

NATIONAL Assessment Centre Services

Date In 15/12/2022	Job description	Date & Time Completed	Done by
Ref NO NA/CT122012543/W	SAS e-filing		
Veh NO SLJ 2887 A	E-mail (within 3hrs. APT 2hrs)		
DOA 15/12/2022	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMH 7016 M

INC () / Non-INC ()

Tel:

Owner / Driver: (

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:-	Date & Time Completed	Done by
(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

NA2203479	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 (\$80)		
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		
	Invoice date: 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	15/12/2022 13:50 (SGT)
Reported by	Both
Date of Accident	15/12/2022 08:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE towards PIE/ECP before Elias Road exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ2887A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Cheok Chwee San
NRIC No	SXXXX474B
Email Address	chweesancheok@gmail.com
Mobile Phone No	(Phone) +65-96167086
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	COROLLA ALTIS 1.6 CVT
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00021862201

DRIVER

Name of Driver	Cheok Chwee San
NRIC No	SXXXX474B
Date Of Birth	13/06/1952
Occupation	Indoor

Date Of Driving Pass 02/08/1972
 Driving experience 50 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96167086
 Alt. Phone Number -
 Email Address chweesancheok@gmail.com
 Address Blk 462A Sengkang West Way
 Address complement #09-177
 Postcode 791462
 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 Collision - Head to Rear
 Weather Conditions Drizzling
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 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 Wong Kin Wah Horace
 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

Refer to the attached statement.

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 SMH7016M
 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	Cheok Chwee San
Gender	Male
Phone No	(Phone) +65-96167086
Address	Blk 462A Sengkang West Way
Address Complement	#09-177
Post Code	791462
Approximate Age Years Old	70
Injuries Sustained	Driver back and neck pain.
Injured person in which vehicle?	SLJ2887A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

15/12/22: GIA unsubmitted. Awaiting Police report, if have

SINGAPORE ACCIDENT STATEMENT

Accident Date:	15/12/22	Time:	08:55 hrs	(hh:mm) 24 hr format
Location	TPE towards PIE/ECP before Elias Road Exit.			
Vehicle Number	SLJ 2887A			
Insured Name	CHEOK CHWEE SAN			
NRIC / FIN	501864743	Contact Number	9616 7086	
Make	TOYOTA	Model	COROLLA ALTIS 1.6 CVT	
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 TRIPINH			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number	DMHCSNW00071862201			
Name of Driver	(<input checked="" type="checkbox"/>) Same as Insured			
NRIC / FIN	Contact Number 9616 7086			
Date of Birth	13-06-1952			
Driving Pass Date	02-Aug-1972			
Occupation	(<input checked="" type="checkbox"/>) Indoor () Outdoor			
Gender	(<input checked="" type="checkbox"/>) Male () Female			
Email Address	ChweeSancheok@gmail.com () NO EMAIL			
Address of Driver	Blk 462A JENHANG WEST #09-177 S(791462)			
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 () Clear () Raining () Others Drizzling				
Road Surface () Dry (<input checked="" type="checkbox"/>) 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	SMH 7016m			
Veh C				
Veh D				
Veh E				
Veh F				

Passenger - WONG KIN WAH HORACE (male)

Include Driver 2 person only.

Describe Circumstances of the Accident

On 15/12/2022 at about 0855 hours at along TPE towards TPE/PIE before Elias Road Exit. I was travelling on the extreme right lane at the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alight, I realised that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard. After the accident I felt unwell and will consult a doctor later.


(A) SLJ2887A


(B) SMH7016M


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

Declaration

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

 15/12/2022
Witnessed by Reporting Centre Personnel

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

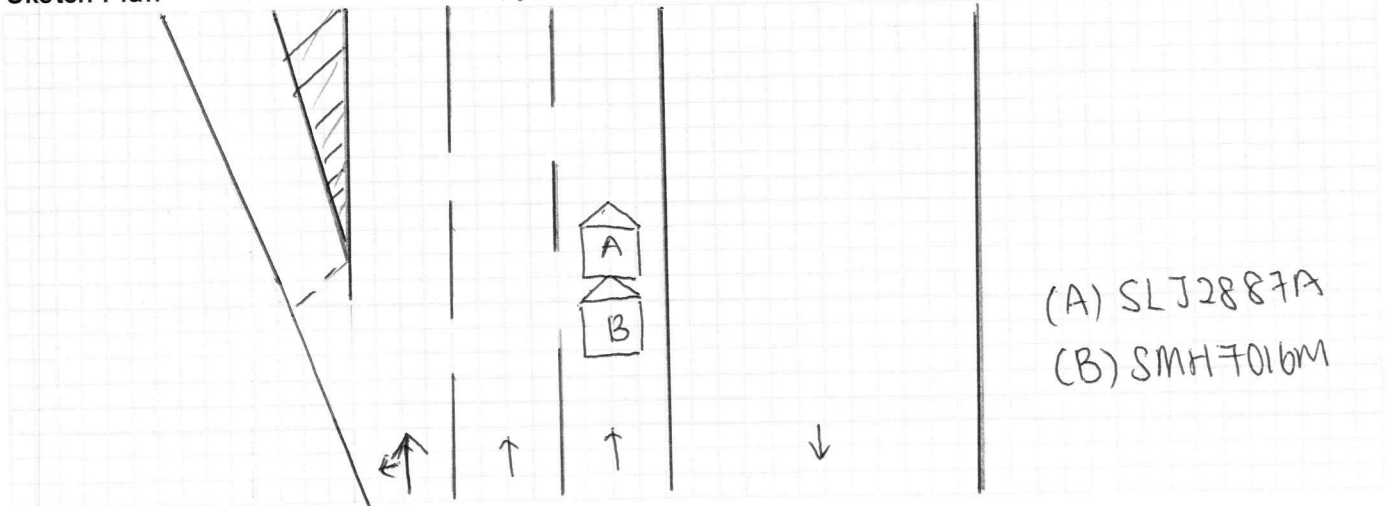
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

15/12/2022

Sketch Plan

TRE FORWARD PIECE before Elias Road Exit



Motor Hire Car

MZ406L/B

R SN

AN0576A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNW00021862201

Engine No.: 1ZRY340188

Cha. No.:MR053REH104560437

1. Index Mark and Registration
Number of Vehicle

SLJ2887A

AUTOSAFE
=====

2. Name of Policy Holder

CHEOK CHWEE SAN

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

18/11/2022

(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

Excess Sect. II (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance

17/11/2023

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.

CHEOK CHWEE SAN

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.

HIRE PURCHASE CO. : LAKE VIEW CREDIT 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 MARKETING AGENCY
Authorised Officer_____
Authorised SignatoryChina 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