

VALLEY LE Assessment Centre Services

Date: 28/11/2022	Description:	Days & Time Completed:	Done by:
Ref: NA/CT122011935/a4	S&S e-filing		
File No: SMA3464R	E-mail		
Date: 27/11/2022 1155	e-Motor Claim Form		
Ref: 00000000000000000000	e-Motor W/O (within 14 Days IP400)		
	i-Photo Uploaded		
IP Incident:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW. (Tel:	Fax:
IP Particulars:	Veh No: SME 5644D	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

NA2203339	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30).	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) rT : 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:-		
	Q12		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	LP (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	28/11/2022 17:54 (SGT)
Reported by	Both
Date of Accident	27/11/2022 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MAXWELL ROAD TOWARDS CECIL STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3464R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON WAH (CHEN WENHUA)
NRIC No	SXXXX428D
Email Address	tanbwpg@gmail.com
Mobile Phone No	(Phone) +65-93366300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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	DMHCSNW00014222100

DRIVER

Name of Driver	TAN BOON WAH (CHEN WENHUA)
NRIC No	SXXXX428D
Date Of Birth	14/02/1963
Occupation	Outdoor

Date Of Driving Pass	02/03/1985
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93366300
Alt. Phone Number	-
Email Address	tanbwpg@gmail.com
Address	71 JURONG WEST CENTRAL 3 #12-16
Address complement	-
Postcode	648335
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	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	PASSENGER
Gender	Male

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	SME5644D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96785248
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

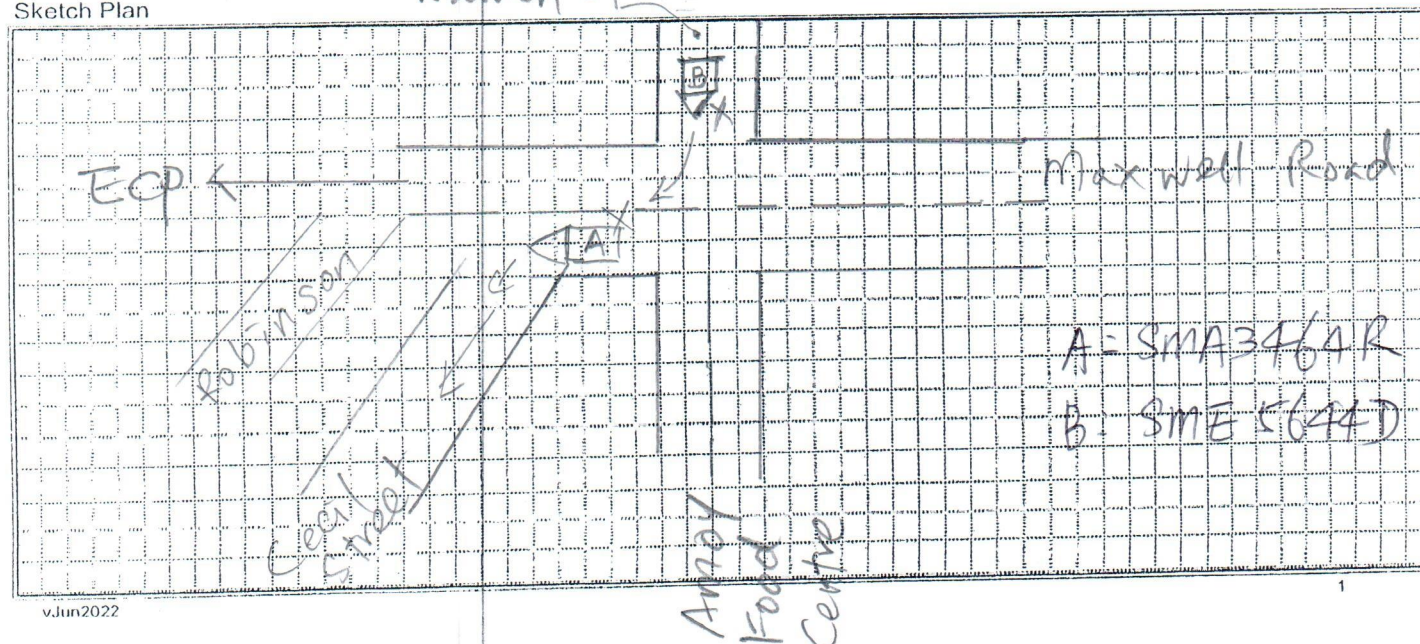
8. **Consent under the Personal Data Protection Act (PDPA)**

(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:

- (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.

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

Wallich St



Describe Circumstance of the Accident

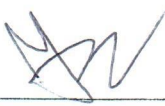
On 27/11/2022 @ 1145hrs Car A (SMA3464R) travelling along Maxwell Road turning to Cecil street.

Later I felt an impact on the right rear side of my vehicle. I then made a check and discovered that car B (SME5644D) turn right from Wallich street hit onto my car, right rear side of car A.

No injuries at that point of time.


Declaration

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

 28/11/22

Policyholder's Signature / Date & Time

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

 28/11/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: (27/11/2022) (DD/MM/YYYY), TIME: (11:55) (HH:MM)

LOCATION: Maxwell Road towards Cecil Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 3464 R
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Shuttle Hybrid Auto / manual
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private hire
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: Tan Boon Wah (chen wenhua) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16074280 CONTACT: 93366300
c) ADDRESS: 71 Jurong West central 3 #12-16 S(648335)

* 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: (14/2/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2/3/1985

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: SME 5644 D MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 9678 5298

9. THIRD PARTY VEHICLE

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

Email = tambwpg@gmail.com

fax =

video = NO

No of passenger

(including driver)

(2)

1 male

No of passenger

(including driver)

()

No of passenger

(including driver)

()

Motor Hire Car

MZ405L/B

N SN

AN0717A

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.	DMHCSNW00014222100	Engine No.	LEB6555170
		Cha. No.	GP71212511
1. Index Mark and Registration Number of Vehicle	SMA3464R	AUTOSAFE	*****
2. Name of Policy Holder	TAN BOON WAH (CHEN WENHUA)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/12/2021 (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	03/12/2022	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.

TAN BOON WAH (CHEN WENHUA)

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.

* 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

JIN LI PTE LTD
2 Kallang Avenue #08-16A
City Hub S(339407)
Off : 6444 4116
Fax : 6444 0010

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By **JIN LI 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

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