

NATIONAL Assessment Centre Services (part 1 of 2) **2805281P0006**

Date In: 25/01/2023 16:19	Job description	Date & Time Completed	Done by
Ref No: NPA/C72-230007584	SAS e-filing		
Yeh No: SFA-1311H	E-mail (within 3hrs, AIC this)		
D.O.A: 21/01/2023 12:50	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (White: OD this, YF this)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SMA-1323J** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Place: ()

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: **WING Hotline: 0788-6615** 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	Action

Yeh No: MA2300236	Invoice Preparation Checklist	WAS / WAS-BM
1) AR: Accident Reporting (\$35)		
2) DA: Damage Assessment (\$100) INC (\$50)		
3) TP: Towing Fee \$10/\$45		
4) PT: Follow-Through Survey \$150		
5) FT: Follow-Through Survey (Barway) \$50		
Excluding repair/MT Only (over 12 hrs 2023)		
6) TR: Re/Inspection \$75		
7) NI: Non-DA, PMRT Survey \$140		
8) NTUC Additional Fee: _____		
OT: _____		
*NI: Courtesy Car / Tot Allowance \$5		
*NI: Repair Coordination \$15		
*NI: Post Repair Inspection \$15		
*NI: DV / Collect Excess Coordination \$5		
*TP (NI): TP (Non-INC) against INC \$30		
*NI: 12hrs Mobile		
Invoice dated: _____	Fax 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	25/01/2023 16:50 (SGT)
Reported by	Both
Date of Accident	21/01/2023 12:50 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH1311H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHEOW YONG (ZHANG ZHAORONG)
NRIC No	SXXXX978A
Email Address	jasonteo32@gmail.com
Mobile Phone No	(Phone) +65-83223232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00019192200

DRIVER

Name of Driver	TEO CHEOW YONG (ZHANG ZHAORONG)
NRIC No	SXXXX978A
Date Of Birth	19/12/1976
Occupation	Outdoor

Date Of Driving Pass	25/03/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83223232
Alt. Phone Number	-
Email Address	jasonteo32@gmail.com
Address	BLK 989C JURONG WEST STREET 93 #04-677
Address complement	-
Postcode	643989
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	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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN1323J
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG YAO ZHONG
Contact Number	(Phone) +65-98502716
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

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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.

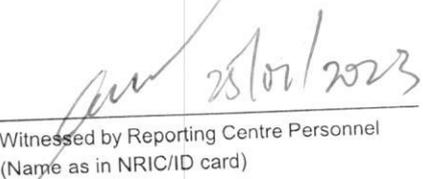
(collectively the "Purposes")

(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

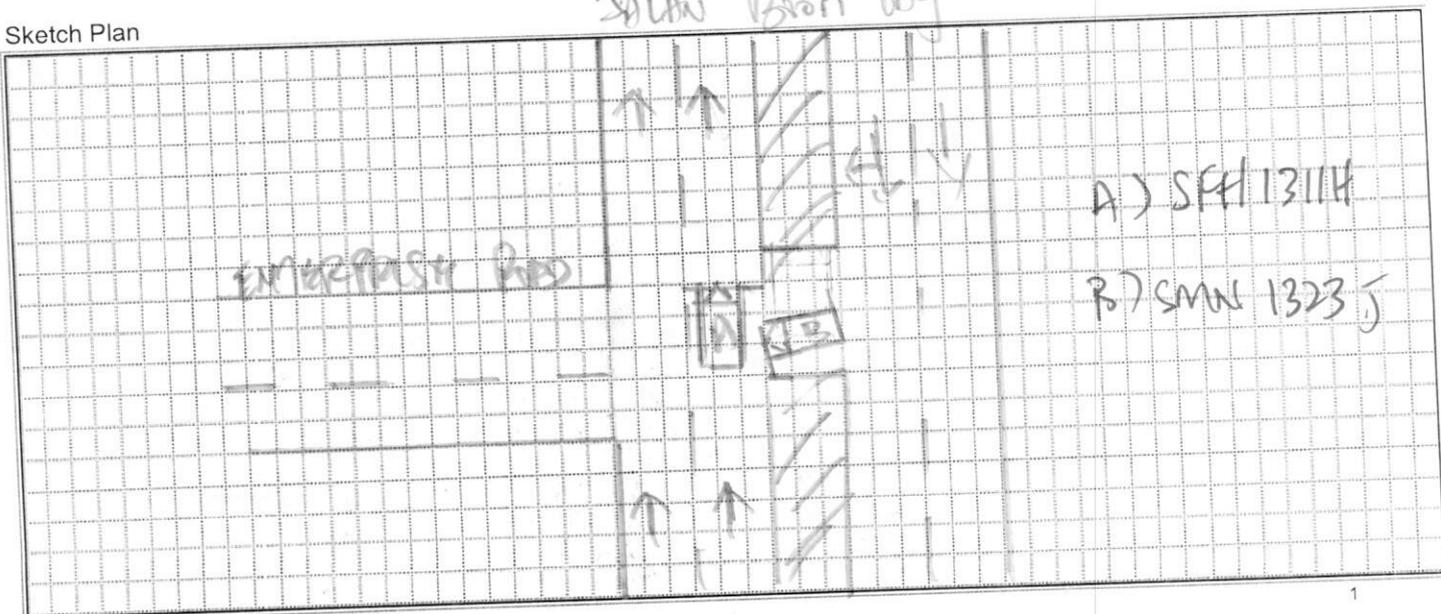
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


