

NATIONAL Assessment Centre Services

Date In 21/09/22	Job description	Date & Time Completed	Done by
Ref No NA/CT22009303/12	SAS e-filing		
Veh No SJG22G	E-mail (within 8hrs. AP 2hrs)		
DOA 20/09/22 1102	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: Vch No: SMN2794B 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

NA220260C

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	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 dated	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	21/09/2022 16:39 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 11:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	51 PAYA UBI IND PARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJG22G

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITY HAIR BEAUTY
Company Reg No	5XXXX269K
Email Address	jason@etalia.sg
Mobile Phone No	(Phone) +65-96201155
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320I
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2996

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00005742203

### DRIVER

Name of Driver	TAN HIAP HOOI
NRIC No	SXXXX695F
Date Of Birth	26/11/1954
Occupation	Indoor

Date Of Driving Pass .....	22/12/1976
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-9755526
Alt. Phone Number .....	-
Email Address .....	jason@etalia.sg
Address .....	810 GEYLANG RD
Address complement .....	#08-03
Postcode .....	409286
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN2794B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEONG CHEE KONG

NRIC No .....	SXXXX296Z
Contact Number .....	-
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 HIAP HOOI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SJG22G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

email - jason@etalia.sg

## IMPORTANT NOTICE

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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 work shop 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.



*bs* x

Policyholder's Signature / Date & Time

*[Signature]*

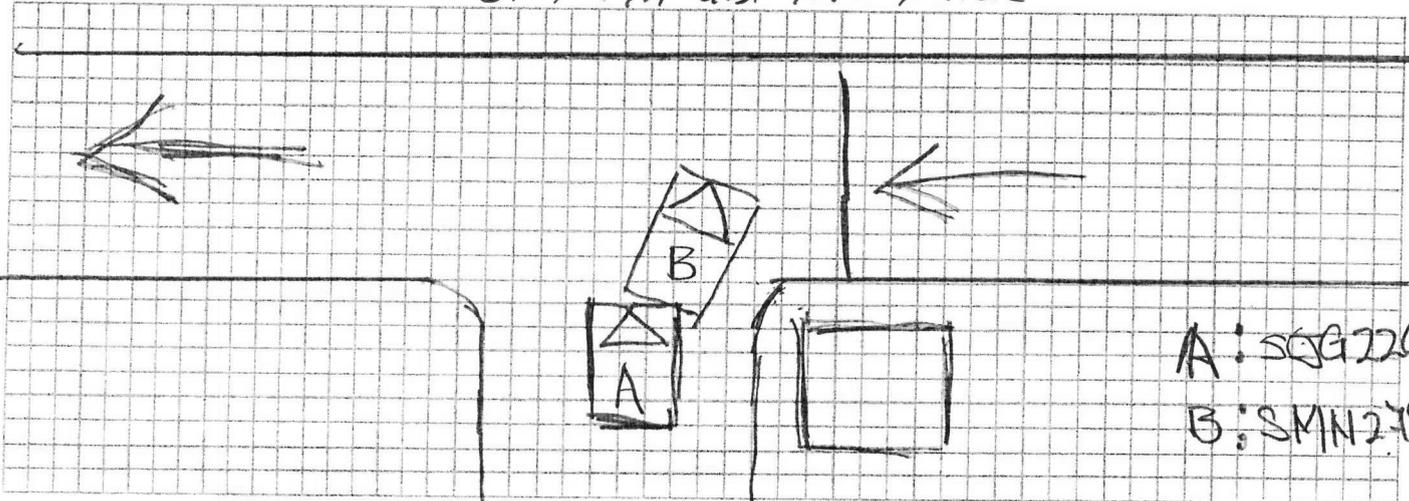
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 21/09/22

Witnessed by Reporting Centre Personnel

### Sketch Plan

51 PAYA UBI IND PARK



A: SGG22G  
B: SMN2794!

**Describe Circumstances of the Accident**

On 20/09/2022 at about 11:02 a.m, I was driving my vehicle number "SJG 22 G" into Paya Ubi Industrial Park Blk 51 Ubi Avenue 1 to visit workshop for servicing. In front of my vehicle, holding number plate Honda Shuttle SMN 2794 B, I wait behind him distance away after we enter the gate. After gate closed the vehicle SMN 2794 B suddenly reverse and hit on to my vehicle front, there was a loud bang at the time at <sup>impact</sup> ~~input~~. I have a full video clip to submit.

**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



*[Signature]* x

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 21/09/22

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (20/09/22) (DD/MM/YYYY), TIME: (11:02) (HH:MM)

LOCATION: BLK 51 UBI AVE PAYA UBI INDUSTRIAL PARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ4224  
b) INSURANCE COMPANY: CHINA  
c) POLICY NUMBER: DMHCSNW00005742203  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MER S530 (Auto / MANUAL)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: CITY HAIR BEAUTY (MALE / FEMALE) 96201155  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97555526  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: TAN MIAP HOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2157695F CONTACT: 97555526  
c) ADDRESS: 810 GEYLANG RD  
#08-03 / 409286  
d) DATE OF BIRTH: (26/11/1954) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 22/12/1976

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

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

6. WAS ANYBODY INJURED (YES / NO) slight

7. a) REPORTED TO POLICE (YES / ~~NO~~)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN2794B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: LEONG CHEE KONG  
c) NRIC/FIN/PASSPORT: 57032296Z CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

No of passengers  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email = jason@etalia.sg

fax =

video = yes ; with workshop

Motor Hire Car

MZ406

R SN

AN0420A

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.	DMHCSNW00005742203	Engine No.:	27682430819907
		Cha. No.:	WDD2221622A396375
1. Index Mark and Registration Number of Vehicle	SJG22G	AUTOSAFE	=====
2. Name of Policy Holder	CITY HAIR BEAUTY		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/04/2022 (00:00:00)	Excess Sect I .	\$S2,000.00
		Excess Sect. I (Outside Singapore)	\$S4,000.00
		Excess Sect. II	\$S2,000.00
4. Date of Expiry of Insurance	19/04/2023	Excess Sect.II (Outside Singapore).	\$S4,000.00
		EX ON WINDSCREEN .	\$S100.00
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with the Policyholder's 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.</p>		
	ANY EMPLOYEE OF THE COMPANY OR	ANY AUTHORISED HIRER/DRIVER ONLY	

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

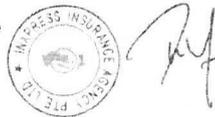
- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory