

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In: 18/01/2023 08:27	Job description: SAS e-filing		
Ref No: WBA/C722300433/Y	E-mail (within 3hrs, A/C 2hrs)		
Vali No: SMAX 15335	I-Motor Claim Form		
D.O.A: 12/01/2023 11:30	I-Motor W/O (within 30 hrs, 72 hrs)		
OD: (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: ( ) Yeln No: SLV 8980FE INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note-List Status (WO): 1N: 0-20%, P: 21-79%, P: 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 repatter.  
 ( ) Total Loss Cost : to e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	Vehicle No.	Engine No.	Chassis No.	Date of Completion	Signature	Donor
1) Apply for Transport Allowance ( ) / Courtesy Car ( )						
2) QC Check / Post Repair Inspection ( )						
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )						

*Injury :*

[illegible]

NA 300123 / NA 230040Y

Instrument & Particulars	
Driver/Owner:	
Contact No:	
Assigned Portion:	

C. Checked by (Eng'r-In-Charge):

RE: [REDACTED]  
 [REDACTED] Comments

10

Invoice Preparation Checklist		FFB	Fast Bill
1) AR: Accident Reporting	(350)		
2) DA: Damage Assessment	(3100)	INC (550)	
3) TP: Towing Fee		540/545	
4) PT: Follow-Through Survey		1150	
5) PT: Follow-Through Survey (Barney)		330	
Excluding repair INC Daily (up to 10 days)			
6) TR: Re-Inspection		370	
7) N1: New DA + Shift Survey		\$140	
8) N1UC Additional Services:			
GDI			
*NR: Courtesy Car / Tot Allowance		55	
*NR: Repair Coordination		110	
*NR: Post Repair Inspection		330	
*NR: DV / Collect Excess Coordination		45	
*NR: TP (N1) INC		330	
TP (N1) TP (N1) INC			10
9) N1: 1 Day Mobile			
Fee Charged			
Invoice dated			
Signature dated			

12/19

## 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	13/01/2023 08:27 (SGT)
Reported by	Both
Date of Accident	12/01/2023 11:30 (SGT)
Exact Location of Accident	38 Jln Pari Burong, Singapore 488703
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX1533S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA KAR CHUN, CHENEY(CAI JIAJUN)
NRIC No	SXXXX457G
Email Address	cheneychua@yahoo.com.sg
Mobile Phone No	(Phone) +65-90489164
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	DMPCSNW00035522201

### DRIVER

Name of Driver	CHUA KAR CHUN, CHENEY(CAI JIAJUN)
NRIC No	SXXXX457G
Date Of Birth	31/08/1990
Occupation	Indoor

Date Of Driving Pass ..... 02/02/2011  
 Driving experience ..... 11 YEARS AND 11 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90489164  
 Alt. Phone Number ..... -  
 Email Address ..... cheneychua@yahoo.com.sg  
 Address ..... BLK 889 TAMPINES STREET 91 #06-1048  
 Address complement ..... -  
 Postcode ..... 520889  
 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) ..... 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 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 ..... SLU8984E  
 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) ..... -



## 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' 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

Sketch Plan

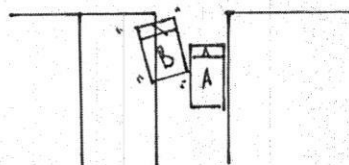
Driver's Signature (If driver is not the policyholder) / Date & Time

38 JORDAN PARK BOULEVARD

Witnessed by Reporting Centre Personnel

Vehicle A - SMX1533S

Vehicle B - SLU8984E




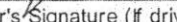
### Describe Circumstances of the Accident

On the above stated date and time, I was stationary outside 38 Jalan Pari Burang when vehicle B SLN 8984E reversed onto my vehicle. We exchanged particulars and left the scene.

