

NATIONAL Assessment Centre Services

Date In: 26/10/12	Job description	Date & Time Completed	Done by
Ref No: N/A/CT322010583/13	SAS e-filing		
Veh No: SNC958E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/10/12 1950	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: SLK2998H	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

N/A 2202991		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		OD*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
Auditors' Comments :-		*N8: DV / Collect Excess Coordination \$5			
Cat. 1:		TP (N11) : TP (Non INC) against INC \$20			
		9) N12: Idac Mobile 30			
Cat. 2 / 3:		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	26/10/2022 16:47 (SGT)
Reported by	Driver
Date of Accident	25/10/2022 19:50 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC958E
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAW HLA HLA CHIT
NRIC No	SXXXX497G
Email Address	gaygayeh@gmail.com
Mobile Phone No	(Phone) +65-90309555
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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 hire
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00015612201

DRIVER

Name of Driver	WIN ZAW
NRIC No	SXXXX756C
Date Of Birth	06/12/1972
Occupation	Outdoor

Date Of Driving Pass	05/01/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94512930
Alt. Phone Number	-
Email Address	gaygayeh@gmail.com
Address	BLK 649A JURONG WEST ST 61
Address complement	#12-284
Postcode	641649
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	DRIZZLING
Road Surface	Wet

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	NAW HLA HLA CHIT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221025/2004

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	SLK2998H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WIN ZAW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SNC958E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NAW HLA HLA CHIT
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SNC958E
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 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.

M 26/10/22

Policyholder's Signature / Date & Time

Tom 26.10.22

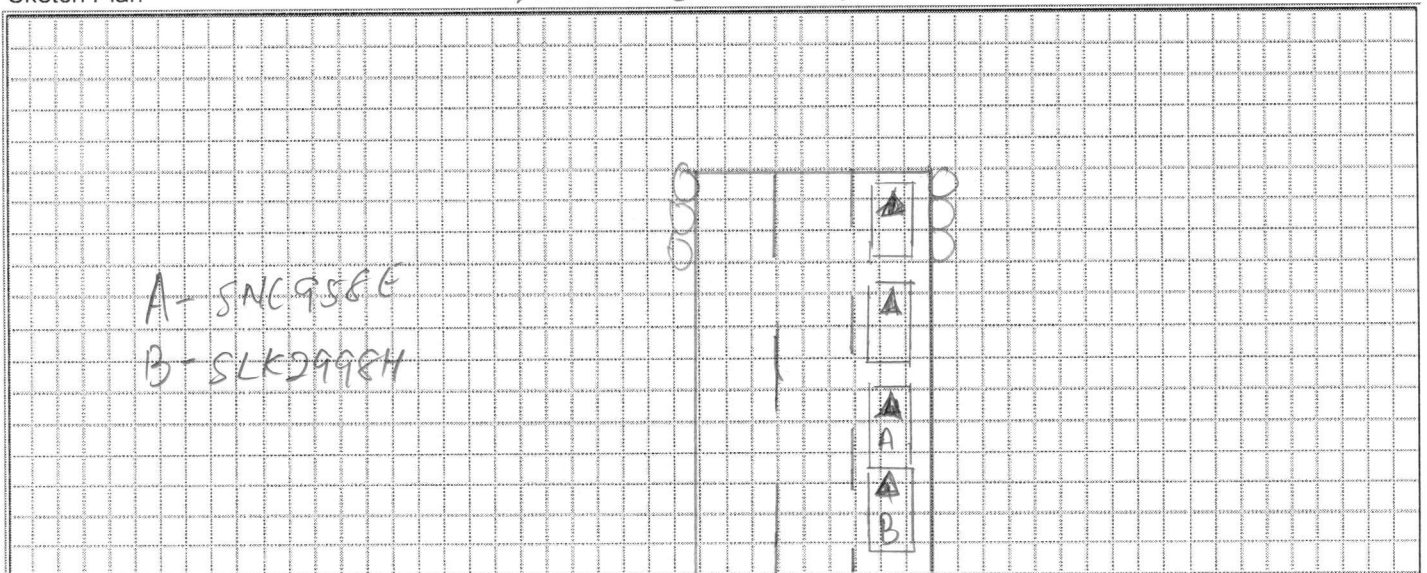
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

