

NATIONAL Assessment Centre Services

(Form 1-2002)

SN0822CF0007

Date In: 15/12/2022 14:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NPA/C7220/254/4	E-mail (within 3hrs, A/C 3hrs)		
Veh No: SPK-9831E	I-Motor Claim Form		
D.O.A: 14/12/2022 15:30	I-Motor W/O (within 3hrs, A/C 3hrs)		
OD (TP) Reporting Only	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: GBD 283W 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 repeller.

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

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

Remarks: (INC Notice: 0788, 0616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

NA2203487	Invoice Preparation Checklist
Important Particulars:	1) AK: Accident Reporting (\$30)
Owner/Owner:	2) DA: Damage Assessment (\$100) INC (\$55)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion: ()	4) PT: Follow-Through Survey \$135
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idea DA + SMRT Survey \$140
	8) NTUC Additional Services:
	OD:
	*NI: Courtesy Car / Tpt Allowance \$5
	*NI: Repair Coordination \$15
	*NI: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non-INC) against INC \$10
	9) NI: Idle Month \$0
	Invoice dated: Fee Charged:
	Invoice total: 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 14:38 (SGT)
Reported by	Both
Date of Accident	14/12/2022 15:30 (SGT)
Exact Location of Accident	448 Clementi Ave 3, Singapore 120448
Additional Location Information	MARKET AND FOOD CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9831E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MIURA ASANO
NRIC No	SXXXX868Z
Email Address	angroger@acot.com.sg
Mobile Phone No	(Phone) +65-96687631
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	DMPCSNW00229002201

DRIVER

Name of Driver	MIURA ASANO
NRIC No	SXXXX868Z
Date Of Birth	18/06/1969
Occupation	Indoor

Date Of Driving Pass	12/12/2006
Driving experience	16 YEARS
Gender	Female
Mobile Number	(Phone) +65-96687631
Alt. Phone Number	-
Email Address	angroger@acot.com.sg
Address	10 JALAN MAS PUTEH
Address complement	-
Postcode	128616
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	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)	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	GBD2293M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HE ZHIHUI
Contact Number	(Phone) +65-98517068

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

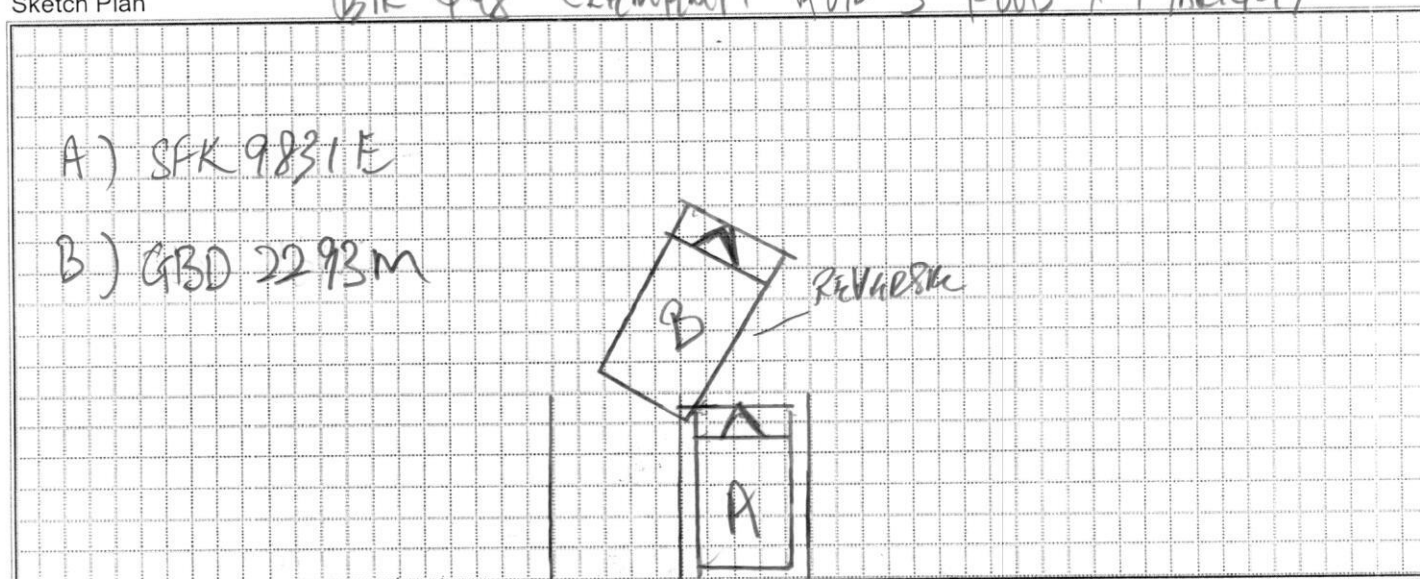
Chon' 15/12/2022
Policyholder's Signature / Date & Time
14:25

