

NTUC Assessment Centre Services

Date In 06/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123001200/W	SAS e-filing		
Veh No SNH 5145A	E-mail (within 2hrs. Aft 2hrs)		
DOA 03/02/2023	i-Motor Claim Form		
OD/ <input checked="" type="radio"/> 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: ()

TP Particulars:	Veh No: SBU 9800 P	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
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Time/Time: Actions

NA2300368	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Insured's Particulars:			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
Act No:	2) DA: Damage Assessment (\$100); INC (\$80)			
iged Portion:	3) TP: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Comments:	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: BV / Collect Repair 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	06/02/2023 13:41 (SGT)
Reported by	Driver
Date of Accident	03/02/2023 15:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Still Road towards Jalan Eunus (Near Esso)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH5145A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Global Urban Management Private Limited
Company Reg No	2XXXXX663W
Email Address	amber@gum.com.sg
Mobile Phone No	(Phone) +65-87754891
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00273012200

DRIVER

Name of Driver	Tan Eng Son
NRIC No	SXXXX155C
Date Of Birth	21/08/1955
Occupation	Outdoor

Date Of Driving Pass	05/09/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87754891
Alt. Phone Number	-
Email Address	amber@gum.com.sg
Address	Blk 305 Yishun Central
Address complement	#10-177
Postcode	760305
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	Hossain Md Monir
Gender	Male

PASSENGER 2

Name	Kabir Md Humayun
Gender	Male

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

Refer to the attached statement.

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	SBU9800P
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Tan Eng Son
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH5145A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	Hossain Md Monir
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH5145A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	Kabir Md Humayun
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH5145A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

VEHICLE NO: 3NH 5145A

MAKE & MODEL : Honda AIRWAVE

☒ AUTO / ☐ MANUAL

DATE OF ACCIDENT	03 / 02 / 2023	CC 1496
TIME OF ACCIDENT	1505 AM / PM	
LOCATION OF ACCIDENT	STILL ROAD TOWARDS ILN EUNOS NR ESSO PETROL KISOK	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	GLOBAL URBAN MANAGEMENT PRIVATE LIMITED	
EMAIL	AMBER @ Gum . com . SG	Office MOBILE 8775 4891
NRIC	201328663W	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO ?	
INSURANCE CO	CHINA TAIPING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO	DMP63N200273012200	
NAME OF DRIVER	AS ABOVE / IF NO: TAN ENG SON	
NRIC	S2565155C	
DATE OF BIRTH	21 / 08 / 1955	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / NO : 02	
NAME OF PASSENGER	HOSSAIN MD MOHIR (M) 2) KABIR MD HUMAYUN	
GENDER OF PASSENGER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	05 / 09 / 1983	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO	Mobile: 84049089	Office:
EMAIL	AMBER @ Gum . com . SG	
ADDRESS	100 JALAN SULTAN K03-15 SULTAN PLAZA S(199001)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / <input type="checkbox"/> If No.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other :	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other :	
ANY INJURIES	No / If <input checked="" type="checkbox"/> yes, Who? 1) TAN ENG SON 2) HOSSAIN MD MOHIR	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who? 3) KABIR MD HUMAYUN	
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	SB49800P	Any Passenger :
NAME		
CONTACT NO		
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Person Reporting	<input checked="" type="checkbox"/> Driver / <input type="checkbox"/> Owner / <input type="checkbox"/> Both	
Original Language Used	English / <input checked="" type="checkbox"/> Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

SKETCH PLAN

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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.



06/02/2023

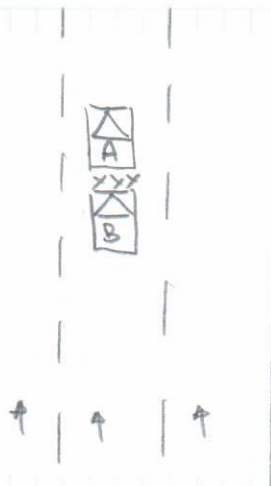
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

STILL AD TOWARDS JLN ERAS -



A: SNH 5145A

B: SB4 9800P

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG THE CENTRE LANE OF 3 LANE ALONG STILL ROAD TOWARDS JALAN EUNAS. AS I WAS TRAVELLING STRAIGHT VEHICLE IN FRONT BRAKE AND STOP, I ALSO APPLIED BRAKE TO STOP, WHEN SUDDENLY ONE M/DR SB4 9800P CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE

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

06/02/2023

Witnessed by Reporting Centre Personnel



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 Private Car

MX4F

N SN

AN0055A

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, 1958 (Malaysia)

CERTIFICATE No.

DMPCSNW00273012200

Engine No.: L15A5204600

Chassis No.: GJ11304104

1. Index Mark and Registration
Number of Vehicle

SNH5145A

AUTOSAFE

2. Name of Policy Holder

GLOBAL URBAN MANAGEMENT PRIVATE LIMITED

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

29/11/2022

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$53,000.00

Ex Sect. I - Age >= 26 \$5500.00

4. Date of Expiry of Insurance

14/01/2024

* Age as at date of accident

EX ON WINDSCREEN \$100.00

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:

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 \$5500 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.: MAYBANK SINGAPORE LIMITED

* 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: COWELL INSURANCE (AGENCY) 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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