

# NATIONAL Assessment Centre Services

Date: <u>14/09/22</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/CT22009021/13</u>	SAS e-filing		
Veh No: <u>SLM3353B</u>	E-mail (within 8hrs, AP 2hrs)		
DOA: <u>13/09/22</u> <u>0740</u>	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: <u>XE80015</u>	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

**NA 2202528**

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Call 1:

Call 2/3:

## Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
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) FT: 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	14/09/2022 10:31 (SGT)
Reported by	Driver
Date of Accident	13/09/2022 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF UBI RD 2 AND AIRPORT RD TWDS KPE(ECP)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3353B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AT CARS
Company Reg No	5XXXX136W
Email Address	thg958@gmail.com
Mobile Phone No	(Phone) +65-91456703
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00010642101

#### DRIVER

Name of Driver	TAN HOCK GUAN
NRIC No	SXXXX535Z
Date Of Birth	22/03/1958
Occupation	Outdoor

Date Of Driving Pass .....	14/07/1976
Driving experience .....	46 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91456703
Alt. Phone Number .....	-
Email Address .....	thg958@gmail.com
Address .....	BLK 831 HOUGANG CENTRAL
Address complement .....	#04-516
Postcode .....	530831
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	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 .....	PASSENGER
Gender .....	Male

#### 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 .....	XE8001J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-82877447
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 .....	TAN HOCK GUAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SLM3353B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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. 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.



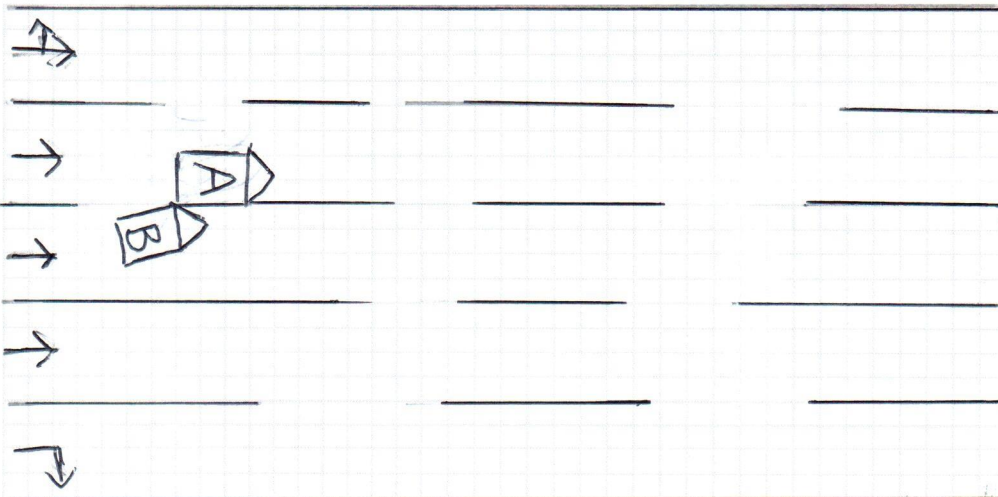
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Junction of Ubi Road 2 and Airport Road towards KPE (ECP)



(A) SUM3353B

(B) XE8001J



### Describe Circumstances of the Accident

On 13/09/2022 at about 0740 hrs at before Junction of Ubi Road 2 and Airport Road towards KPE (ECP). I was travelling on the fourth lane at along Airport Road towards KPE (ECP). My front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from the rear and when I alight, it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger inside my vehicle.

