

N.A.T.C. N.A.T. Assessment Centre Services

Date In	31/01/2023	Job description	Date & Time Completed	Done by
Ref No	NAICT123000974/d4	SAS e-filing		
Veh No	GBK 8635J	E-mail (within 8hrs. Aft 2hrs)		
DOA	21/01/2023	i-Motor Claim Form		
(OD) / TP / Reporting Only		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:

ПЗХ:

TP Particulars:	Veh No: <b>SJH 5174M</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	%) [Note-Bst. 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:-	
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**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
Apply for Transport Allowance ( ) / Courtesy Car ( )			
QC Check / Post Repair Inspection ( )			
Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury :

[illegible]

NA2300327		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add'l Bill
Incident's Particulars:		1) AR : Accident Reporting (\$30);			
Driver/Owner:		2) DA : Damage Assessment (\$100);	INC (\$80)		
Contact No:		3) TR : Towing Fee	\$40/\$45		
Damaged Portion:		4) FT : Follow-Through Survey	\$120		
Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey)	\$30		
Engineers' Comments:		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 / Tpl Allowance	\$5		
		* N6: Repair Co-ordination	\$10		
		* N7: Post Repair Inspection	\$25		
		* N8: DV / Collect Excess Coordination	\$5		



## 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	31/01/2023 18:09 (SGT)
Reported by	Driver
Date of Accident	21/01/2023 01:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK8635J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHAN & CHAN ENGINEERING PTE. LTD.
Company Reg No	2XXXXX814Z
Email Address	zactxm.cce@gmail.com
Mobile Phone No	(Phone) +65-86601019
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00138612202

#### DRIVER

Name of Driver	TAN XUAN MING
NRIC No	SXXXX696Z
Date Of Birth	22/09/1992
Occupation	Outdoor

Date Of Driving Pass .....	30/09/2011
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86601019
Alt. Phone Number .....	-
Email Address .....	zactxm.cce@gmail.com
Address .....	BLK 344 WOODLANDS STREET 32
Address complement .....	# 12-160
Postcode .....	730344
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - L/20230121/7008

#### 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 POLICE OFFICER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJH5174M
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 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.



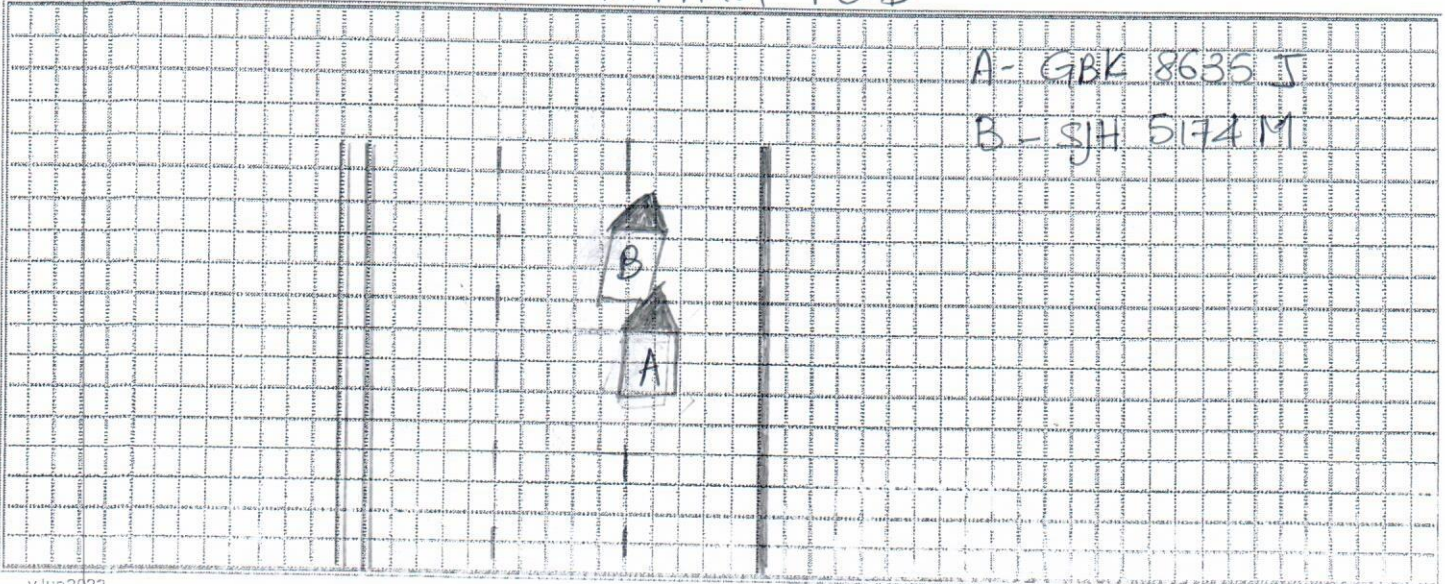
Policyholder's Signature / Date & Time

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

YIO CHU KANG ROAD





Describe Circumstance of the Accident

please Refer to the  
attached police Report  
- L/20230121/7008 -

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

31/01/2023

 31/1/2023

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



**SINGAPORE  
POLICE FORCE**



L/20230121/7008

1 of 1

**POLICE REPORT (NP299)**

Report No. L/20230121/7008

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 21/01/2023 08:52	Vide Report No.	Station Diary No.
Name Of Informant TAN XUAN MING	Address 344 WOODLANDS STREET 32 #12-160 SINGAPORE 730344	
ID Type / ID No. NRIC NO / S9234696Z	Contact No. Home/Office: Mobile: 86601019	
Nationality SINGAPORE CITIZEN	Email Address zactxm.cce@gmail.com	
Occupation Construction manager	Sex Male	Age 30
Institution/School Name	Date of Birth 22/09/1992	Race Chinese
	Language English	
Date/Time Of Incident 21/01/2023 01:45 - 21/01/2023 01:47	Location Of Incident near buangkok	

**Brief details.**

i was driving and had an accident with a honda.

i was driving straight and i remembered that the honda came into my lane, after that we clashed

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2023 08:52
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 2



# ACCIDENT STATEMENT

ACCIDENT DATE: (21/01/2023) (DD/MM/YYYY), TIME: (01:45) (HH:MM)

LOCATION: Yio Chu Kang Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BK 8635J  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: DMCSNW00138612202  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: FIAT / NEW DOBLO. AUTO / MANUAL  
f) TYPE: (SALEEN / 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: CHAN & CHAN ENGINEERING PT LTD. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 93896427  
c) ADDRESS:

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

DRIVER

- a) NAME: TAN XUAN MING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 89234696Z CONTACT: 86601019  
c) ADDRESS: BLK 344 Woodlands St. 32 # 12-160  
S 730 344

\* d) DATE OF BIRTH: (22/09/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/09/2011

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

5. a) WEATHER CONDITIONS: (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: Woodlands

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJH 5174M MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

Email = zaetxm.cce@gmail.com

Pax =

VIDEO = yes, with police officer





中国太平  
CHINA TAIPING

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

Motor Commercial

MZ300/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)

R SN

AN0101A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00138612202

Engine No.: 263A80008870781

Cha. No.: ZFA26300006P78166

1. Index Mark and Registration  
Number of Vehicle

GBK8635J

AUTOSAFE  
=====

2. Name of Policy Holder

CHAN & CHAN ENGINEERING PTE LTD

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

23/12/2022  
(00:00:00)

Excess Sect I. S\$450.00  
EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

22/12/2023

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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:\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing 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: I TRUST 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

www.sg.cntaiping.com