25/01/23
Policyholder's Signature / Date & Time

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


25/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



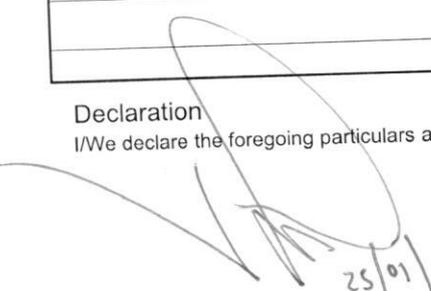
Describe Circumstance of the Accident

On 21/01/2023 AT ABOUT 12:50 HRS I WAS TRAVELLING
TOWARD BANGALAY JUST AT THE JUNCTION OF ENTHARIPESY
ROAD TRAVELLING STRAIGHT WITH 1 PAX IN MY CAR.
SUDDENLY A CAR CAME FROM THE OTHER DIRECTION
BUSH AGAINST THE REAR RIGHT OF MY CAR.

I AM MAKING A REPORT NOT TO CLAIM JUST
REPORTING BECAUSE I HAVE 1 FEMALE PASSENGER
IN MY VEHICLE, THAT ALL.

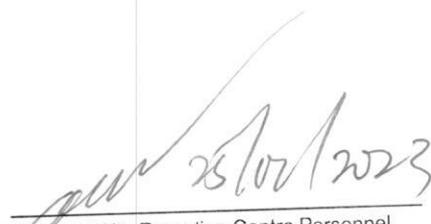
Declaration

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


Policyholder's Signature / Date & Time

25/01/23

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


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

25/01/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 2023) (DD/MM/YYYY), TIME: (12 : 30) (HH:MM)

LOCATION: JIN BUN LAY

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SFH 13114
b) INSURANCE COMPANY: CHINA TRIPING
c) POLICY NUMBER: SMHCSN W0001919 2260
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH 1.8X A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: TEO JASON YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S96409381A CONTACT: 83223232
c) ADDRESS: 9789C JURONG WEST ST 93 #04-677
S (643989)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

3. DRIVER
a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

d) DATE OF BIRTH: (19 / 12 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
DATE OF DRIVING PASS 25/03/1997

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

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

No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: SMN 1323 J MODEL: TOYOTA WISH 1.5 X
b) DRIVER'S NAME: YONG YAO ZHONG
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9850 2316

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

email = Jasonteo32@gmail.com
VIDEO

Motor Hire Car

MZ406L/B

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)

N SN

AN0717A

Cov. Type:C

CERTIFICATE No.	DMHCSNW00019192200	Engine No.:	2ZR0A17408
		Cha. No.:	JTDGG20W60J007975
1. Index Mark and Registration Number of Vehicle	SFH1311H	AUTOSAFE	=====
2. Name of Policy Holder	TEO CHEOW YONG (ZHANG ZHAORONG)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/10/2022 (00:00:00)	Excess Sect. I	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	15/10/2023	Excess Sect. II (Outside Singapore)	SS\$2,500.00
		EX ON WINDSCREEN	SS\$100.00

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.

TEO CHEOW YONG (ZHANG ZHAORONG)

ANG SOPHIA

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

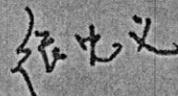
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: JIN LI PTE LTD
 Authorised Officer



Authorised Signatory

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

6389 6111

6222 1033

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