

NATIONAL Assessment Centre Services

Date In: 03/11/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI22010975/13	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SMX9708C	i-Motor Claim Form		
DOA: 02/11/22 1830	i-Motor W/O (Within QD 2hrs, TP 4hrs)		
QD: 01 Reporting Only	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: SBL2511S	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

NA2203084	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
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			
	7) N1 : Idac DA + SMRT Survey \$160			
	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			
Est 1:	Invoice date:	Fee Charged		
Est 2/3:	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	03/11/2022 12:06 (SGT)
Reported by	Both
Date of Accident	02/11/2022 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KAKI BUKIT AVENUE 3 TOWARDS KAKI BUKIT ROAD 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9708C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG CHEK HSIN
NRIC No	SXXXX558E
Email Address	CHEKHSINANG@GMAIL.COM
Mobile Phone No	(Phone) +65-84031858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2356

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00024932200

DRIVER

Name of Driver	ANG CHEK HSIN
NRIC No	SXXXX558E
Date Of Birth	07/08/1975
Occupation	Indoor

Date of Driving Pass	18/01/1996
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84031858
Alt. Phone Number	-
Email Address	CHEKHSINANG@GMAIL.COM
Address	BLK 227A SUMANG LANE #11-254
Address complement	-
Postcode	821227
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHED REPORT

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	SBL2511S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96607671

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	ANG CHEK HSIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX9708C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

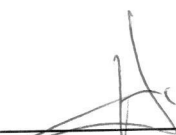
IMPORTANT NOTICE

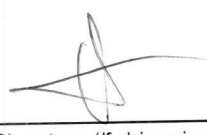
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 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 :

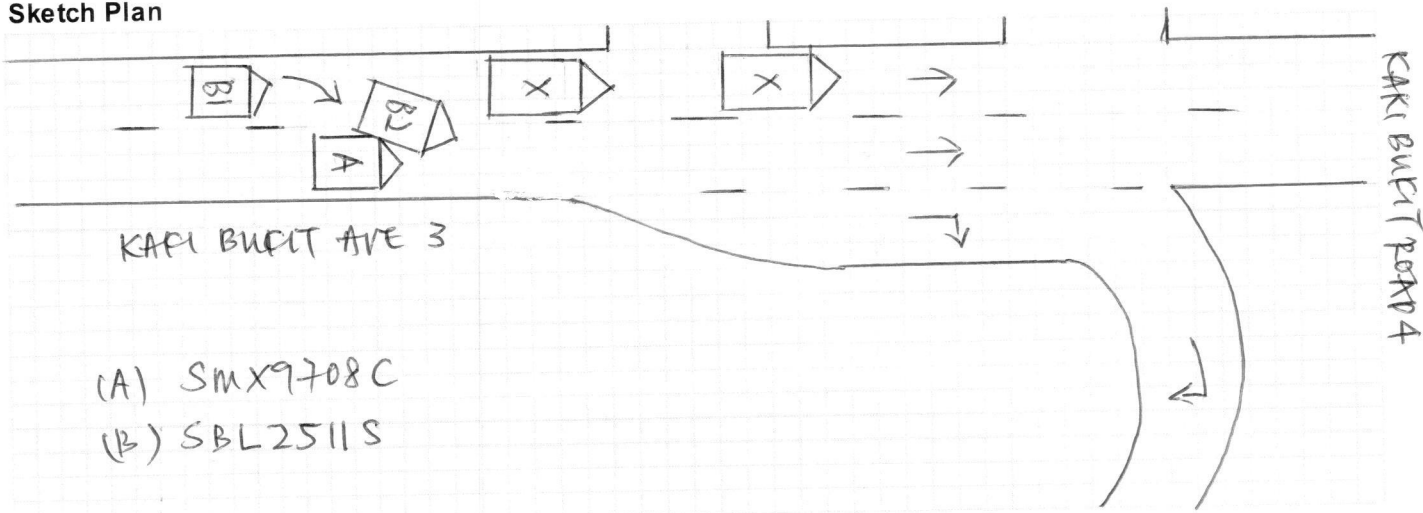
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 3/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 02/11/2022 at about 1830hrs at along
Kaki Bukit avenue 3 towards Kaki Bukit Road 4.

I was travelling on the left lane at the above
mentioned road and when my front vehicle slow down
and stop due to heavy traffic, hence I follow suit.
Suddenly a vehicle (B) on my left veered into my lane
without caution and without checking his blindspot and
collided into my left portion of my vehicle (A) causing
damages to my vehicle. After the accident, I felt unwell
and will consult a doctor.

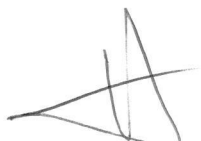
Vehicle A: SMX 9708C

Vehicle B: SBL 2511S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

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



3/11/2022

Witnessed by Reporting Centre
Personnel

SINGAPORE ACCIDENT STATEMENT

Accident Date: 02/11/22		Time: 18.30		(hh:mm) 24 hr format	
Location Along Kakit Bukit Avenue 3 toward Kakit Bukit Road 4					
Vehicle Number SMX 9708C					
Insured Name ANN CHEE HSIN					
NRIC/FIN S7578558E		Contact Number 8403 1858			
Make HONDA		Model ODYSSEY 2.4 EXV-S CUT SR			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company CHINA TAIPING INSURANCE					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DMPCSNW000 28932200					
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured	
NRIC/FIN S7578558E		Contact Number 8403 1858			
Date of Birth 07-08-1978					
Driving Pass Date 18-JAN-1996					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address CHEEHSINANN @ GMAIL.COM () NO EMAIL					
Address of Driver BLK 227A SUMANG LANE #11-254 S (821222)					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Driver back & neck pain					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SBL 25115		9660		7671	
Veh C					
Veh D					
Veh E					
Veh F					

1 person including driver.



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

MX1F

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)

N SN

AN0218A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00024932200

Engine No.: K24W72501488

Cha. No.:JHMRC1890LC203843

1. Index Mark and Registration
Number of Vehicle

SMX9708C

2. Name of Policy Holder

ANG CHEK HSIN

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

08/02/2022
(00:00:00)

Named Drivers Ex Sect. I

\$S\$1,000.00

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\$500 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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☎6222 1033

🌐www.sg.cntaiping.com