## 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

Witnessed by Reporting Centre Personnel

DATE OF ACCIDENT : 12/01/2023 TIME : 1130 hrs  
LOCATION : 38 Jalan Pari Burong

**INFORMANT'S PARTICULARS**

- 1) VEHICLE NO.: SMX/5338 MODEL: A180  
2) INSURANCE CO.: China Taiping POLICY NO.: \_\_\_\_\_  
3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)  
4) OWNER NAME: Chua Kar Chun, Cheney I/C S9030457G TEL: \_\_\_\_\_  
5) OWNER EMAIL: cheneychua@yahoo.com.sg ALTERNATIVE PHONE NO.: \_\_\_\_\_  
6) DRIVER NAME: 90489164 I/C S9030457G TEL: \_\_\_\_\_  
7) DRIVER OCCUPATION: Director EMAIL: cheneychua@yahoo.com.sg  
8) RELATIONSHIP WITH OWNER: Owner  
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)  
10) DRIVER'S OWN VEHICLE REG NO.: \_\_\_\_\_ INS CO.: \_\_\_\_\_  
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_  
12) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_  
13) ANY SCENE PHOTOS: YES / NO  
14) ANY VIDEO CAPTURED BY CAR CAMERA: NO  
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Private Use  
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING  
ACCIDENT CLAIMS ASSISTANCE: YES / NO  
17) NO. OF PASSENGERS (INCLUDING DRIVER): 01 A) PASSENGER NAME: \_\_\_\_\_  
18) No. of Vehicle involved (including own vehicle): 02 MALE / FEMALE  
B) PASSENGER NAME: \_\_\_\_\_  
MALE / FEMALE

**THIRD PARTY (OTHER VEHICLE) PARTICULARS**

- VEHICLE 1 1) VEHICLE NO.: SLU8184E MODEL: \_\_\_\_\_  
2) DRIVER NAME: \_\_\_\_\_ I/C \_\_\_\_\_  
3) ADDRESS: \_\_\_\_\_  
4) CONTACT NO.: \_\_\_\_\_ INS CO: \_\_\_\_\_
- VEHICLE 2 1) VEHICLE NO.: \_\_\_\_\_ MODEL: \_\_\_\_\_  
2) DRIVER NAME: \_\_\_\_\_ I/C \_\_\_\_\_  
3) ADDRESS: \_\_\_\_\_  
4) CONTACT NO.: \_\_\_\_\_ INS CO: \_\_\_\_\_

\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)  
IF YES, FOREIGN VEHICLE NO.: \_\_\_\_\_  
FOREIGN VEHICLE CATEGORY: \_\_\_\_\_

**WITNESS PARTICULARS**

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-  
2) NAME & NRIC: \_\_\_\_\_ TEL: \_\_\_\_\_  
3) RELATIONSHIP WITH INVOLVED PARTIES: \_\_\_\_\_

**OTHERS**

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN: \_\_\_\_\_  
2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) - IF YES, PLEASE PROVIDE A  
COPY OF POLICE REPORT.  
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) - IF YES, PLS PROVIDE  
A COPY OF THE NOTICE.  
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO  
THE ABOVE ACCIDENT (YES / NO).

DRIVER'S SIGNATURE & DATE

CHENG HOE MOTOR PTE LTD (AMK)

97820185 (Whatsapp)

Email : chmamk@singnet.com



Motor Private Car

MX1E

R SN

AN0478A

Cov. Type: C

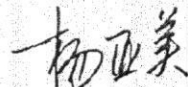
**CERTIFICATE OF INSURANCE**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00035522201	Engine No.: 27091030733659 Cha. No.: WDD1760422J393967
1. Index Mark and Registration Number of Vehicle	SMX1533S	AUTOSAFE *****
2. Name of Policy Holder	CHUA KAR CHUN, CHENEY (CAI JIAJUN)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/03/2022 (00:00:00)	Named Drivers Ex Sect. I \$5500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$500.00 * Age as at date of accident EX ON WINDSCREEN \$100.00
4. Date of Expiry of Insurance	03/03/2023	
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.	
HIRE PURCHASE CO.: HL BANK * 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: INSURE HUB PTE LTD  
Authorised Officer

Authorised Signatory