

# NATIONAL Assessment Centre Services

Date In 17/11/2022  
Ref No NA/CT22011531/04  
Veh No SLB 7624B  
D.O.A 16/11/2022 1030  
OD 0 Reporting Only  
TP Insurer

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs. A/C 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: GBD 2037 L INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

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

NA2203241

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2/3:

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR : Accident Reporting (\$30);			
2) DA : Damage Assessment (\$100);	INC (\$80)		
3) TF : Towing Fee	\$40/\$45		
4) FT : Follow-Through Survey	\$120		
5) FT : Follow-Through Survey (Resurvey)	\$30		
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:-			
Q1*			
*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		
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	17/11/2022 10:06 (SGT)
Reported by	Driver
Date of Accident	16/11/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD X WAN THO AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7624B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SIYUAN
NRIC No	SXXXX949A
Email Address	SIYUANTAN65@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91780048
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00113792203

#### DRIVER

Name of Driver	DUAN NING
NRIC No	SXXXX849H
Date Of Birth	14/08/1990
Occupation	Indoor

Date Of Driving Pass	26/10/2018
Driving experience	4 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-84344219
Alt. Phone Number	-
Email Address	SIYUANTAN65@HOTMAIL.COM
Address	BLK 221 HOUGANG ST 21 #08-78
Address complement	-
Postcode	530221
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	PASSENGER
Gender	Female

#### PASSENGER 2

Name	PASSENGER
Gender	Female

#### PASSENGER 3

Name	PASSENGER
Gender	Female

#### 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
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Was there any video captured by Car Camera? No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2037L
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 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 :

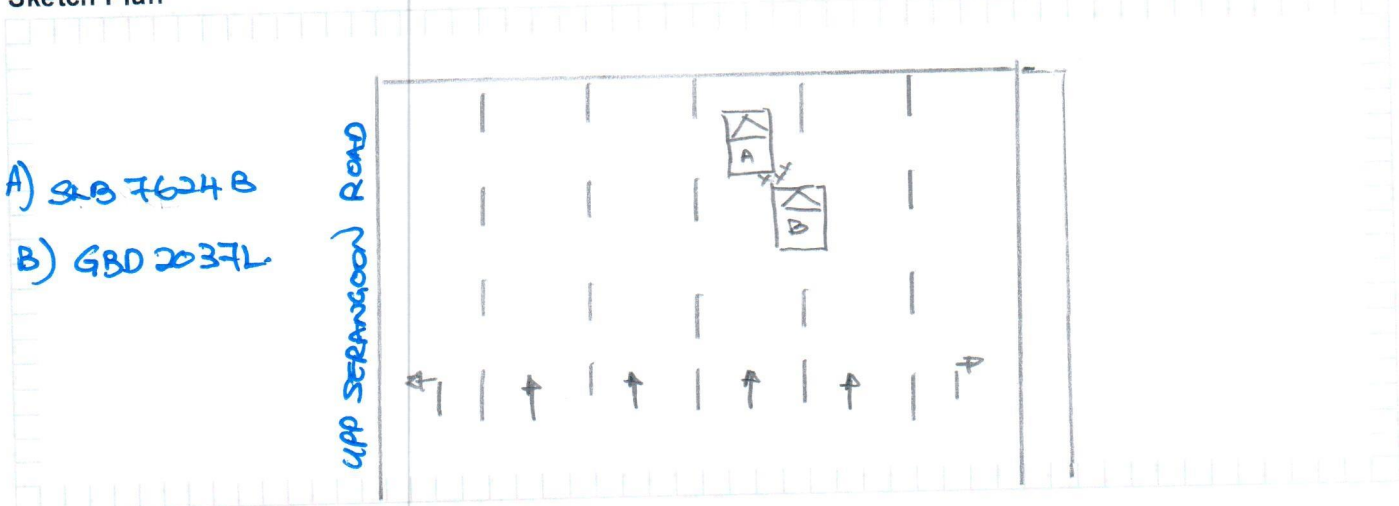
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 17/11/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

I WAS TRAVELLING ALONG LAP SERANGGON ROAD ON THE THIRD LANE FROM THE RIGHT OF 6 LANES, WHEN I CAME TO A STOP AT THE JUNCTION OF WAN THO AVE DUE TO TRAFFIC RED LIGHT AHEAD, WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, SUDDENLY ONE MIJIAN GBD 2037L CAME FROM MY RIGHT REAR AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY STATIONARY STOP VEHICLE.

Declaration

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

  
Policyholder's Signature / Date & Time

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

 17/11/2022  
Witnessed by Reporting Centre Personnel

VEHICLE NO: SLB 7624B

MAKE & MODEL: Honda Airwave ☒ AUTO / MANUAL

DATE OF ACCIDENT	16 / 11 / 2022	CC. 1.5
TIME OF ACCIDENT	1030 AM / PM	
LOCATION OF ACCIDENT	UPP SERAGOOD RD X WANTHO AVE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Tan SiYuan	
EMAIL	SIYUANTAN 65 @ HOTMAIL . COM	MOBILE: 91780048
NRIC	S8939949A	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO ?	
INSURANCE CO	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / <input checked="" type="checkbox"/> Third Party / Third Party Fire & Theft	
POLICY NO	DMPCSNW00113792203	
NAME OF DRIVER	AS ABOVE / IF <input checked="" type="checkbox"/> NO Duan Ning	
NRIC	S9088849H	
DATE OF BIRTH	14 / 08 / 1990	
ANY PASSENGER	YES / NO: 03	
NAME OF PASSENGER	1) MURHAYATI 2) TAN YING XI 3) TAN YING CHAN	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	26 / 10 / 2018	
GENDER	Male / <input checked="" type="checkbox"/> Female	
CONTACT NO	Mobile: 84344219	Office:
EMAIL	SIYUANTAN 65 @ HOTMAIL . COM	
ADDRESS	Bp21 HONGKONG ST 21 #08-78 S(530221)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No: INSURER:	
RELATIONSHIP	Employee / If No: <input checked="" type="checkbox"/> SPOUSE	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? 1) DUAN NING 2) MURHAYATI 3) TAN YING XI	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who? 4) TAN YING CHAN	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO IF YES, WHO?	
VEHICLE B NO.	GSD 2037L Any Passenger: NO	
NAME		
CONTACT NO	97815775	
VEHICLE C NO.	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 <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO	
Person Reporting	Driver / <input checked="" type="checkbox"/> Owner / Both	
Original Language Used	<input checked="" type="checkbox"/> English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> NO	

SIYUANTAN 65 @ HOTMAIL . COM



Motor Private Car

MX1

R SN

AN0621A

Cov. Type: T

**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.

DMPCSNW00113792203

Engine No.: L15A5204241

Cha. No.: GJ11303587

1. Index Mark and Registration  
Number of Vehicle

SLB7624B

2. Name of Policy Holder

TAN SIYUAN

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

15/05/2022  
(00:00:00)

4. Date of Expiry of Insurance

14/05/2023

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.

\* 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: \_\_\_\_\_  
IMOTOR INSURE  
Authorised Officer



Authorised Signatory