

NATIONAL Assessment Centre Services

Date: 09/09/22	Job description	Date & Time Completed	Done by
Ref No NA/CTI2008898/13	SAS e-filing		
Veh No SLN1193D	E-mail (within 3hrs, APC 2hrs)		
DOA 08/09/22 1305	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insured:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

XE3843D

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

NA2202496

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal 1:

Cal 2/3:

Invoice Preparation Checklist

Amnt (\$)

Amnt (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- 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

Invoice date:

Fee Charged

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 18:03 (SGT)
Reported by	Both
Date of Accident	08/09/2022 13:05 (SGT)
Exact Location of Accident	Upper Changi Rd N, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1193D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG XIAOLONG GLEN
NRIC No	SXXXX997C
Email Address	glenliang1988@gmail.com
Mobile Phone No	(Phone) +65-89211304
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00014742101

DRIVER

Name of Driver	LIANG XIAOLONG GLEN
NRIC No	SXXXX997C
Date Of Birth	26/10/1988
Occupation	Outdoor

Date Of Driving Pass	07/02/2009
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89211304
Alt. Phone Number	-
Email Address	glenliang1988@gmail.com
Address	BLK 328 AMK AVE 3
Address complement	#08-2018
Postcode	560328
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	JOYCE
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	XE3843D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PANDIAN ARUNKUMAR
Passport No/FIN	GXXXX469X
Contact Number	(Phone) +65-88076647
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIANG XIAOLONG GLEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLN1193D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

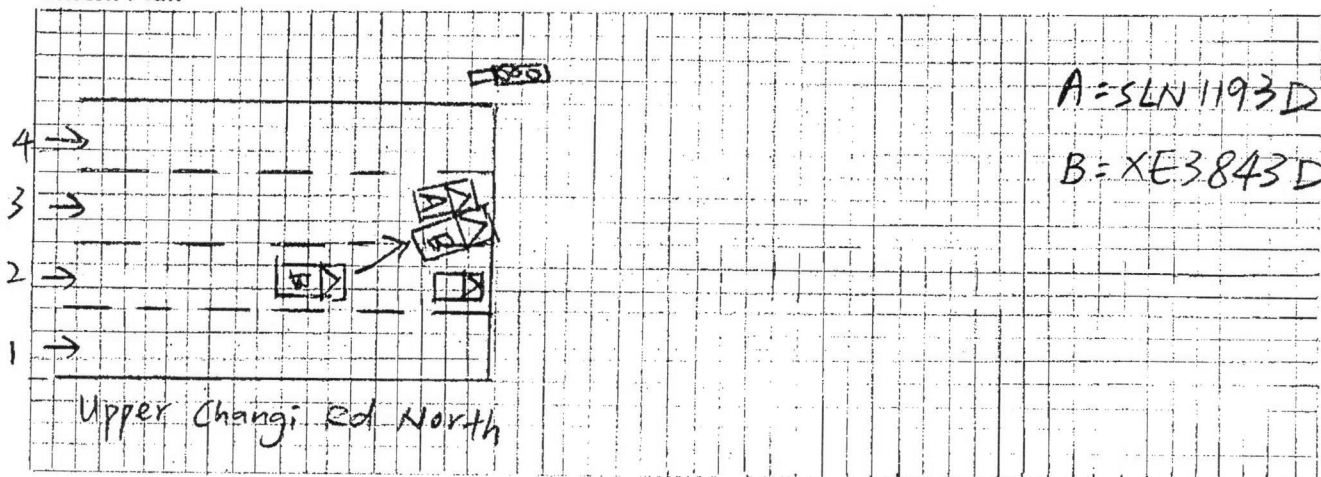
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

gh
Policyholder's Signature / Date & Time

ghm 09/09/22
Driver's Signature (If driver is not the policyholder) / Date & Time

ghm 09/09/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was stationary along Lane 3 of Upper Changi Road North on 08.09.2022 at about 1305 hours. Vehicle B come from Lane 2 unable to brake in time, he try to avoid to hit onto vehicle in front of him and switch to his left. Therefore, Vehicle B hit onto my right side and cause my vehicle damage.

Declaration

We declare the foregoing particulars are true in every respect.

den
Policyholder's Signature / Date & Time

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

2lyn 09/09/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SLN 1193D

MAKE & MODEL : Hyundai Avante

AUTO / MANUAL

DATE OF ACCIDENT	08 / 09 / 2022	*C.C. 1-6
TIME OF ACCIDENT	1.05	AM / (PM)
LOCATION OF ACCIDENT	UPPER CHANGI ROAD NORTH	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / (PRIVATE HIRE)	
NAME OF OWNER	Liang Xiao Long Glen Email: glenliang1988@gmail.com	
TELP NO	8921 1304	Mobile: 89211304 Office: Home:
NRIC	S8840997C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES (NO ?)	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / Third Party / (Third Party Fire & Theft)	
POLICY NO.	DMHCSNA 00014742101	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	S8840997C	
DATE OF BIRTH	26/10/1988	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	JOYCE	
GENDER OF PASSENGER	MALE / (FEMALE)	
OCCUPATION	OUTDOOR	
DATE OF DRIVING PASS	07/02/2009	
GENDER	MALE	
CONTACT NO.	8921 1304	
EMAIL	glenliang1988@gmail.com	
ADDRESS	Blk 328 Ang Mo Kio Avenue 3 #08-2018 S (560328)	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes: Reg No. INSURER.	
RELATIONSHIP	Employee / If No: owner	
WEATHER CONDITION	(Clear) / Raining / Other.	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / If yes: Who? DRIVER	
CONTACT NO.	89211304	
POLICE REPORT	(No) / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	XE3843D Any Passenger: No	
NAME	Pandian Arunkumar G2227469X	
CONTACT NO.	88076647	
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 / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



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 Hire Car

MZ406L/B

R SN

AN0621A

Cov. Type:F

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.

DMHCSNA00014742101

Engine No.: G4FC8U546048

Cha. No.:KMHDU41BR9U625403

1. Index Mark and Registration
Number of Vehicle

SLN1193D

AUTOSAFE
=====

2. Name of Policy Holder

LIANG XIAOLONG GLEN

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

05/12/2021
(00:00:00)

Excess Sect. II S\$1,250.00

Excess Sect.II (Outside Singapore). S\$2,500.00

4. Date of Expiry of Insurance

04/12/2022

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

LIANG XIAOLONG GLEN

6. Limitations as to use*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : BENEFIT AUTO ENTERPRISE 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: Lim Lee Choo
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