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

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

Sketch Plan

Blk 448 Clementi Ave 3 Food & Market



Describe Circumstance of the Accident

My car was parked Clementi Food Market car park.

When I return to my car I realised that my left side headlight ^{and bumper} was damage. after a while the driver of vehicle GBD 2293M told me that when he was reversing his car he knock into my car and he will pay for the damage.

But today 15/12/22 morning he asked me to make insurance claim.

Declaration

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

Chen 15/12/2022

Policyholder's Signature / Date & Time
14:25

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

[Signature] 15/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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: SK10822CF0007 Vehicle Registration No: SFK 9831E
 Name (as shown in NRIC): MURAH ARABU NRIC/FIN/Passport No: SXXXX68Z
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96687631
 Email Address: _____
 Date of Accident: 14/12/2022 Time of Accident: 15:30
 Place of Accident: BK 488 CLAMBER 1 FOOD CIR
 Insurance Company: CHINA MARINE

(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:

THIRD PARTY VEHICLE NUMBER SHOULD BE GBD2293M &
NOT SLN116X.

Chai 15/12/2022
 Policyholder / Actual Driver's Signature
 Date:

[Signature] 15/12/2022
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (14/12/2022) (DD/MM/YYYY), TIME: (15:30) (HH:MM)

LOCATION: B/K 448 Clementi Market & Food Centre

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SFK 9631E
 b) INSURANCE COMPANY: PMPCS NW0022900201
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 116 BMW
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Miura Asano (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S69 828 688 CONTACT: 9138 4354
 c) ADDRESS: 10 Jalan Mas Puteh (S) 128616

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (including driver)
 ()

DRIVER above (MALE / FEMALE)
 a) NAME:
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (18/6/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 DEC 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) driver

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

No of passenger
 (including driver)
 ()

a) VEHICLE NUMBER: SLEH16TX MODEL: TOYOTA
 b) DRIVER'S NAME: He Zhihui CONTACT: 9851 9068
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
 ()

a) VEHICLE NUMBER: G80.2293M MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

Email: ang roger @ racot .com .sg
 VIDEO

Motor Private Car

MX1E

R SN

AN0421A

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)

Engine No.: 32205050B37D15A

Cha. No.: WBA1V720405G86915

CERTIFICATE No.

DMPCSNW00229002201

1. Index Mark and Registration
Number of Vehicle

SFK9831E

2. Name of Policy Holder

MIURA ASANO

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment11/10/2022
(00:00:00)Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:
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

4. Date of Expiry of Insurance

10/10/2023

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.

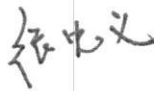
Provided that the person driving is permitted in accordance with the licensing or other laws or
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of
a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor
Vehicle.

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.
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: VITESSE SOLUTIONS
Authorised Officer
Authorised Signatory

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6982868Z



Name

MIURA ASANO

Race

JAPANESE

Date of birth

18-06-1969

Sex

F

Country/Place of birth
JAPAN



S6982868Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6982868Z

Name

MIURA ASANO

Birth Date: 18 Jun 1969

Issue Date: 12 Dec 2006



001465475C

9444751



NRIC No. S6982868Z



Nationality

JAPANESE

Date of issue

16-05-2017

Address

10 JALAN MAS PUTEH
SINGAPORE 128616

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 12 Dec 2006

NP 428A



Licence No: S6982868Z