

NATIONAL Assessment Centre Services (all times)			
Date In: 13/02/2023 19:02	Job description	Date & Time Completed	Done by
Ref No: X198/CT123001518	SAS e-filing		
Veh No: S4M 9086B	E-mail (within 2hrs, A/C time)		
D.O.A: 10/01/2023 12:40	1-Motor Claim Form		
OC: TP: Reporting Only	1-Motor W/O (within 2hrs, A/C time)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SJP 470BL INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Consented by: (Date:	Time:
Insured/Driver Liability: () % (Note: 1st Status (WO): 1: 0-30%, 2: 31-70%, 3: 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	INC/Non-INC	Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury:

Date/Time:

Location:

Other:

Invoice Preparation Checklist		Amount	Unit
1) All: Accident Report	(300)		
2) DA: Damage Assessment	(1000)	INC (550)	
3) TP: Towing Fee		\$10/\$45	
4) PE: Follow-Through Survey		\$135	
5) PE: Follow-Through Survey (Emergency)		\$30	
6) TR: Re-inspection		\$75	
7) NI: 1st DA + Short Survey		\$140	
8) NIUC: Additional Services			
GM:			
*NI: Courtesy Car / Tel Allowance		\$5	
*NI: Repair Coordination		\$15	
*NI: Post Repair Inspection		\$15	
*NI: DV / Collect Excess Coordination		\$1	
TP (NI): TP (Non-INC) regular INC		\$10	
NIUC: 1st Month		\$10	
Invoice Total			
Fees Charged			

Checked by (Engn-In-Charge):

Signature:

Date:

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	13/02/2023 19:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 12:40 (SGT)
Exact Location of Accident	Lor 21 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9086B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN CHEE WEI
NRIC No	SXXXX425D
Email Address	jenniferx4325@gmail.com
Mobile Phone No	(Phone) +65-81951008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00205542200

DRIVER

Name of Driver	CHAN CHEE WEI
NRIC No	SXXXX425D
Date Of Birth	10/07/1969
Occupation	Outdoor

Date Of Driving Pass	08/07/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81951008
Alt. Phone Number	-
Email Address	jenniferx4325@gmail.com
Address	BLK 21 EUNOS CRESCENT #03-2985
Address complement	-
Postcode	400021
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	Chain 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	3
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 SKETCH PLAN

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	SJP4503L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SAMUEL KEN CHUA KOK KHENG
NRIC No	SXXXX463H

Contact Number	(Phone) +65-83858256
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL481B
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

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1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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.

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

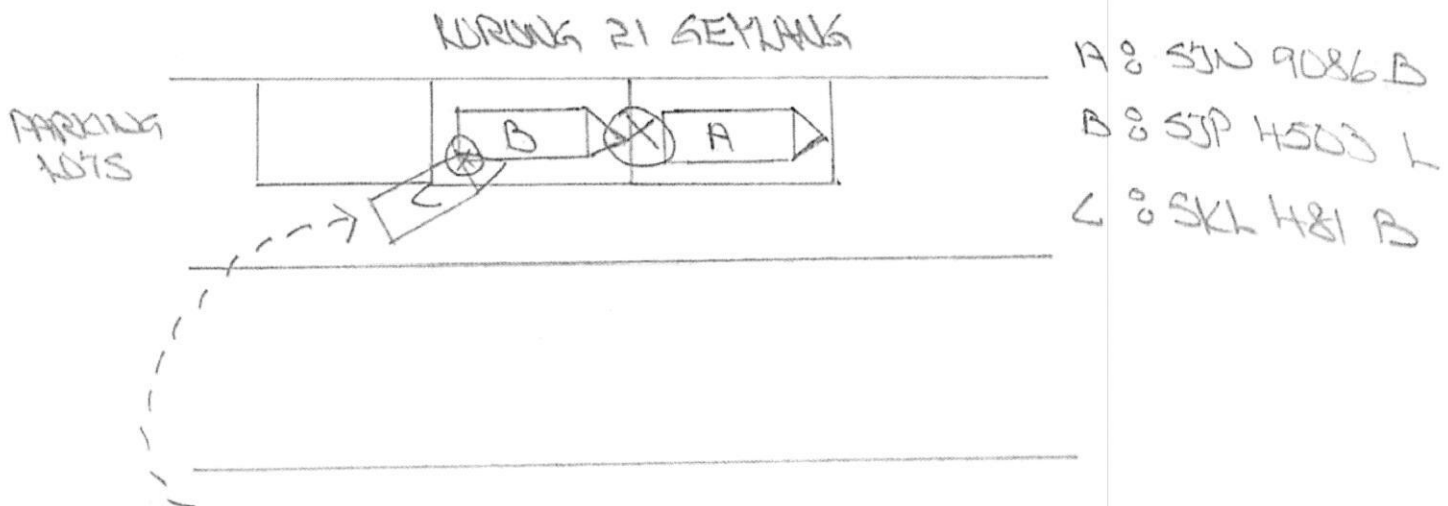
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 13/02/2023 15:45
Policyholder's Signature / Date & Time

[Signature] 13/02/2023 15:45
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 13/02/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 10/02/2023 at about 1240hrs, I parked my vehicle at Lorong 21 Geylang and went to the coffee shop.


