

VATTC NHTA Assessment Centre Services

Date In 09/02/2023	Job description	Date & Time Completed	Done by
REFNO NA/C7123001420/d4	SAS e-filing		
VehNO SMK84175	E-mail (within 8hrs. Aft 2hrs)		
DOA 08/02/2023 18:50	I-Motor Claim Form		
OD/ TP/ <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer	I-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW: (	Assessment/Survey Report		
TP Particulars:	Ass't Report by Fax / Hand to Owner/Wksp		

Owner / Driver: (	Veh No: 88S 3943K	INC () / Non-INC ()	Tel: ()	Fax: ()
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
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. ()				

Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Time	Actions

NA2300 413	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Owner's Particulars			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
Ref No:	2) DA: Damage Assessment (\$100); INC (\$80)			
ed 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) 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 Repair Coordination \$4			

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 09/02/2023 18:23 (SGT)
Reported by Driver
Date of Accident 08/02/2023 18:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIMS AVENUE TURNING TO TANJONG KATONG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK8417S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YAU KIN SENG JERRY
NRIC No SXXXX432A
Email Address charlottevehicles@gmail.com
Mobile Phone No (Phone) +65-96971707
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1317

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00020142200

DRIVER

Name of Driver CHNG AI KING
NRIC No SXXXX279J
Date Of Birth 20/03/1976
Occupation Outdoor

Date Of Driving Pass	17/11/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88906608
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	BLK 690F WOODLANDS DRIVE 75
Address complement	# 03-12
Postcode	736690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	PRIVATE HIRE
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	Raining
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	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

PLEASE 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	SBS3943K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-

IMPORTANT NOTICE

SKETCH PLAN

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

[Signature]

[Signature]

9 Feb 2021

gmuah 9/2/23

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

Sims Avenue turning to Tanjong Katong Road

Tanjong Katong Road

A- SMK8417S

B- SBS3943K

Sims Avenue



Describe Circumstance of the Accident

I was sending passenger to his destination, while along Sims Avenue trying to squeeze through a bus and collided.

Declaration

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

On behalf



Policyholder's Signature / Date & Time



9 Feb 2023

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

gmuu 9/2/23

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

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 02 / 2023 (DD/MM/YYYY) TIME: 18 : 50 (HH:MM)

LOCATION: Sms Avenue turning to Tanjung Katong Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 8417S
 b) INSURANCE COMPANY: china Taiping
 c) POLICY NUMBER: DMHCSN W 000 2014 2200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Auto / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / OTHER / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private hire
 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: Yau Kin Seng Jerry (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8324432A CONTACT: 9697 1707
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chng Ai King (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7608279J CONTACT: 8890 6608
 c) ADDRESS: Blk 690F Woodlands Drive 75 #03-12
 d) DATE OF BIRTH: 20 / 03 / 1976 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 17/11/2004

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

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: SBS 3943 K 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 = charlottevehicles@gmail.com

VIDEO = NO



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 Hire Car

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)

MZ408L/B

N SN

BR0086A

Cov. Type: T

CERTIFICATE No.

DMHCSNW00020142200

Engine No.: L13B1456423

Cha. No.: GK31347423

1. Index Mark and Registration
Number of Vehicle

SMK8417S

2. Name of Policy Holder

YAU KIN SENG JERRY

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (15:09:39)
Ordinance or Enactment

19/10/2022

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

4. Date of Expiry of Insurance

24/10/2023

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.

YAU KIN SENG JERRY

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.

HIRE PURCHASE CO.: WSJ CREDIT PTE LTD

* 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: GREAT EASTERN FINANCIAL ADVISERS

Authorised Officer

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

Authorised Signatory

6389 6111

6222 1033

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