

NATIONAL Assessment Centre Services (Ref: 1-2-0000) **SNQ822A V0006**

Date In: **31/10/2022 16:59** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NBA/C7122010787/V** E-mail (within 3hrs, AIC 2hrs)

Veh No: **SNQ 1319V** i-Motor Claim Form

D.O.A: **30/10/2022 14:06** i-Motor W/O (within 30 mins, 30 mins)

OD (TP) Reporting Only i-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Asson Wksp / QW: () Tel: Fax:

TP Particulars: Veh No: **GBG 945T** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () 1/3 (Note: Est Status (WO): N: 0-20%, P: 21-79%, R: 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 6788 6016) 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: ()

Int. Tunn: ()

Actions: ()

X/A2203061

Injured Party Particulars: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engr-In-Charge): ()

Comments: ()

Invoice Preparation Checklist:

Item	Description	Amount	INC ()	Non-INC ()
1) AR: Accident Reporting	(\$30)			
2) DA: Damage Assessment	(\$100)			
3) TP: Towing Fee		\$10/\$40		
4) PT: Follow-Through Survey		\$130		
5) PT: Follow-Through Survey (Resurvey)		\$30		
6) TR: Repair Coordination		\$71		
7) NI: 24hr DA / PMRT Survey		\$160		
8) NTUC Additional Fee (2022)				
9) QP: ()				
10) NI: Courtesy Car / Tot Allowance		\$5		
11) NI: Repair Coordination		\$10		
12) NI: Post Repair Inspection		\$20		
13) NI: DV / Collision Excess Coordination		\$1		
14) NI: 24hr DA / PMRT Survey		\$30		
15) NI: 24hr DA / PMRT Survey		\$30		
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Fee Charged: ()

Invoice Total: ()

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	31/10/2022 16:59 (SGT)
Reported by	Both
Date of Accident	30/10/2022 14:06 (SGT)
Exact Location of Accident	Zion Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG1319Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO BENG KWEE
NRIC No	SXXXX572A
Email Address	ronnyho@hotmail.com
Mobile Phone No	(Phone) +65-97908219
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S400I
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00177262200

DRIVER

Name of Driver	HO BENG KWEE
NRIC No	SXXXX572A
Date Of Birth	28/06/1965
Occupation	Indoor

Date Of Driving Pass	11/12/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97908219
Alt. Phone Number	-
Email Address	ronnyho@hotmail.com
Address	BLK 9 BOON KENG ROAD #26-164
Address complement	-
Postcode	330009
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 - 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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG9475T
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AZRY ISMADI BIN SURIANI
NRIC No	SXXXX413J

Contact Number	(Phone) +65-93280211
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.

Paul 31/10/22

Policyholder's Signature / Date & Time

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

31/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

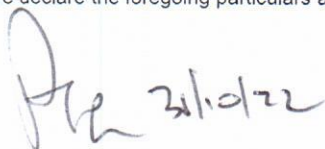
ZION ROAD

Describe Circumstance of the Accident

On 30 OCT 2022 at around 2.06 pm, while I was driving along Zion Road waiting to make a left turn at the Ganget Ave road junction, my car Mercedes S400L SNG13197 was hit from behind by a commercial van Fiat Doblo GBA 94757. The weather was bright and sunny, and the traffic was light at the point of accident. The van was driven by Mr Arny Ismadi Bin Suriani, ~~582224137~~ 582224137, h/p 93280211. My car sustained some damages on my rear bumper.

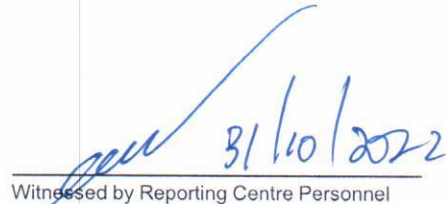
Declaration

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

 31/10/22

Policyholder's Signature / Date & Time

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

 31/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 10 / 2022) (DD/MM/YYYY), TIME: (14 : 06) (HH:MM)

LOCATION: 210N ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNG1319 Y
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSNW00178262100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES BENZ S400L
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 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: HO BENGA KWEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1692522A CONTACT: 97908219
 c) ADDRESS: blk 9 BOON KENG ROAD #20-164
 S 330009

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (28 / 06 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11.11.1982

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6869475T MODEL: FIAT DOBLO
 b) DRIVER'S NAME: AZRY ISMADI BIN SURIANI
 c) NRIC/FIN/PASSPORT: S82224137 CONTACT: 93280211

9. THIRD PARTY VEHICLE

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

Email: = tonnyho@hotmail.com

VINNO



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Private Car

MX1E

N SN

AN0006A

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

DMPCSNW00177262200

Engine No.: 27682430118990

Cha. No.: WDD2221652A117727

1 Index Mark and Registration
Number of Vehicle

SNG1319Y

AUTOSAFE

2 Name of Policy Holder

HO BENG KWEE

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

25/07/2022
(00 00 00)

Named Drivers Ex Sect. I \$S750.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

4 Date of Expiry of Insurance

11/05/2023

* Age as at date of accident

EX ON WINDSCREEN \$S100.00

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 \$S1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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

ALFA CREDIT PTE LTD

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