

# NTUC Assessment Centre Services

Date In 08/02/2023  
 Ref No NA/CT123001317/d4  
 Veh No SMU 876A  
 DOA 24/01/2023 23:25  
 OD/ TP/ Reporting Only

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/Wksr		

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: UNKNOWN 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 :  
 e-Time: Actions:

Client's Particulars	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
ct No:	2) DA: Damage Assessment (\$100); INC (\$80)		
ged Portion:	3) TP: Towing Fee \$40/\$45		
checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
ors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 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: DV / Collect Brokers 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	08/02/2023 12:08 (SGT)
Reported by	Driver
Date of Accident	24/01/2023 23:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIVERVIEW BLK 121F CARPARK LOT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU876A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DU LIQIN
Passport No/FIN	GXXXXX297W
Email Address	viter432@gmail.com
Mobile Phone No	(Phone) +65-91259178
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2494

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00158572201

#### DRIVER

Name of Driver	ANG KOK LEONG
NRIC No	SXXXXX206G
Date Of Birth	24/02/1969
Occupation	Outdoor



Date Of Driving Pass .....	06/03/1987
Driving experience .....	35 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91259178
Alt. Phone Number .....	-
Email Address .....	viter432@gmail.com
Address .....	APT BLK 121B RIVERVALE DRIVE
Address complement .....	# 11-432
Postcode .....	542121
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FAMILY FRIEND
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 .....	No Collision
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 THE ATTACHED STATEMENT

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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.

on behalf.

# 8/2/23

Policyholder's Signature / Date & Time

# 8/2/23

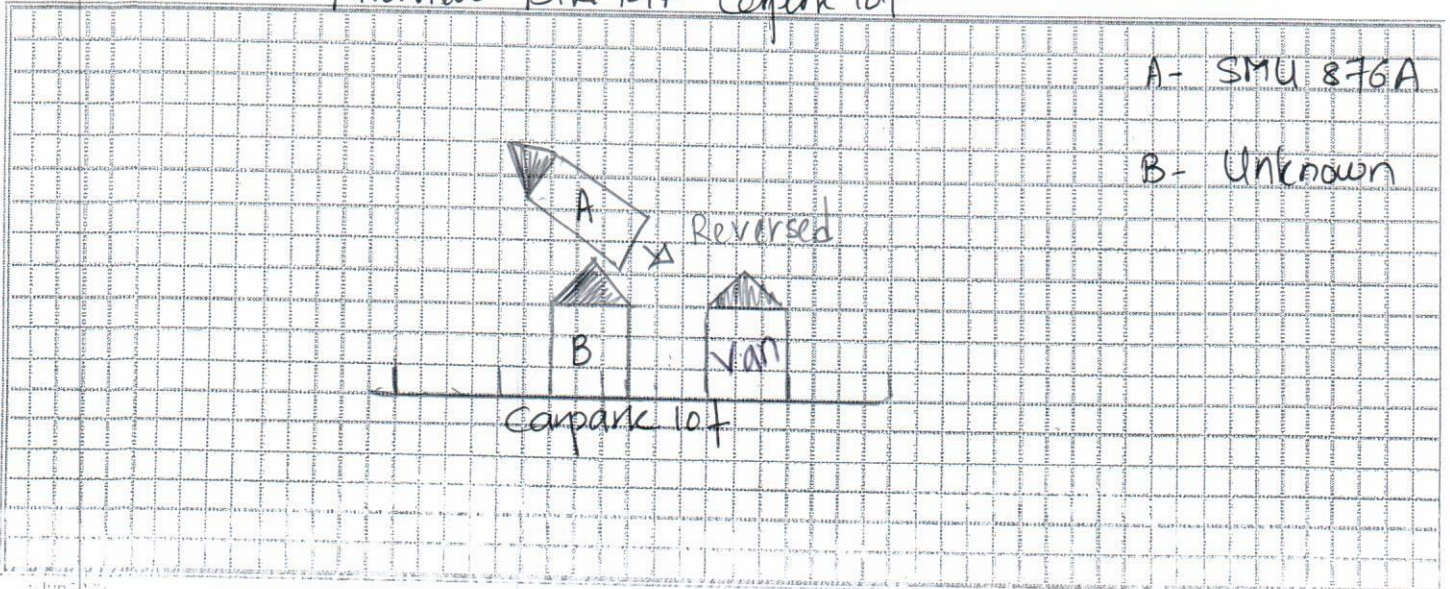
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

gunda 8/2/2023

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

### Sketch Plan

Riverview Bldg 124F Carpark lot





Describe Circumstance of the Accident

On the above stated date and time I was at Riverview Blk 121F Carpark lot. I receive a video from my insurance agent saying that I hit a vehicle on the above mentioned date, time and location. But as far as I know I did not hit any vehicle. The video attached showing my vehicle is reversing to park but I did not as the space was narrow and there was a van parked so the space is not enough to park therefore I moved out. From my side there is no collision involved. I am just making a safety report.

Declaration

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

on behalf  
8/2/23

Policyholder's Signature / Date & Time

8/2/23

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

8/2/2023

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 01 / 2023) (DD/MM/YYYY), TIME: (23 : 25) (HH:MM)

LOCATION: Riverview Blk 121 F Carpark 1 of

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMU 876A  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCSNAC00158572201  
 d) POLICY TYPE: ☒ COMPREHENSIVE / ☐ THIRD PARTY / ☐ THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Alphard ☒ AUTO ☐ MANUAL  
 f) TYPE: ☐ SALOON / ☐ 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: Du Hain ☐ MALE ☒ FEMALE  
 b) NRIC/FIN/PASSPORT: G1671297W CONTACT: 91259178  
 c) ADDRESS:

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

- DRIVER  
 a) NAME: Ang Kok leong ☒ MALE ☐ FEMALE  
 b) NRIC/FIN/PASSPORT: S6906206G CONTACT: 91259178  
 c) ADDRESS: Apt Blk 121B Rivervale Drive # 11-432  
 5542121

\* d) DATE OF BIRTH: (24 / 02 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR ☒ OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 06/03/1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ☐ NO ☒  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Family friend

5. a) WEATHER CONDITION: ☒ 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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown 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 = viter432@gmail.com

fax =

VIDEO = Yes



Motor Private Car

MX1F

R SN

AN0650B

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.	DMPCSNA00158572201	Engine No.: 2AR2283783 Cha. No.: JTNGF3DH708025490
1. Index Mark and Registration Number of Vehicle	SMU876A	AUTOSAFE =====
2. Name of Policy Holder	DU LIQIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/07/2022 (00:00:00)	Named Drivers Ex Sect. I \$750.00 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	27/07/2023	
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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		

\* 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: Chua Suat Lay Sally  
Authorised Officer  
Authorised Signatory