

NATIONAL Assessment Centre Services

(W/1 Jan 2008)

8408229100004

Attn: 23/09/2022 15:34	Job description	Date & Time Completed	Done by
Ref No: NPA/C172200938914	SAS e-filing		
Ch No: CB571TL	E-mail (with/without state, A/C etc)		
Q.A: 22/09/2022 15:15	1-Motor Claim Form		
D: (TP) / Reporting Only	1-Motor W/O (with/without state, A/C etc)		
	1-Photo Uploaded		
	Assessment/Survey Report		
P Insurer:	Ass't Report by Fax / Hand to Owner/Wkip		

Offered Wkip / INC Assign Wkip / QW:	Toll	Fax:
P Particulars	Yeh No: SLP 7461E	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:	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: _____

Damage: _____

Action: _____

<p>Comments/Remarks:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Eng-In-Charge):</p> <p>W/1:</p> <p>W/2:</p> <p>W/3:</p>	Invoice Preparation Checklist	
	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100)	TRC (\$30)
	3) TF: Towing Fee	\$10/\$40
	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Post-survey)	\$30
	For claiming against TRC Only (over 10 Jan 2023)	
	6) TR: Re-inspection	\$15
	7) NI: IDA + SMRT Survey	\$160
	8) NTUC Additional Services:	
ON:		
1) NJ: Courtesy Car / Tpl Allowance	\$5	
2) NI: Repair Coordination	\$10	
3) NI: Post Repair Inspection	\$25	
4) NI: DV / Collect Witness Coordination	\$5	
TP (NI) / TP (W/1 INC) against INC	\$10	
9) NI: IDA Mobile	\$10	
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	23/09/2022 15:34 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 15:15 (SGT)
Exact Location of Accident	Leedon Heights, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB5717L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANSLAND SINGAPORE PTE LTD
Company Reg No	2XXXXXX629C
Email Address	carrie@transland.com.sg
Mobile Phone No	(Phone) +65-94233344
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00000762207

DRIVER

Name of Driver	PEH HWA CHENG
NRIC No	SXXXX137J
Date Of Birth	19/02/1954
Occupation	Outdoor

Date Of Driving Pass	12/06/1972
Driving experience	50 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94233344
Alt. Phone Number	-
Email Address	carrie@transland.com.sg
Address	BLK 545 BUKIT PANJANG RING ROAD #15-885
Address complement	-
Postcode	670545
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	RUTH R SITHALETCHIMI
Gender	Male

PASSENGER 2

Name	ZACHARY TAN WEI YAN
Gender	Male

PASSENGER 3

Name	TAN WEI EN ISABEL
Gender	Female

PASSENGER 4

Name	LI ZILING
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	SLP7461E
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

FARRER ROAD	
LEEDON HEIGHTS	<div style="border: 1px solid black; padding: 5px; display: inline-block;">A</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">B</div>
↑	↓
<div style="border: 1px solid black; padding: 10px; display: inline-block;">(A) CB5717L (B) SLP7461E</div>	

Describe Circumstance of the Accident

I WAS TRAVELLING ALONG LEEDON HEIGHTS TOWARDS FARRER ROAD.

I SLOWED DOWN AND STOP DUE TO TRAFFIC.

SUDDENLY, I FELT AN IMPACT FROM THE REAR.

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
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 22/09/2022 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)

Vehicle No.: C85717L Vehicle Make & Model / Engine (cc): TOYOTA HIACE Private Hire: (Y/N)

Exact location of Accident: LEEDON HEIGHTS

Policyholder's Name / IC No.: TRANSLAND SINGAPORE PTE LTD ROC/UEN (Company): 201009629C

Driver's Name / IC No.: PEH HWA OHENG S0146137J (As Above) ☐

Driver's Contact No.: 9423 3344 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 545 BUKIT PANJANG RING ROAD #15-885 SINGAPORE 670545

Owner Email address: CARRIE@TRANSLAND.COM.SG Insurance Company: CHINA TAIPING

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative (Employee) Hirer or Other's specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 5

*Passenger Name: RUTH R SITHALETCHIMI (M), TAN WEI EN ISABEL (F)

Gender: Male / Female x()

*Passenger Name: ZACHARY TAN WEI YAN (M), LI ZILUNG (F)

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLP7461E

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Motor Bus

M2601

R SN

AN0580A

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.: DMB1SNW0000762207

Engine No., 2KD1222508
Ch. No. KD42000103451. Index Mark and Registration
Number of Vehicle CB5717L

2. Name of Policy Holder TRANSLAND SINGAPORE PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations
Ordinance or Enactment 01/02/2022
(00:00:00)

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance 31-01-2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is, in the Policyholder's employ and is driving on their order or with their permission or any person driving with 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

6. Limitations as to Use*

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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

* Limitations rendered inoperative by Section 6 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:

ODDS & EVEN
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