

NATIONAL Assessment Centre Services

Date In: 05/10/22	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI22009811/13	SAS e-filing		
Veh No: SFW9905M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/10/22 1120	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: GBK7612G	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

NA2202791	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			
Cat 1:	7) N1 : Idac DA + SMRT Survey \$160			
Cat 2 / 3:	8) NTUC Additional Services:-			
	ON*			
	*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	05/10/2022 12:03 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 2 TWDS BEDOK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW9905M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO HARK PIANG(ZHANG XUEBIN)
NRIC No	SXXXX160B
Email Address	chenyong0912@gmail.com
Mobile Phone No	(Phone) +65-82687817
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00043822200

DRIVER

Name of Driver	CHEN YONG
NRIC No	SXXXX824E
Date Of Birth	12/09/1983
Occupation	Indoor

Date Of Driving Pass	16/09/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-82687817
Alt. Phone Number	-
Email Address	chenyong0912@gmail.com
Address	48 LA SALLE ST
Address complement	-
Postcode	456949
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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 THA 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	GBK7612G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AROKIYARAJ
Passport No/FIN	GXXXX717P

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

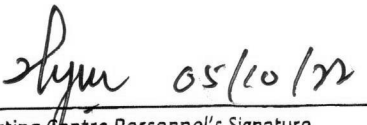
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

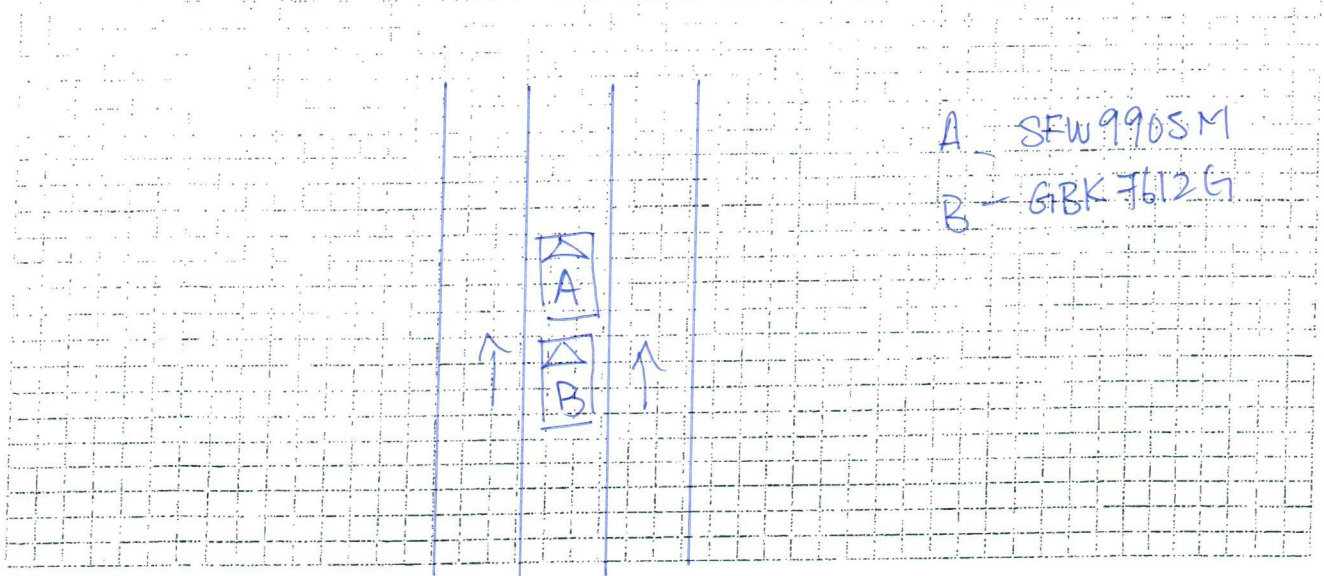

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

TAMPINES AVE 2 TOWARDS BEDOK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 1/10/2022 at about 11:20am @ Tampines Ave 2 towards bedok. I was travelling straight and the traffic in front of me slowed down so I follow suit but suddenly a lorry banged onto my rear side.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT REPORTING (India/Etiqa/NTUC/Ergo/Tokio)

