

NATIONAL Assessment Centre Services

Case No. 23/12/22	Job description
Ref No. BNBA/CIT 2201283315	SAS e-filing
Vol No. 56J-6095	E-mail (within 30, 60, 90 days)
DOA 22/12/22 0956	E-Motor Claim Form
DD (TP) Reporting Only	E-Motor W/O (within 30, 60, 90 days)
	E-Photo Uploaded
	Assessment/Survey Report
	Acc't Report by E-filing Head to District/Division

Preferred Waco, INC Assign Waco / GW: ( ) T3 Particulars:		Vol. No: y 96158-D INC ( ) INC-INC ( ) Tel.      Fax:
--	--	---

Owner/Driver (	Period (	Cover Types (
Policy No (	Date	Number

14) (Note-Not Same (WD) 11-0-2011 11-21-2011 11-20-2011)  
Warranty: YES ( ) / NO ( )

Year of Registration ( ) Loading: \$1,000 ( ) / \$2,000 ( )  
Excess: (\$ )

Walk-In Customer: Customer's information strictly Confidential & Subject to refer of repelent.

Division: \_\_\_\_\_ Invoice: YES( ) / NO( )

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

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

*[Faint, illegible markings]*

\_\_\_\_\_

\_\_\_\_\_

NA 23002ES

Invoice Preparation Checklist	
1. AR Account Permitted	000
2. AR Primary Assigned	000

1) 100% Follow-up	100%
2) 75% Follow-up	75%
3) 50% Follow-up	50%
4) 25% Follow-up	25%
5) 10% Follow-up	10%
6) 5% Follow-up	5%
7) 0% Follow-up	0%

1. UNITED STATES OF AMERICA  
 2. DEPARTMENT OF JUSTICE  
 3. ATTORNEY GENERAL  
 4. WASHINGTON, D. C.  
 5. 20535  
 6. TELEPHONE (202) 547-5000  
 7. FAX (202) 547-5000  
 8. WWW.DOTGOV  
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1. Country Tax (40.00 percent)	75
2. State Income Tax	10
3. Local Income Tax	5
4. Federal Income Tax	5
5. Social Security Tax	5
6. Medicare Tax	5
7. Unemployment Tax	5
8. Other Taxes	5
9. Total	110

1. <u>1970-1971</u>	1. <u>1970-1971</u>
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22. <u>2012-2013</u>	22. <u>2012-2013</u>
23. <u>2014-2015</u>	23. <u>2014-2015</u>
24. <u>2016-2017</u>	24. <u>2016-2017</u>
25. <u>2018-2019</u>	25. <u>2018-2019</u>
26. <u>2020-2021</u>	26. <u>2020-2021</u>
27. <u>2022-2023</u>	27. <u>2022-2023</u>
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71. <u>2110-2111</u>	71. <u>2110-2111</u>
72. <u>2112-2113</u>	72. <u>2112-2113</u>
73. <u>2114-2115</u>	73. <u>2114-2115</u>
74. <u>2116-2117</u>	74. <u>2116-2117</u>
75. <u>2118-2119</u>	75. <u>2118-2119</u>
76. <u>2120-2121</u>	76. <u>2120-2121</u>
77. <u>2122-2123</u>	77. <u>2122-2123</u>
78. <u>2124-2125</u>	

11/2/44 24100

## 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	23/12/2022 17:45 (SGT)
Reported by	Driver
Date of Accident	22/12/2022 09:56 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MAPLE BUSINESS CENTRE ROUNDABOUT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ609J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG SHEN JING
NRIC No	SXXXX088C
Email Address	PATRICIA@RONGDE.COM.SG
Mobile Phone No	(Phone) +65-96286869
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00098332201

#### DRIVER

Name of Driver	ANG SU YI PATRICIA
NRIC No	SXXXX989J
Date Of Birth	15/02/1985
Occupation	Indoor

Date Of Driving Pass .....	15/08/2008
Driving experience .....	14 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97689818
Alt. Phone Number .....	-
Email Address .....	PATRICIA@RONGDE.COM.SG
Address .....	19 TAMPINES @ ARC #11-30
Address complement .....	-
Postcode .....	529603
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Roundabout
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) .....	1
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

#### REFER TO 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 .....	YQ6158D
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:

