

NATIONAL Assessment Centre Services

SA0823AP000A

Date for: 25/10/2022 17:26
Ref No: NPA/C91220/0537
Veh No: SL4 9863H
D.O.A: 22/10/2022 10:30

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (while thru, A/C then

E-Motor Claim Form

E-Motor W/O (while on trip, A/C then

E-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax: Hand to Owner/Whom

Preferred Wksp / INC Assgn Wksp / CW: (

Tel:

Fax:

TP Particulars:

Veh No:

GRB 5714H

INC (

Non-INC (

Owner/Driver (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured Driver's Policy: (

1) (Note: Bst Status (WO) 10-0-2011 P-21-77% P-30-1101)

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 Cost:

Remarks: (INC Roll-over 6788 6015)

Date & Time Completed: (Done by

1) Apply (or) Transport Allowance () / Courtesy Car ()

2) O/O Check/ Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Invoice:

Date/Time: Agent:

NA2202977

TP Particulars:

Owner/Driver:

Contact No:

Assessed Portion: (

Checked by (Engr-In-Charge):

Remarks/Comments:

Invoice Preparation Checklist

1) A/R: Accident Report (1500)	
2) D/A: Damage Assessment (5100)	INC (550)
3) T/F: Towing Fee	\$200
4) P/F: Yellow Through Salvage	\$150
5) P/F: Yellow Through Salvage (Recovery)	\$300
6) T/R: Transport Allowance	\$200
7) N/A: N/A: N/A: N/A	\$150
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DATE:

Invoice No:

Invoice Date:

Invoice Time:

Page

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	25/10/2022 17:26 (SGT)
Reported by	Both
Date of Accident	22/10/2022 10:30 (SGT)
Exact Location of Accident	Bishan Street 13, Singapore
Additional Location Information	JUNCTION WITH BISHAN PLACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9863H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CAI WENCHUAN
NRIC No	SXXXX973F
Email Address	mailwenchuan@gmail.com
Mobile Phone No	(Phone) +65-91715285
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00109042200

DRIVER

Name of Driver	CAI WENCHUAN
NRIC No	SXXXX973F
Date Of Birth	21/08/1986
Occupation	Indoor

Date Of Driving Pass	06/09/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91715285
Alt. Phone Number	-
Email Address	mailwenchuan@gmail.com
Address	BLK 107A CANBERRA STREET #04-577
Address complement	-
Postcode	751107
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	Collision - Major/Minor Rd
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

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	GBB5774H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

BISHAN PI			(A) SLH 9863 H (B) GBB 5774 H
	BISHAN STREET 13		

Describe Circumstance of the Accident

I WAS TRAVELLING STRAIGHT ON THE RIGHT LANE OF
BISHAN STREET 13. AS I WAS APPROACHING THE
JUNCTION OF BISHAN PI, SUDDENLY A Lorry
DROVE OUT FROM BISHAN PI AND COLLIDED ONTO
THE REAR LEFT PORTION OF MY VEHICLE.

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 Officer (Personal)
Date: 25/05/2022



Email: en@idac.com.sg Tel No: 6355 6588

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

Date of Accident: 22 / 10 / 2022 (dd/mm/yy) Time of Accident: 10 : 30 : 00 AM/PM
Vehicle No.: SLH9863H Vehicle Make & Model / Engine No.: TOYOTA HARRIER Private Hire? ☐ YES ☒ NO
Exact location of Accident: BISHAN STREET 13 & BISHAN PI JUNCTION
Policyholder's Name / IC No.: CAI WENCHUAN S8623973F ROCUEN Company?
Driver's Name / IC No.: _____
Driver's Contact No.: 9171 5285 Company Contact No. / Owner Contact No.: _____
Driver's Address: BLK 107A CANBERRA STREET #04-557 SINGAPORE 351197
Owner's Email address: HAILWENCHUAN@GMAIL.COM Insurance Company: CHINA TAIPING
Driver's Email address: _____

Relationship between Owner & Driver (Please CIRCLE one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Other (specify): _____

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

☐ Own Insurance ☒ Other Vehicle (The one you wish to claim against) ☐ Reporting for Roadblock Purpose

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

Occupation nature of job ☒ Indoor ☐ Outdoor

☒ Private use ☐ Work purpose

No. of Passengers (including Driver): 1

Passenger Name: _____ Gender: Male / Female ☐ ☐
Passenger Name: _____ Gender: Male / Female ☐ ☐

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

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

Was there any video captured by your Car Camera? ☒ Yes ☐ No (Reason: _____)

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

Is there any damage to the vehicle? ☐ Yes ☒ No (If YES, damaged Person's Name: _____)

Police Reported? ☐ Yes ☒ No (If YES, Police No.: _____)

The Other Party(s) Details:

1. Other Party's Name: _____ Vehicle No.: G8B5374H

2. Other Party's Name: _____ Vehicle No.: _____

3. Other Party's Name: _____ Vehicle No.: _____

4. Other Party's Name: _____ Vehicle No.: _____

5. Other Party's Name: _____ Vehicle No.: _____

6. Other Party's Name: _____ Vehicle No.: _____

7. Other Party's Name: _____ Vehicle No.: _____

8. Other Party's Name: _____ Vehicle No.: _____

9. Other Party's Name: _____ Vehicle No.: _____

10. Other Party's Name: _____ Vehicle No.: _____

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:	DMPCSNW00109042200	Engine No:	3ZRB822205
		Cha. No:	ZSU600082952
1 Index Mark and Registration Number of Vehicle	SLH9863H	AUTOSAFE	*****
2 Name of Policy Holder	CAI WENCHUAN		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/05/2022 (00:00:00)	Named Drivers Ex Sect. I	S\$750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
4 Date of Expiry of Insurance	23/05/2023	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.			
<p>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>			
6 Limitations as to use*			
<p>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.</p> <p>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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>			

HIRE PURCHASE CO. : CCBC BANK

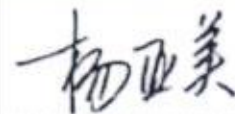
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: META AGENCY PTE LTD
 Authorised Officer



Authorised Signatory