04/10/22
CI DIFFER

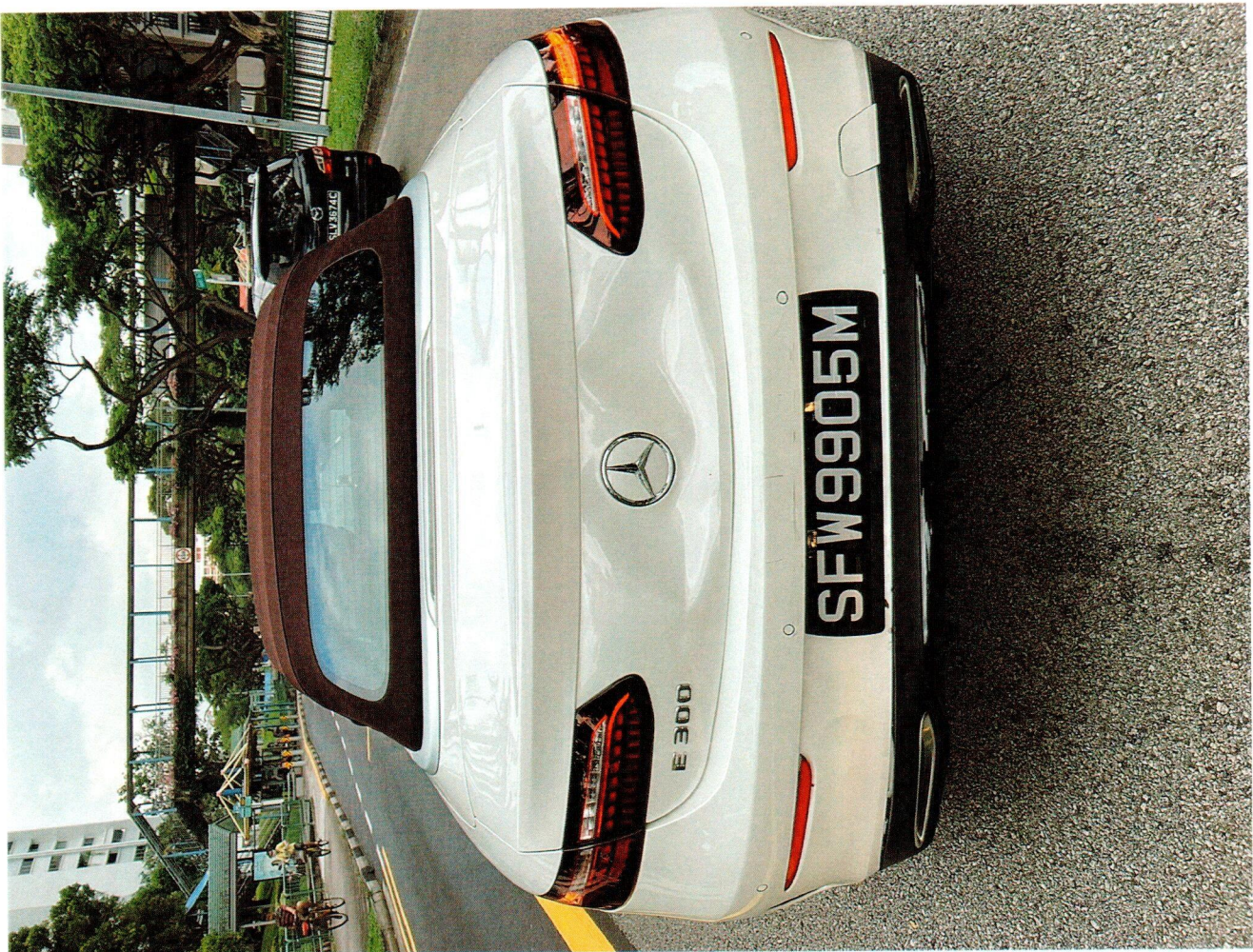
ACCIDENT STATEMENT	
Date of Report	
Date of Accident & Time	11/10/2022 @ 11:20am
Exact Location of Accident	Tampines Ave 2 towards Bedok
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFW 9905H
INSURED/POLICYHOLDER	
Name of registered Owner	Teo Hark Piang
NRIC No.	S7801160B
Email Address (if does not have, state NOEMAIL)	chenyong 0912@gmail.com
Mobile Phone No.	82687817
Alternative Phone No.	
VEHICLE PARTICULARS	
Manufacturer	Mercedes Benz
Model	E200 Premium AMG
Exact Purpose for which vehicle was being used at time of accident	Private use / Commercial Use / Private Hire use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes (OD) / No (Reporting only or 3rd party) Third Party
If No to above, state action to be taken	E.g 3rd Party
Vehicle Category	Private Car / Commercial Car / Private Hire
INSURANCE COMPANY	
Name of Insurance company	China Taiping
Type of Coverage	comprehensive
Fleet Policy	Yes / No
Policy Number	DMPCSNW00043822200
DRIVER	
Name of Driver	Chen Yong
NRIC No	S8366824E
Date of Birth	12/9/1983
Occupation	Indoor / Outdoor
Date of Driving Pass	16/9/2009
Driving Experience	Years Months

