

NATIONAL Assessment Centre Services

Date In 20/01/2023

Ref No NA/CTI 23000682/d4

Veh No SNB 9962 M

DOA 19/01/2023

OD/ TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs. Aft 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

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:

SKR 5936 S

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%. 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 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:

NA2300209

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: 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:-

OT*

*N5: Courtesy En / Tpt Allowance \$5

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$25

*N8: Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

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	20/01/2023 11:08 (SGT)
Reported by	Both
Date of Accident	19/01/2023 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	25 LOR LEW LIAN (S536469), CARPARK LOT CHERRY HILL CONDO BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9962M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENG MUI MUI
NRIC No	SXXXX018F
Email Address	tengmuimui@hotmail.com
Mobile Phone No	(Phone) +65-97258838
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 hire
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011832100

DRIVER

Name of Driver	TENG MUI MUI
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Occupation	Outdoor
Date Of Driving Pass	18/03/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97258838
Alt. Phone Number	-
Email Address	tengmuimui@hotmail.com
Address	APT BLK 527 HOUGANG AVENUE 6
Address complement	# 11-209
Postcode	530527
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR5936S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Name of Driver	KONG SU SAN
NRIC No	SXXXX346F
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	TENG MUI MUI
Gender	Female
Phone No	(Phone) +65-97258838
Address	APT BLK 527 HOUGANG AVENUE 6
Address Complement	# 11-209
Post Code	530527
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SNB9962M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

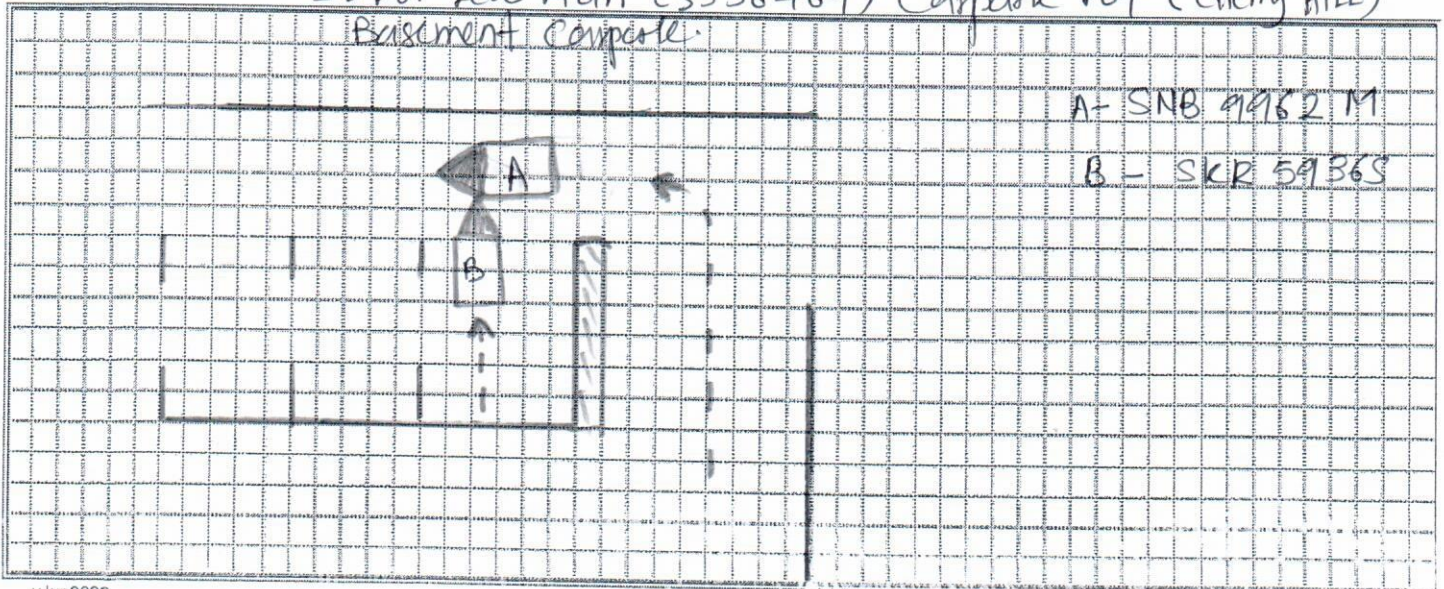
Mayky 20/1/2022.
Policyholder's Signature / Date & Time

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

gmuah 20/1/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

25 Lor Lew Lian (S536469) Carpark lot (Cherry Hill)
Basement Carpark.



Describe Circumstance of the Accident

At the stated date and time, I was driving at Cherry Hills Condo Basement Carport. Suddenly I felt an huge impact from my car. I alight and see vehicle B exit from parking lot and hit onto my vehicle left portion.

Declaration

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

Mayhy 20/1/2023.

Policyholder's Signature / Date & Time

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

gunch 20/1/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: 19/01/2023 (DD/MM/YYYY) TIME: 16:20 (HH:MM)

LOCATION: Q 25 Lot Lew Lian (S 536464) Carpark lot
Cheong Hill) Basement Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNB 9962M
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMHCSNW00011832100
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Nissan Qashqai AUTO / MANUAL
f) TYPE: (SALEON / 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: TENG MUI MUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6968 018F CONTACT: 9725 8838
c) ADDRESS: Apt 1 Blk 527 Hougang Avenue 6 # 11-209
S530527

* CONTINUE TO 3-d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: AS Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (08/02/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/03/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) Neck pain

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKR 5936S MODEL: _____
b) DRIVER'S NAME: Kong Su San
c) NRIC/FIN/PASSPORT: S8690346F CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = tengmuiMui@hotmail.com

Fax = _____

VIDEO - yes, with owner



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

M2406L/B

E SN

AN0214A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1960
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1954 (Malawi)

CERTIFICATE No. DMHCSNW00011832100

Engine No. HRA2349806A
Ch. No. SJNFEAU11U1814062

1. Index Mark and Registration
Number of Vehicle

SNB9962M

AUTOSAFE

2. Name of Policy Holder

TENG MUI MUI

3. Effective date of the Commencement of
insurance for the purposes of the Regulations
Orbitance of Enactment

08/10/2021
(15:32:40)

Excess Sect I. \$51,250.00
Excess Sect. I (Outside Singapore) \$52,500.00
Excess Sect. II \$51,250.00
Excess Sect. II (Outside Singapore) \$52,500.00
EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

19/03/2023

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.

TENG MUI MUI

The Policy does not cover any driver who is below 22 Years of Age and / or less than 1 Years of Driving Experience

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 towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. - DICKSON CAPITAL PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 35 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 185) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Ho Li Hwa Irene
Authorized Officer

Authorized Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Sun Life Tower Singapore 079909

6380 6111

6222 1033

www.sg.cntaiping.com