

# NATIONAL Assessment Centre Services

|                                |  |                       |         |
|--------------------------------|--|-----------------------|---------|
| Date In <b>05/01/2023</b>      | Job description                          | Date & Time Completed | Done by |
| Ref No                         | SAS e-filing                             |                       |         |
| Veh No <b>SJN16045</b>         | E-mail (within 8hrs. Aft 2hrs)           |                       |         |
| DOA <b>05/01/2023 0754</b>     | i-Motor Claim Form                       |                       |         |
| OD/ <b>TP</b> / Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs)   |                       |         |
| TP Insurer:                    | i-Photo Uploaded                         |                       |         |
|                                | Assessment/Survey Report                 |                       |         |
|                                | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

|                                 |  |                       |
|---------------------------------|--|-----------------------|
| TP Particulars:                 | Veh No: <b>SDB 898 T</b>                                 | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                          |   |  |          |          |
|--------------------------|---|--|----------|----------|
| Claimant's Particulars:- | Invoice Preparation Checklist                   |  | Amt (\$) | Amt (\$) |
|                          |   |  | 1st Bill | Add Bill |
| Driver/Owner:            | 1) AR: Accident Reporting (\$30);               |  |          |          |
| Contact No:              | 2) DA: Damage Assessment (\$100); INC (\$80)    |  |          |          |
| Damaged Portion:         | 3) TF: Towing Fee \$40/\$45                     |  |          |          |
|                          | 4) FT: Follow-Through Survey \$120              |  |          |          |
|                          | 5) FT: Follow-Through Survey (Resurvey) \$30    |  |          |          |
|                          | 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         |  |          |          |
|                          |   |  |          | 301      |

NA 2300040

C Checked by (Engr-In-Charge):

Auditors' Comments:-



# 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 ..... 05/01/2023 10:49 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 05/01/2023 07:54 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS CHANGI BEFORE AIRPORT BLVD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJN1604J

## INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN TECK HONG  
NRIC No ..... SXXXX256D  
Email Address ..... zhengjie2383@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-98298576  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 ..... 1595

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00174532200

## DRIVER

Name of Driver ..... TAN ZHENG JIE  
Passport No/FIN ..... TXXXX383Z



|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass .....   | 31/12/2018                        |
| Driving experience .....   | 4 YEARS AND 1 MONTH               |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-98773977              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | zhengjie2383@yahoo.com            |
| Address .....  | APT BLK 606 JURONG WEST STREET 65 |
| Address complement .....   | # 09-576                          |
| Postcode .....   | 640606                            |
| 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 - Head to Rear |
| 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

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

|   |               |
|---|---------------|
| Are accident photos available for attachment? .....     | Yes           |
| Was there any video captured by Car Camera? .....       | Yes           |
| Reasons for not uploading a video of the accident ..... | WITH WORKSHOP |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SDB898T     |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |   |
|---|---|
| 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.

