S License Pass Date 25/06/2013.
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNERS.
DRIVER'S Address : BLK 580 WOODLANDS PR 16 #02-592 S1730580.
DRIVER'S Contact No./ Alt No. : 1) 9855 6421 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : SJJ19191984 @ 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
Was there any video Captured by car camera: YES \ NO .
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
Any Injury (If YES, Pls state): NO .

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) . GBG 9265 H.</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

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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No: DMP/CSN/V0019539/2100

Engine No.: 27491030412059
Chassis No: WDD2050402R084442

1. Index Mark and Registration Number of Vehicle: SKV8285X

AUTOSAFE

2. Name of Policy Holder: SHEN JUNJIE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment: 02/10/2021 (00:00:00)

Named Drivers Ex Sect 1: S\$500.00
Additional Ex Other than Named Drivers:
Ex Sect 1 - Age <= 25: S\$3,000.00
Ex Sect 1 - Age >= 26: S\$500.00
* Age as at date of accident
EX ON WINDSCREEN: S\$100.00

4. Date of Expiry of Insurance: 01/10/2022

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*

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 sampling 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: STANDARD CHARTERED BANK(S) 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: MEFA AGENCY PTE LTD
Authorised Officer


Authorised Signatory