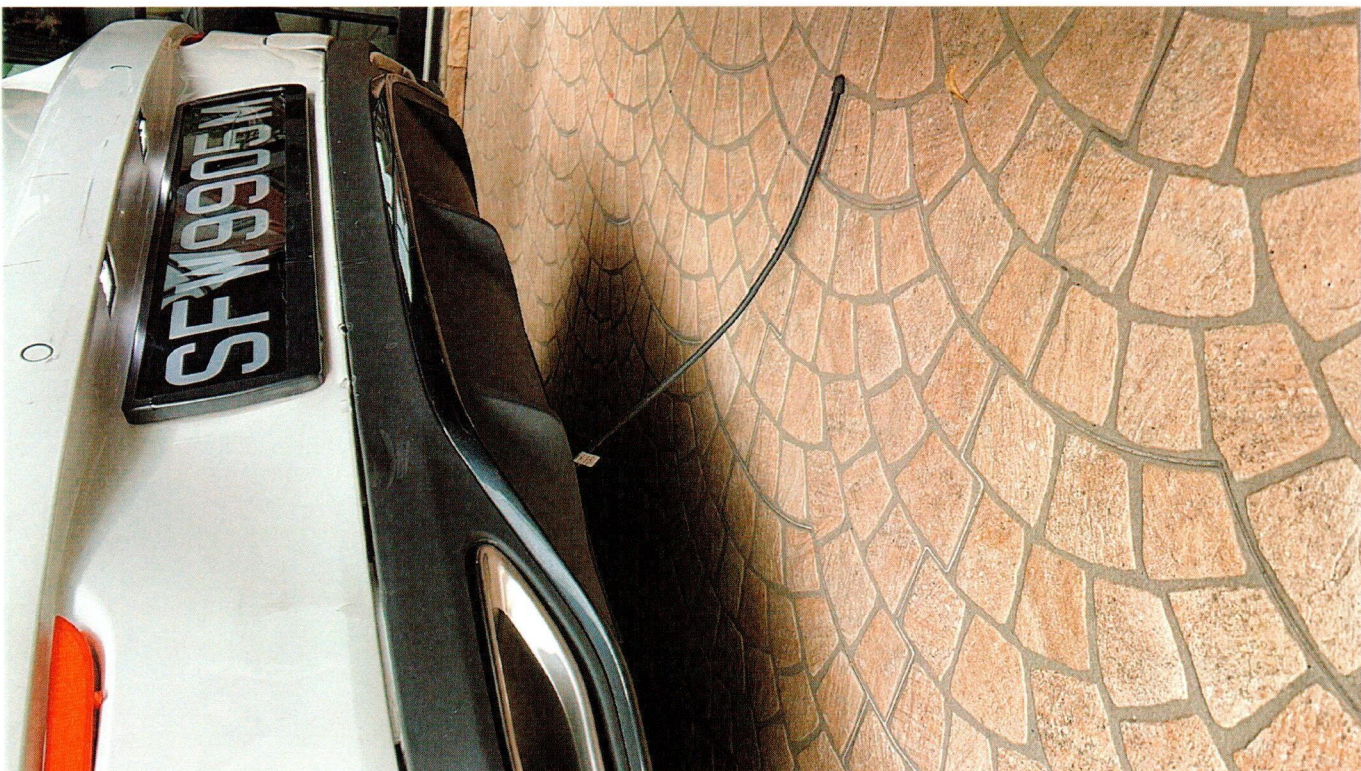
Gender	Female / Male	
Mobile Number	8268 7817	
Email Address (if does not have, state NOEMAIL)		
Address	48 La Salle Street	
Postcode	S' 456949	
Was driver an employee of the Insured's Company	No	
If No, Relationship with the Insured	Spouse	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident (E.g Collision-head to rear, rear to head)	Head to Rear	
Weather Conditions	Clear / Raining / Others (pls indicate)	
Road Surface	Dry / Wet / Others (pls indicate)	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	Yes / No	
Number of vehicles (including own vehicle) involved in the accident	2	
Was any body injured in the Accident	Yes / No	
Was any body conveyed to hospital by ambulance?	Yes / No	
Was any other material or property damaged?	Yes / No	
I have been approached by unknown person(s) soliciting/offering accident claims assistance	Yes / No	
Number of Passengers (Including Drivers)		
Name of Passenger 1	Chen Yong	
Gender of Passenger 1	Female / Male	
Name of Passenger 2		
Gender of Passenger 2	Female / Male	
Name of Passenger 3		
Gender of Passenger 3	Female / Male	
Name of Passenger 4		
Gender of Passenger 4	Female / Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	Yes / No	
If Yes, Pls state which Police Station?		
Was notice of intended Prosecution given?	Yes / No	

If Yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
Refer to sketch plan (kindly provide details on a separate sketch plan)		
ATTACHMENT (S)		
Are accident photos available for attachment?	Yes / No	
Was there any video captured by Car Camera?	Yes / No	
Was there any audio recorded?	Yes / No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number	GBK76126	
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver	Arokiyaraj Jeyan	
NRIC/Passport Number	G6504717P	
Contact Number		
Address		
DETAILS OF OTHER VEHICLE PROPERTY 2		
Vehicle Registration Number		
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
DETAILS OF OTHER VEHICLE PROPERTY 3		
Vehicle Registration Number		
Vehicle Make/Model/Colour		
Details of Properties		
Vehicle Category	Private Car / Commercial Car / Private Hire	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		

DUPLICATE DOCUMENT REQUIRED

<input type="checkbox"/>	NRIC of Driver/ Work permit	
<input type="checkbox"/>	NRIC of Owner (If does not have pls indicate the NRIC No. 1 st)	NRIC No. :
<input type="checkbox"/>	Driving License of Driver	
<input type="checkbox"/>	Company Stamp (If it is company vehicle)	
<input type="checkbox"/>	Authorised Letter if other driver (not immediate families or company vehicles)	
<input type="checkbox"/>	Insurance Policy	









Motor Private Car

MX1E

E SN

AN0450A

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.

DMPCSNW00043822200

Engine No.: 26492030384689

Cha. No.:W1K2384832F161696

1. Index Mark and Registration
Number of Vehicle

SFW9905M

2. Name of Policy Holder

TEO HARK PIANG (ZHANG XUEBIN)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment12/02/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$950.00

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.: DBS BANK 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