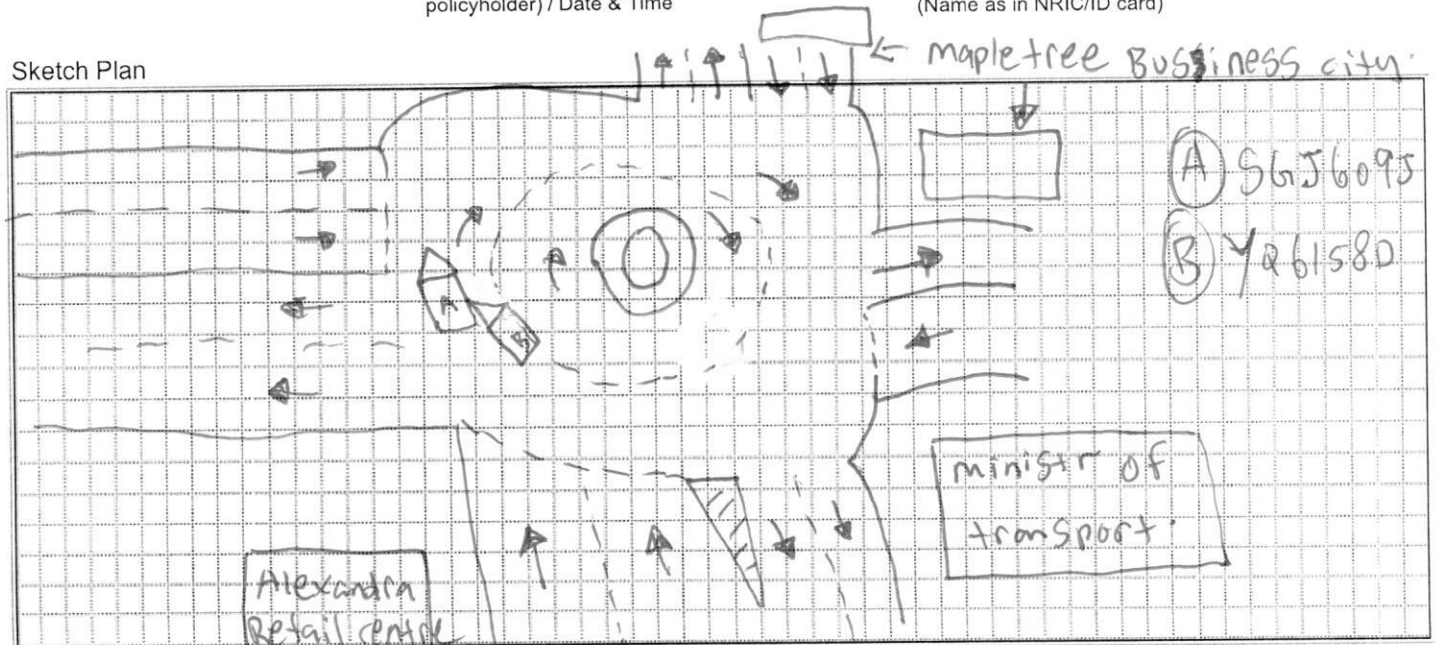
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



Describe Circumstance of the Accident

I was driving Along Alexandra Retail centre  
going towards the roundabout : - - - - -

As I was checking - <sup>for</sup> - - - - - traffic I went pass

to go to the map le tree business centre (2nd exit)


- - - - - Suddenly I feel Impact on my Rear  
right side of my vehicle. I went down and see that

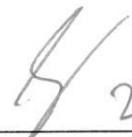
Vehicle B collided in my rear Right Side.

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 23/12/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 12 / 2022) (DD/MM/YYYY), TIME: (09 : 56) (HH:MM)

LOCATION: Mapletree Business City

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 563 609 J  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: CTT  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: CTT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: Ang Shen Jing (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 1182088 C CONTACT: 96286869  
 c) ADDRESS: 8 Bon Leng # 39 - 146 (330008)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Ang Su Y. Patricia (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 8506989 J CONTACT: 93689818  
 c) ADDRESS: 19 Tampine Ave 2 Arc. 2 Tampiner  
 # 11 - 30 (829603)

\* d) DATE OF BIRTH: (15 / 02 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/08/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter

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: 4Q 6188 D MODEL: son kim son  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

email: patricia@rosade.com.sg  
 VINDO NO.

Motor Private Car

MX1

R SN

BR0046C

Cov. Type:F

**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.

DMPCSNW00098332201

Engine No.: L15A2320207

Cha. No.:GB31019978

 1. Index Mark and Registration  
 Number of Vehicle

SGJ609J

2. Name of Policy Holder

ANG SHEN JING

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

 28/05/2022  
 (00:00:00)

4. Date of Expiry of Insurance

27/05/2023

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: AWG INSURANCE BROKERS PTE LTD  
 Authorised Officer



Authorised Signatory