

NATIONAL Assessment Centre Services

(Print & Scan)

SN0822BA0003

Date In: 10/11/2022 17:29	Job description	Date & Time Completed	Done by
Ref No: X128/C77229/1291/4	SAS e-filing		
Veh No: S/C 62564	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 09/11/2022 18:39	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: GHA 790L	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Est Status (WO): N: 0-30%, 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 repair.

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

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

Remarks: (INC Hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date	Time	Actions

<p>NA2203163</p> <p>Important Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Factors/Comments:</p> <p>C.L.</p> <p>L2/3:</p>	Invoice Preparation Checklist		AMOUNT	PAID
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$40/\$45		
	4) PT: Follow-Through Survey	\$150		
	5) PT: Follow-Through Survey (Resurvey)	\$30		
	Excluding Insurance INC Only (Valid 30 Jan 2023)			
	6) TR: Re-inspection	\$75		
	7) NI: 1 Day DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
OD:				
*NI: Courtesy Car / Tot Allowance	\$5			
*NI: Repair Coordination	\$10			
*NI: Post Repair Inspection	\$25			
*NI: DV / Collect Excess Coordination	\$5			
*NI (H1): TP (Non-INC) against INC	\$30			
*NI (H2): 1 Day Invoice	\$0			
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	10/11/2022 17:29 (SGT)
Reported by	Driver
Date of Accident	09/11/2022 18:39 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS WOODLANDS BEFORE MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6256G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MERRIMACK PTE LTD
Company Reg No	2XXXX035R
Email Address	naing_myo_aung@yahoo.com
Mobile Phone No	(Phone) +65-63161241
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00221802100

DRIVER

Name of Driver	NAING MYO AUNG
NRIC No	SXXXX921B
Date Of Birth	11/01/1969
Occupation	Outdoor

Date Of Driving Pass	07/10/2003
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91870642
Alt. Phone Number	-
Email Address	naing_myo_aung@yahoo.com
Address	BLK 428A YISHUN AVENUE 11 #03-150
Address complement	-
Postcode	761428
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 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	GBH790L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOO PING VINCENT
NRIC No	SXXXX597C

Contact Number	(Phone) +65-97657707
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG588R
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

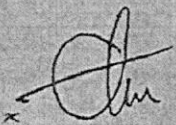

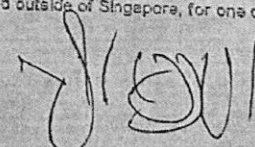
INJURED 1

Name of injured person	NAING MYO AUNG
Gender	Male
Phone No	(Phone) +65-91870642
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLC6256G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 this 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 _____

Sketch Plan: **BKE TOWARDS WOODLANDS BEFORE MANDALAY EX17**

Vehicle A: **SLC6356A**
 Vehicle B: **GBH790L**
 Vehicle C: **STG588R**

Describe Circumstances of the Accident

Vehicle ahead me ^{stop} and I stop my vehicle suddenly I felt an impact on my rear portion due to the impact my vehicle was push forward and hit onto front vehicle. It was a 3 car chain collision.

Declaration

We declare the foregoing ~~is~~ ^{are} true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

10/11/2012

VEHICLE NO: SLC 62566

MAKE & MODEL: MAZDA 3

AUTO / MANUAL

DATE OF ACCIDENT	09 / 11 / 2022	•C.C. 1496
TIME OF ACCIDENT	1839 AM / PM	
LOCATION OF ACCIDENT	BKE TOWARD WOODLAND BEFORE MANDAI EXIT	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	MERRIMACK PTE LTD	
EMAIL: NAING_MYO_AUNG @ YAHOO.COM	Office: 63161241	MOBILE:
NRIC	200921035R	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES <u>(NO)</u> ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW000221802100	
NAME OF DRIVER	AS ABOVE / IF NO: NAING MYO AUNG	
NRIC	S696921B	
DATE OF BIRTH	11 / 01 / 1969	
ANY PASSENGER	YES <u>(NO)</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE -	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	07 / 10 / 2003	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9187 0642	Office: Home:
EMAIL:	NAING_MYO_AUNG @ YAHOO.COM	
ADDRESS	BLK 428A TISHUN 11 # 03-150 S(761428)	
DOES DRIVER OWN OTHER VEHICLES?	<u>(NO)</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	<u>Employee</u> / If No:	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / <u>If yes, Who?</u> NAING MYO AUNG	
CONTACT NO.	9187 0642	
POLICE REPORT	<u>(No)</u> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	GBH790L	Any Passenger: 0
NAME	HOO PING VINCENT (S7127597C)	
CONTACT NO.	9765 7767	
VEHICLE C NO.	SJG588R	Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <u>(NO)</u>	
WAS THERE ANY AUDIO RECORDED?	YES <u>(NO)</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES <u>(NO)</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES <u>(NO)</u>		



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

MX4F

N SN

AN0101A

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.

DMPCSNW00221802100

Engine No.: P520360863

Cha. No.: JM6BM42A8G0339427

1. Index Mark and Registration
Number of Vehicle

SLC6256G

AUTOSAFE

2. Name of Policy Holder

MERRIMACK PTE LTD

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

20/11/2021
(00:00:00)

Named Drivers Ex Sect. I

\$S500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$S100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 \$S500 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. : ZION AUTO GALLERY 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: I TRUST 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