(A) SLM3353B

(B) XE8001J

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

### 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



## SINGAPORE ACCIDENT STATEMENT

Accident Date:	13/9/22	Time:	07:40	(hh:mm) 24 hr format
Location	Junction of Uri Road 2 and Airport Road towards KPE (ECP)			
Vehicle Number	SLM 3353B			
Insured Name	AT CARS			
NRIC / FIN	UEN - 533741360	Contact Number	9145 6703	
Make	Toyota	Model	Prius Hybrid 1.8 CVT	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	CHINA TAIPING			
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	DMHCSNW 00010642101			
Name of Driver	TAN HOCK GUAN		( ) Same as Insured	
NRIC / FIN	S133 45352	Contact Number	9145 6703	
Date of Birth	22-03-1958			
Driving Pass Date	14-Jul-1976			
Occupation ( ) Indoor ( / ) Outdoor				
Gender ( / ) Male ( ) Female				
Email Address	thg958@gmail.com	( ) NO EMAIL		
Address of Driver	BLK 831 HOUGHAM (CENTRAL #04-516 S (530831)			
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No				
If No, Relationship of the Driver with the Insured				
Hirer (Sole - Proprietor)				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( / ) Clear ( ) Raining ( ) Others				
Road Surface ( / ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( / ) Yes ( / ) No				
If yes, injured detail				
Driver - back & neck pain				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact
Veh B	XE 8001J		82877447	
Veh C				
Veh D				
Veh E				
Veh F				

(male) passenger x 1

201-6243 1373  
 Email mg3solution@gmail.com



Motor Hire Car

MZ407

R SN

AN0699A

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.

DMHCSNW00010642101

Engine No.: 2ZRS030423

Cha. No.: JTDKB3FU503554437

1. Index Mark and Registration  
Number of Vehicle

SLM3353B

AUTOSAFE  
=====

2. Name of Policy Holder

AT CARS

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

28/09/2021  
(00:00:00)

Excess Sect. I . S\$1,250.00  
Excess Sect. I (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance

27/09/2022

Excess Sect. II S\$1,250.00  
Excess Sect. II (Outside Singapore). S\$2,500.00  
EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any employee or any person who is driving with the Policyholder's order or with their 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:\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

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. : MOTOR-WAY CREDIT 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: INSMART ENTERPRISE  
Authorised Officer

Authorised Signatory



## Enquire Vehicle Registration Details

### Owner Particulars

NR IC/Passport/Company Cert No.:	53374136W
Owner ID Type:	Business
Owner Name:	AT CARS
Registered Address:	APT BLK 831 HOUGANG CENTRAL #04-516 SINGAPORE 530831
Mailing Address:	-
Birth Date:	-

### Vehicle Particulars

Vehicle No.:	SLM3353B
Previous Vehicle No.:	-
Effective Date of Ownership:	06 Sep 2019
Original Regn Date:	28 Mar 2017
Registration Date:	28 Mar 2017
Year of Manufacture:	2017
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	JTDKB3FU503554437
Engine No.:	2ZRS030423
Motor No.:	1NMS030423
Engine Capacity / Power Rating:	1798 cc / 53.0 kW
Maximum Power Output:	90.0 kW (120 bhp)
Propellant:	Petrol-Electric
Max Unladen Weight:	1375 kg
Maximum Laden Weight:	1790 kg
Open Market Value:	\$29,007.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Mar 2027
Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	2
IU Label No.:	1127409985
COE No.:	2016110103000652W
COE Expiry Date:	27 Mar 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$53,001.00 / -
Actual QP Paid:	\$53,001.00
QP (Regn Cat):	\$53,001.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$53,001.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$9,007.00 (140%)
Actual ARF Paid:	\$5,000.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	87.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$27,610.00
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.

AT CARS ( 53374136W)

Buy my Business Information

Business Related Services

Principal Place of Business: 831 HOUGANG CENTRAL #04-516  
Singapore 530831

Invalid Address Tagging  
Remarks:

Entity Type: BUSINESS  
Status: Live  
Status Date: 01/09/2019  
Date Of Registration : 29/11/2017

Primary Business Activity: PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS)(49219)  
Description:  
Secondary Business Activity: ()  
Description:

Date of Expiry: 29/11/2021

Agents /Authorised Representatives/Partners/Owners/Nominees

Charit Transession and Drivers Statute Seal