

NATIONAL Assessment Centre Services: [ver 1.1 Jan 02]

EN10822970004

Ref No: 07/09/2022 16:12	Job description	Date & Time Completed	Done by
File No: NBS/11220089054	SAS e-filing		
Ch No: SM 7058C	E-mail (with/without shrs, AIO shrs)		
O.A: 06/09/2022 21:13	1-Motor Claim Form		
D: TP / Reporting Only	1-Motor W/O (with/without shrs, TP shrs)		
P Insurer:	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: Yeh No: SMX 2728R	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: 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: ( )	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: \_\_\_\_\_

Time	Actions

NA2202425

Customer Particulars	Invoice Preparation Charge	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	TRC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
C. Checked by (Engi-In-Charge):	4) FT: Follow-Through Survey \$120	
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Date:	For claim use at least TRC Only (ver 10 Jan 2005)	
L 2/3:	6) TR: Re-inspection \$73	
	7) NI: Day DA + SMRT Survey \$160	
	8) NTUC Additional Services	
	ONT	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TR (NI) / TP (Non-INC) against INC \$30	
	9) NI 2: Line Mobile \$0	
	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	07/09/2022 16:12 (SGT)
Reported by	Driver
Date of Accident	06/09/2022 21:13 (SGT)
Exact Location of Accident	HarbourFront Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7058C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MAH QIAN QIAN
NRIC No	SXXXX284F
Email Address	qstay73@gmail.com
Mobile Phone No	(Phone) +65-97871133
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1794

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00243502101

### DRIVER

Name of Driver	TAY QUAN SHENG
NRIC No	SXXXX878B
Date Of Birth	29/04/1973
Occupation	Outdoor

Date Of Driving Pass	28/07/1993
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92768777
Alt. Phone Number	-
Email Address	qstay73@gmail.com
Address	BLK 87 TELOK BLANGAH HEIGHTS #09-361
Address complement	-
Postcode	100087
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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)	2
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	DAUGHTER
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

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	SMX2728R
Vehicle Manufacturer	Toyota
Vehicle Model	Rav4
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM MEOW FANG CAMELIA
NRIC No	SXXXX534B
Contact Number	(Phone) +65-88130600
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**

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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:

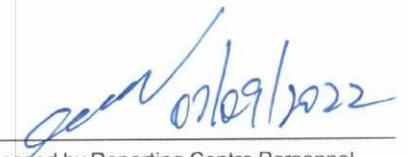
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 7/9/22