dyun 26/10/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

ALONG BEACH ROAD



Describe Circumstance of the Accident

Pls refer to the police report: T/2022/026/2004

Declaration

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

ME 26/10/22
Policyholder's Signature / Date & Time

Jon 26.10.22
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

Sym 26/10/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221026/2004

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221026/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2022 00:47		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: NAW HLA HLA CHIT			Address: APT BLK 649A JURONG WEST STREET 61 #12-284 SINGAPORE 641649		
ID Type / ID No.: NRIC NO / S8473497G			Contact No.: Home/Office: Mobile: 90309555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 21/03/1984	Type of Informant: Passenger		
Race: Karen			Language:		Institution / School Name:
Occupation: NURSE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2022 19:50	Type of Location: Straight Road
Location: BEACH ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK2998H	Car					0
SNC958E	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221026/2004

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20221026/2004

CONTINUATION OF REPORT

Passenger				
Name	NAW HLA HLA CHIT		ID No.	S8473497G
Related Vehicle	SNC958E (Car)		Contact No.	90309555
Hospital/Clinic	JURONG WEST CENTRAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/10/2022		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	WIN ZAW		ID No.	S7262756C
Related Vehicle	SNC958E (Car)		Contact No.	94512930
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, my husband, namely, Win Zaw was driving our car (VRN: SNC958E) along beach road on the right most lane as we were about to make a right turn when we stopped at the traffic light as it was red. I suddenly felt an impact from the rear of my vehicle and my husband alighted the vehicle to check on the damage. However, as he alighted, the other vehicle (VRN: SLK2998H) reversed and drove off.

I have dash cam footage of the incident. I would like to state that I saw the other vehicle had GetGo decals on the side.

I also suffered back pain as a result of the accident and have seen a doctor and was issued a 3-day MC. No traffic police and no ambulance was at scene.



**SINGAPORE
POLICE FORCE**



T/20221026/2004

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20221026/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 2 TEONG KE YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65476148

Signature Of Informant:

Date/Time:

26/10/2022 00:47

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 25/10/22 (DD/MM/YYYY), TIME: 19:50 (HH:MM)

LOCATION: ALONG BEACH ROAD

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SNC958E

b) INSURANCE COMPANY: CHINA TAIPING

c) POLICY NUMBER: _____

d) POLICY TYPE: COMPREHENSIVE ☒ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT

e) MAKE & MODEL: TOYOTA YARIS CROSS 1.5 AUTO / MANUAL (490)

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) NO

IF NO, PLEASE STATE THIRD PARTY CLAIM (REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: NAW HLA CHIT

b) NRIC/FIN/PASSPORT: S8473497G (MALE / FEMALE)

c) ADDRESS: _____ CONTACT: 90309535

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: WIN ZAW

b) NRIC/FIN/PASSPORT: S7262756C (MALE / FEMALE)

c) ADDRESS: BCK 649A JURONG WEST ST 87 61

d) DATE OF BIRTH: 06/12/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 05/01/2006

f) YEARS OF DRIVING EXPERIENCE: 05/01/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES/NO) YES

7. a) REPORTED TO POLICE (YES/NO) YES JURONG WEST NPC

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SCK2998H

MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____

CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____

MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____

CONTACT: _____

No of passenger
(including driver)

(2)

NAW HLA CHIT

(P)

No of passenger
(including driver)

()

No of passenger
(including driver)

()

Email = gaygayeh@gmail.com

Pax = _____

VIDEO = yes with witness

Motor Hire Car

MZ406L/B

R SN

AN0695A

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.	DMHCSNW00015612201	Engine No.: M15AY171292	Cha. No.:MXPJ102020954
1. Index Mark and Registration Number of Vehicle	SNC958E	AUTOSAFE	=====
2. Name of Policy Holder	NAW HLA HLA CHIT (NON-DRIVER)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/09/2022 (00:00:00)	Excess Sect I .	S\$1,250.00
		Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,250.00
4. Date of Expiry of Insurance	27/09/2023	Excess Sect.II (Outside Singapore).	S\$2,500.00
		EX ON WINDSCREEN .	S\$100.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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.		
	WIN ZAW		
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.		

HIRE PURCHASE CO. : TECK WEI 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

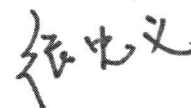
Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

Issued By: _____

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory