

NATIONAL Assessment Centre Services

Date: 09/09/12	Job description	Date & Time Completed	Done by
Ref No NA/CI22008883/13	SAS e-filing		
Veh No SMV 7599Z	E-mail (within 8hrs. AP 2hrs)		
DOA 08/09/12 1726	i-Motor Claim Form		
OD/TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SIQ 6644U

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

NA2202489	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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			
Cal 1:	Invoice dated	Fee Charged		
Cal 2/3:	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	09/09/2022 15:37 (SGT)
Reported by	Both
Date of Accident	08/09/2022 17:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X-JUNC OF MARINA BLVD & SHEARES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7599Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOH CHUN HOU
NRIC No	SXXXX531F
Email Address	xiao_hao1989@hotmail.com
Mobile Phone No	(Phone) +65-84916007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	DMPCSNA00040682201

DRIVER

Name of Driver	TEOH CHUN HOU
NRIC No	SXXXX531F
Date Of Birth	15/02/1989
Occupation	Indoor

Date Of Driving Pass	08/10/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84916007
Alt. Phone Number	-
Email Address	xiao_hao1989@hotmail.com
Address	BLK 128 PASIR RIS ST 11
Address complement	#06-337
Postcode	510128
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)	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	TAN DE YI
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6644U
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

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

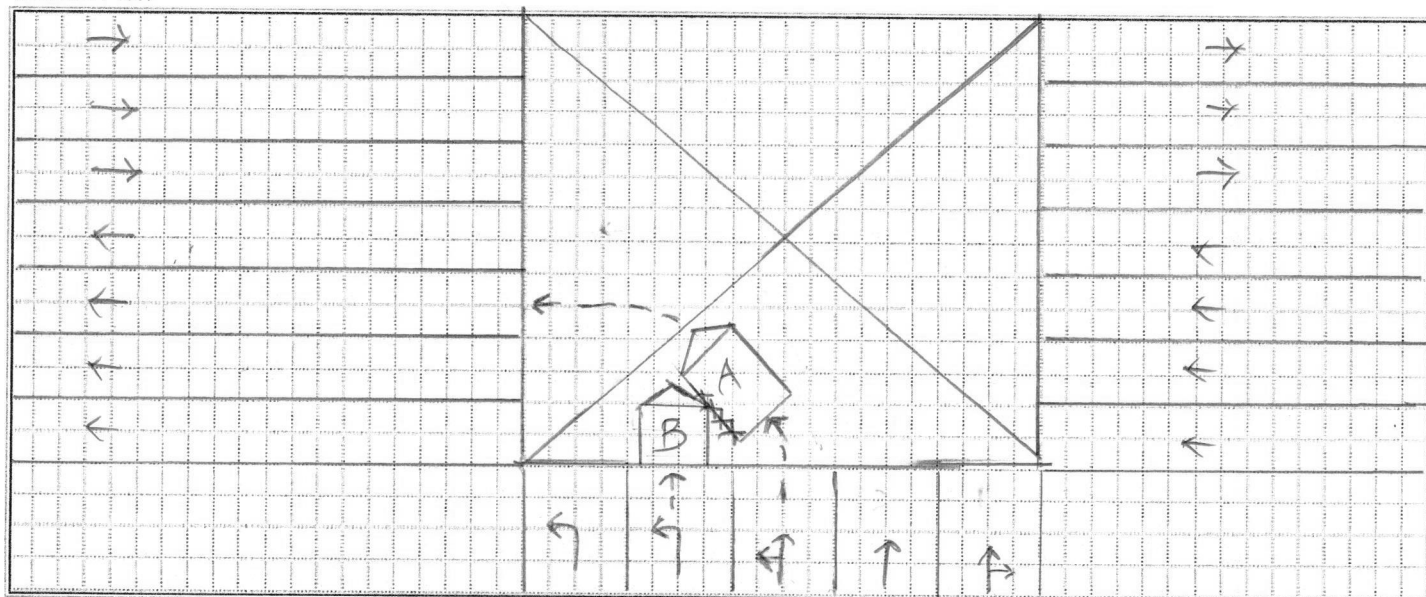
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



MARINA BOULEVARD

A - 8MV7599Z

B - SJQ6644U

Describe Circumstance of the Accident

ON 08/09/2022 AT ABOUT 1726HRS, I WAS TRAVELLING
ALONG X-JUNCTION OF MARINA BOULEVARD AND SHEARES
AVENUE LANE 3. AS I WAS MAKING MY LEFT TURN TO
HEAD TOWARDS SHEARES AVENUE, VEHICLE B WHO WAS AT
LANE 4 (TURN LEFT ONLY LANE) WENT STRAIGHT INSTEAD
AND COLLIDED INTO THE LEFT HAND PORTION OF MY
VEHICLE.

Declaration

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

Policyholder's Signature / Date & Time

9/9/22 1151HRS

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

9/9/22 1151HRS

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

shym 09/09/22

VEHICLE NO: SMV7599ZMAKE & MODEL : Mazda CLA180

AUTO / MANUAL

DATE OF ACCIDENT	<u>08 / 09 / 2021</u>	*C.C: <u>1595</u>
TIME OF ACCIDENT	<u>1726 hrs</u>	AM / <u>PM</u>
LOCATION OF ACCIDENT	<u>X-Junction of Moring Blvd & Sheares Ave.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	<u>TEOH CHUN HOU</u> Email: <u>XIAO-HAO1989@HOTMAIL.COM</u>	
TELP NO	Mobile: <u>8491 6007</u> Office: <u>-</u> Home: <u>-</u>	
NRIC	<u>S8989531R</u>	
CLAIM TYPE	<u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	<u>DMPCSNW00169602000</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>China Taiping</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: <u>Teoh Chun Hou.</u>	
NRIC	<u>S8989531R</u>	
DATE OF BIRTH	<u>15 / 02 / 1989</u>	
ANY PASSENGER	<u>YES</u> / NO :	
NAME OF PASSENGER	<u>Tan De Yi</u>	
GENDER OF PASSENGER	<u>MALE</u> / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>	
DATE OF DRIVING PASS	<u>08 / 10 / 2021.</u>	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: <u>8491 6007</u> Office: <u>-</u> Home: <u>-</u>	
EMAIL:	<u>XIAO-HAO1989@HOTMAIL.COM.</u>	
ADDRESS	<u>BK128 Pasir Ris St 11 #06-337 S (510128)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. <u>INSURER.</u>	
RELATIONSHIP	Employee / If <u>owner</u> .	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	<u>No</u> / If yes: <u>Who?</u>	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?	
VEHICLE B NO.	<u>SK6644L</u> Any Passenger: <u>2 (1 male & 1 female)</u>	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Private Car

MX1E

R SN

AN0707B

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNA00040682201

Engine No.: 27091030924657

Cha. No.:WDD1173422N346778

1. Index Mark and Registration
Number of Vehicle

SMV7599Z

AUTOSAFE
=====

2. Name of Policy Holder

TEOH CHUN HOU

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment19/02/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

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

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. : TOKYO CENTURY LEASING (S) PTE LTD

* 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