Out of a sudden, I heard a loud bang coming from the road. People there also shouting that there was an accident occurred.


Immediately, I rushed to my vehicle. My vehicle was hit by Vehicle B, which was also stationary behind me. This vehicle was also banged by a incoming vehicle from the main road.

We exchanged particulars and left the scene.

Declaration

We declare the foregoing particulars are true in every respect.

 13/02/2023
15:45
Policyholder's Signature / Date & Time

 13/02/2023
15:45
Driver's Signature (If driver is not the policyholder) / Date & Time

 13/02/2023
Witnessed by Reporting Centre Personnel


VEHICLE NO: SJW 9086 B

(M)

MAKE & MODEL: HYUNDAI HD AVANTE 1.6 A

DATE OF ACCIDENT	10 / 02 / 2023
TIME OF ACCIDENT	1240 AM (PM)
LOCATION OF ACCIDENT	KORONG 21 GETYANG
Exact Purpose use during accident	PERSONAL USE
NAME OF OWNER	CHAN CHEE WEI
TELP NO	8195 1008
NRIC	S69244257
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	YES (NO)?
INSURANCE CO.	CHINA TAPING
TYRE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	IMPCCSNW0020554220
NAME OF DRIVER	As above / If No: CHAN CHEE WAH
NRIC	S69244257
DATE OF BIRTH	10 / 07 / 1969
OCCUPATION	(Outdoor) / Indoor
DATE OF DRIVING PASS	08 / 07 / 2005
GENDER	(Male) / Female
CONTACT NO.	8195 1008
ADDRESS	Office: Home:
DRIVER HAVE ANY OWN VEHICLE	NO / If yes : Reg No :
RELATIONSHIP	Employee / Hirer / Spouse / Parent / Friend / If No : OWNER
WEATHER CONDITION	(Clear) / Raining / Dizzling / Other:
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	(NO) / If yes : Who?
CONTACT NO.	
POLICE REPORT	(NO) / If yes : Where?
VEHICLE B NO.	SJP 4503 L
NAME	SAMUEL KEN CHUA KOK KHENG - S7014463 H
CONTACT NO.	8385 8256
VEHICLE C NO.	SKL 481 B
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Focus Auto Pte Ltd - JENNIFERX4325@GMAIL.COM
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki.bukit
FAX NO.	#02-48450 Singapore 417883
	Tel : 6886 9097
	Fax: 6844 4625

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6924425D



Name
CHAN CHEE WEI
陳志偉



Race
CHINESE

Date of birth
10-07-1969

Sex
M

Country of birth
SINGAPORE

FOR CLAIMS &
GIA REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S6924425D
Name: CHAN CHEE WEI

FOR CLAIMS &
GIA REPORTING ONLY

Birth Date: 10 Jul 1969
Issue Date: 26 Nov 2003




4083061



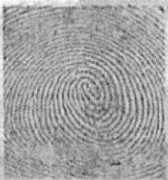
NRIC No. S6924425D

FOR CLAIMS &
GIA REPORTING ONLY

Date of issue
10-08-2007

AP1 K 21 EUNOS CRESCENT #03-2885
SINGAPORE 400021

NRIC No: S6924425D Date: 30/08/2019



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

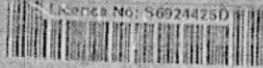
Class 2B Motorcycles \leq 200 cc
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

11 Jul 1967
08 Jul 2005

FOR CLAIMS &
GIA REPORTING ONLY

S6924425D S / No. 9000020695

Licence No: S6924425D





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

MX1F

N SN

AN0586A

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. DMPCSNW00205542200 Engine No.: G4FC9U615406
Cha. No.: KMHU41BR9U707628
1. Index Mark and Registration Number of Vehicle SJN9086B AUTOSAFE
2. Name of Policy Holder CHAN CHEE WEI
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04/09/2022 (00.00.00)
4. Date of Expiry of Insurance 03/09/2023
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.

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25 \$3,000.00
Ex Sect. I - Age >= 26 \$5500.00
* Age as at date of accident
EX ON WINDSCREEN \$100.00

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

* 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: GENERAL 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

🌐 www.sg.cntaiping.com