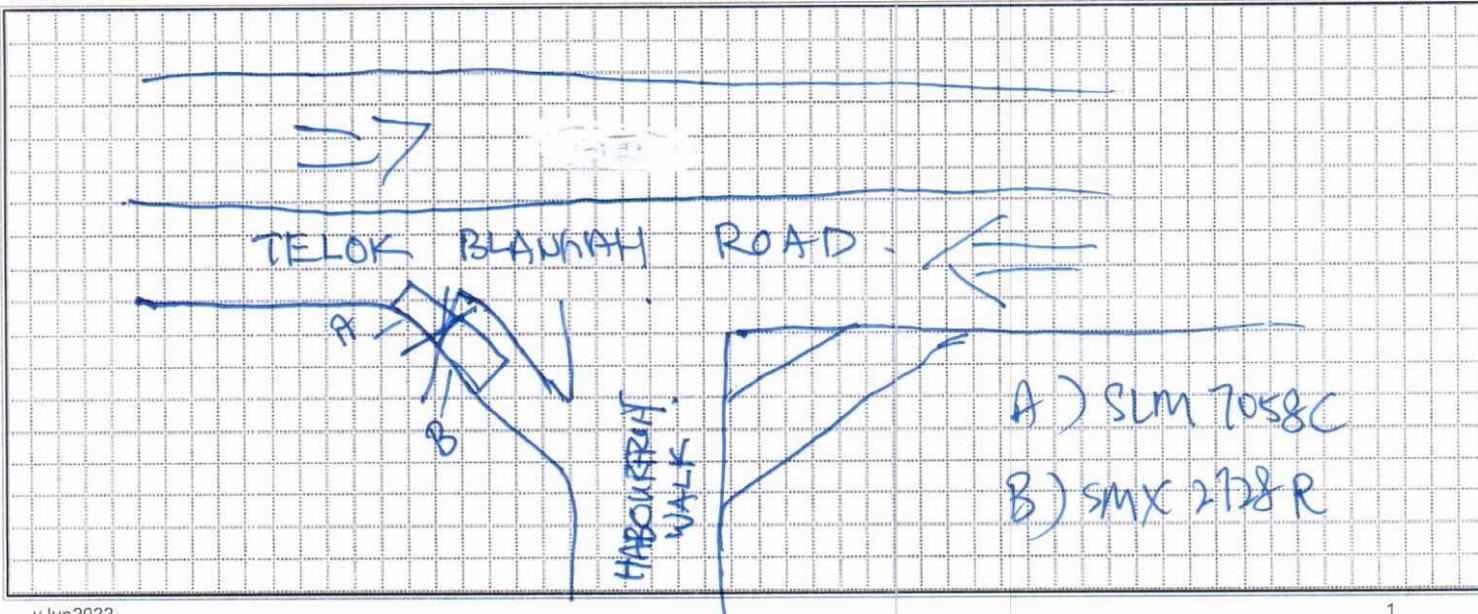
 07/09/2022

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

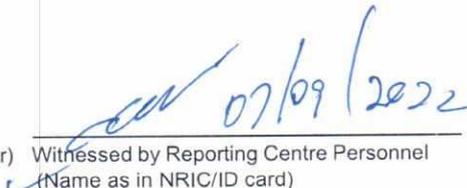
ON 6/9/2022 (TUE) AT ABOUT 21:13HRS, I WAS DRIVING ALONG HARBOURFRONT WALK COMING OUT FROM VIVO CITY CAR PARK AT THE TRAFFIC JUNCTION, I TURN LEFT GOING OUT TO TELOK BLAUHAY ROAD. SINCE I AM ON THE SMALL ROAD, I STOP AND GIVE WAY TO CARS MOVING ALONG THE MAIN ROAD AT TELOK BLAUHAY ROAD. SUDDENLY A LOUD BANG & IMPACT BEHIND MY CAR. SUV 2728R, DRIVER MS CAMELIA LIM HIT ~~CAR~~ MY CAR FROM BEHIND.

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (06/09/2022) (DD/MM/YYYY), TIME: (21:13) (HH:MM)

LOCATION: HARBOURFRONT WALK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM7058C  
b) INSURANCE COMPANY: CHINA TAIPIING  
c) POLICY NUMBER: DMPC8HWC0243502104  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: WISH 1.8X L EDITION  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MAH QIAN QIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S734128AF CONTACT: 97871133  
c) ADDRESS: BK 87 TELOK BAWAH HEIGHTS #09-261  
S100087

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TAY QUAN SHENH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 7319878B CONTACT: 92768777  
c) ADDRESS: BK 87 TELOK BAWAH HEIGHTS #09-261  
S100087

\* d) DATE OF BIRTH: (29/04/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 28/1/1993

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED YES / NO

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMX 2728R MODEL: R TOYOTA RAFF  
b) DRIVER'S NAME: LM MEOW FAN CAMELIA  
c) NRIC/FIN/PASSPORT: S8228534B CONTACT: 88150 8513 0600

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email: qstay73@gmail.com

VIDEO

DAUGHTER

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
(2)

No of passenger  
(including driver)  
( )

Motor Private Car

MX1WF

R SN

AN0550A

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. DMPCSNW00243502104

Engine No.: 1ZZ3120686

Cha. No.:ZNE100413088

1. Index Mark and Registration Number of Vehicle SLM7058C

AUTOSAFE  
=====

2. Name of Policy Holder MAH QIAN QIAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 11/12/2021 (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

4. Date of Expiry of Insurance 10/12/2022

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 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.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER

\* 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: OEN CHWEE HUA  
Authorised Officer



Authorised Signatory