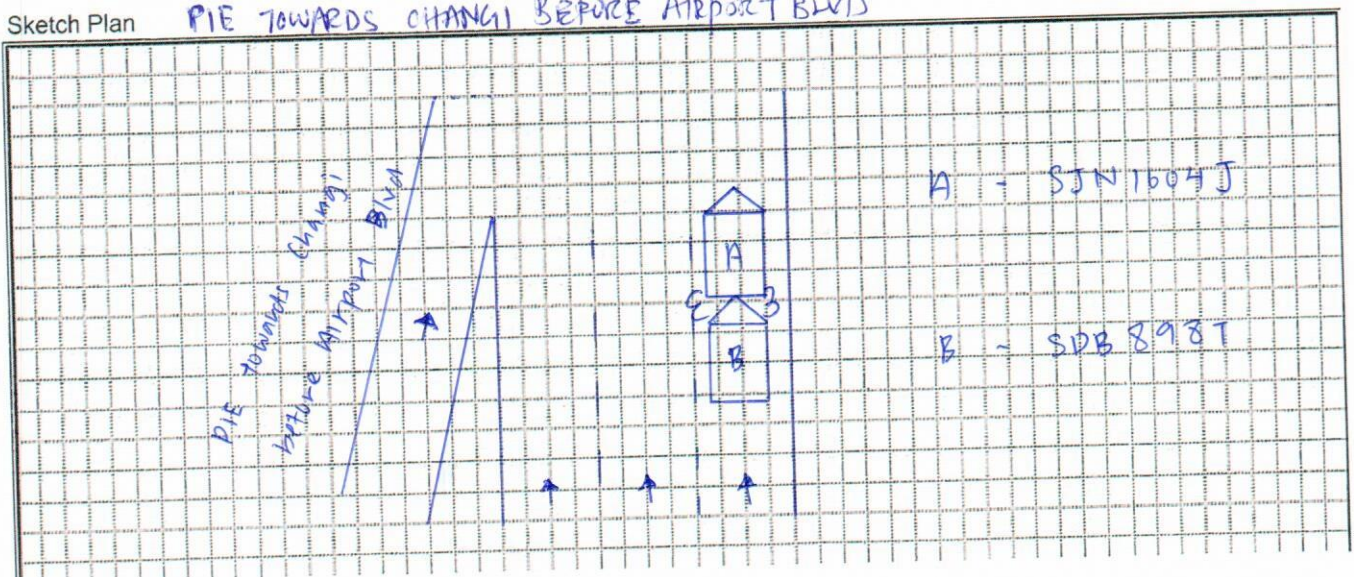
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE TOWARDS CHANGI BEFORE AIRPORT BLVD



Describe Circumstance of the Accident

On 5/1/2023 at around 7:50am, I was traveling along  
PIE towards Changi before Airport Blvd on the 1st Lane.  
I noticed the vehicle in front of me applied brake and  
I managed to stop in time. Suddenly, I felt a huge impact  
from the rear. I got down and realised I was knocked  
by Vehicle B.

Declaration

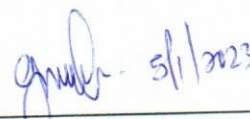
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 5/1/2023

Witnessed by Reporting Centre Personnel



Date of Accident : 5/1/2023 Accident Time: 01:54 (24-HR-FORMAT)  
Accident Place : PIE towards Changi before Airport Blvd  
Vehicle Reg. No (Car plate No.) : SJN1604J CC: 1.6 Vehicle Make/Model: Honda Civic  
Insurance Company : China Taiping Policy No. DMPCSNW00174532200  
Name of Registered Owner : Company / Individual Tan Teck Hong  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S1715256D  
OWNER EMAIL ADDRESS: zhengjie2383@yahoo.com.sg : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9829 8576  
**DRIVER'S Name** : Tan Zheng Jie **DRIVER'S NRIC No:** T0002383Z  
**DRIVER'S Date of Birth** : 17/01/2000 **DRIVER'S License Pass Date** 31/12/2018  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
**DRIVER'S Address** : Blk 606 Jurong West St 65 #09-576  
**DRIVER'S Contact No./ Alt No.** : 1) 9877 3977 2) \_\_\_\_\_  
**DRIVER'S Occupation** : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : zhengjie2383@yahoo.com.sg  
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): 1 Name & Gender: Driver  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes(name of the injured person) \_\_\_\_\_

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

Vehicle Reg No: SDB899T  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name DRIVER: \_\_\_\_\_  
IC No. DRIVER: \_\_\_\_\_  
DRIVER'S Contact & add: \_\_\_\_\_

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Motor Private Car

MX1F

N SN

AN0397A

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.

DMPCSNW00174532200

Engine No.: R16A14001402

Cha. No.:JHMF46209S200364

1. Index Mark and Registration  
Number of Vehicle

SJN1604J

AUTOSAFE

=====

2. Name of Policy Holder

TAN TECK HONG

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

22/07/2022  
(00:00:00)

Named Drivers Ex Sect. I

SS\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

4. Date of Expiry of Insurance

21/07/2023

\* Age as at date of accident

EX ON WINDSCREEN

SS\$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 SS\$500 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: INDEX AGENCY PTE LTD  
Authorised Officer

Authorised Signatory