

**NATIONAL Assessment Centre Services** (Print & Stamp) **SUB 822C20004**

Date In: 02/12/2022 11:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/CTD20/20724	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SNB 8804K	I-Motor Claim Form		
D.O.A: 28/11/2022 16:00	I-Motor W/O (within 2hrs, A/C 2hrs)		
QC (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whelp		

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

TP Particulars: Veh No: GBK 8879X 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: 21-70%, 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 6615)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date	Turn	Actions

**NA2203364**

Insurance Particulars:	Invoice Preparation Checklist:	Fee Charged	Fee Charged
Owner/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$10/\$40	
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$150	
Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claimant's use (INC Only, valid 12 Jan 2023)		
	6) TR: Re-inspection	\$75	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Fee (Self)		
	9) DM		
	*NI: Courtesy Car / Transport Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$25	
	*NI: DV / Collect Excess Coordination	\$5	
	TP (Self): TP Insurer INCs against INC	\$10	
	2) NI: New DA + SMRT Survey	\$160	
	3) NI: New DA + SMRT Survey	\$160	
	4) NI: New DA + SMRT Survey	\$160	
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	100) NI: New DA + SMRT Survey	\$160	

## 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	02/12/2022 11:14 (SGT)
Reported by	Both
Date of Accident	25/11/2022 16:00 (SGT)
Exact Location of Accident	8 Luxus Hill View, Singapore 804498
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB8004K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA GEOK CHENG
NRIC No	SXXXX504I
Email Address	mw1129@hotmail.com
Mobile Phone No	(Phone) +65-90508000
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	520d
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	1995

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00019572201

### DRIVER

Name of Driver	CHIA GEOK CHENG
NRIC No	SXXXX504I
Date Of Birth	01/10/1954
Occupation	Indoor

Date Of Driving Pass	22/08/1984
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90508000
Alt. Phone Number	-
Email Address	mw1129@hotmail.com
Address	8 LUXUS HILL VIEW
Address complement	-
Postcode	804493
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	GBK8879Y
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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

HOUSE, NO. 8 LUXUS HILL VIEW

VEH (A) SNE 8004K  
(B) GSK 8074J

HOUSE

Describe Circumstance of the Accident

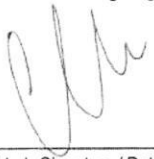
ON THE STATED DATE & TIME, I WAS STATIONARY MY VEHICLE (A) SNB 8004 K,  
AT 8 LUXUS HILL VIEW S'804493 (OUTSIDE MY HOUSE'S CARPARK). MY FAMILY AND I  
WAS OVERSEAS. WHEN I CAME BACK HOME, THE NEIGHBOR ACROSS FROM MY HOUSE HAVE  
TOLD ME MY VEHICLE (A) SNB 8004 K WAS HIT BY VEHICLE (B) GBK 8879 Y. AFTER  
VEHICLE (B) HIT MY VEHICLE, HE HAVE ALIGHTED & TOLD MY NEIGHBOR.  
HOWEVER, I CHECKED CCTV OF MY HOUSE, AND KNOW THE PROCESS OF THE ACCIDENT.  
VEHICLE (B) GBK 8879 Y PROCEED STRAIGHT AND ACCIDENTALLY HIT ONTO THE  
RIGHT SIDE OF MY VEHICLE. AFTER ACCIDENT, HE HAVE ALIGHTED CHECKED BOTH OF US  
VEHICLE DAMAGED AND INFORM MY NEIGHBOR TO ADMIT HE WAS HIT MY VEHICLE.  
WE EXCHANGE PARTICULAR AND I LODGED THIS REPORT FOR INSURANCE CLAIMS  
PURPOSE.

VEH (A) SNB 8004 K


VEH (B) GBK 8879 Y

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

 02/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Date of Accident : 25/11/22 Accident Time: 16:10HRS (24-HR-Format)  
 Accident Place : 8 LUXUS HILL VIEW S'804493  
 Vehicle No. (Car Plate No.) : SNB 8004K Make/Model: BMW 520D  
 Insurance Company : CHINA TAIPING Policy No: PMPGSH0001457201  
 Owner or Company Name /IC No. : (HIA GFOK CHEN G (S0199501))  
 Owner or Company Contact No. : 9050 8000 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : \_\_\_\_\_  
 DRIVER'S Date Of Birth : 01/10/1954 DRIVER'S License Pass Date 22/02/1984  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER  
 DRIVER'S Address : 8 LUXUS HILL VIEW S'804493  
 DRIVER'S Contact No./ Alt No. : 1) 9050 8000 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : wm1129@hotmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 00

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle. No: (B) GFK 8879 Y

Vehicle. No: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Vehicle Make \Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

• **NEW – Passenger's name & gender:**



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

R 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, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)

CERTIFICATE No

DMPCSNW00019572201

Engine No., 74319851B47D20A

Cha No. WBAJC32030G580851

1 Index Mark and Registration  
Number of Vehicle

SNB8004K

AUTOSAFE  
\*\*\*\*\*

2 Name of Policy Holder

CHIA GEOK CHENG

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

05/02/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers

4 Date of Expiry of Insurance

04/02/2023

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\$1,000 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 ..... 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

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

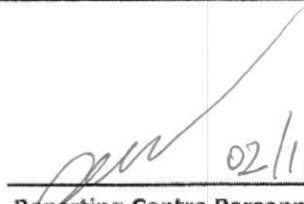
Original Report No: SN0822C20004 Vehicle Registration No: SNB 8004K  
Name (as shown in NRIC): Chia Gook Chuan NRIC/FIN/Passport No: SXXXXX6041  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9050 8000  
Email Address: \_\_\_\_\_  
Date of Accident: 25/11/2022 Time of Accident: 16:00  
Place of Accident: 8 LUXUS THE VIEW  
Insurance Company: Chia TAPIN

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

MEMBERS OF ACCIDENT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

 02/12/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: