

NATIONAL Assessment Centre Services

Date In 23/02/2023	Job description	Date & Time Completed	Done by
Ref NO NA/C1123002011 / d4	SAS e-filing		
Veh NO SGF 6784S	E-mail (within 3hrs, A/C 2hrs)		
DOA 22/02/2023 10:30	i-Motor Claim Form		
OD/TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SGF 1145S	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%; 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. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA2300571	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$30)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
Contact No:	6) TR : Re-inspection \$75		
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
Auditors' Comments :-	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Call 1:	TP (N11) : TP (Non INC) against INC \$20		
Call 2/3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	23/02/2023 08:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/02/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 4 (BLK 946)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF6784S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO TECK LEONG
NRIC No	SXXXX510B
Email Address	colinho.65@gmail.com
Mobile Phone No	(Phone) +65-92979322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00079822209

DRIVER

Name of Driver	HO TECK LEONG
NRIC No	SXXXX510B
Date Of Birth	15/09/1965
Occupation	Indoor

Date Of Driving Pass	14/12/1987
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92979322
Alt. Phone Number	-
Email Address	colinho.65@gmail.com
Address	BLK 805 TAMPINES AVE 4
Address complement	# 08-27
Postcode	520805
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	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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP1145S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO CHYE HUAT
Contact Number	(Phone) +65-97366373

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

SKETCH PLAN


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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 agent's (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

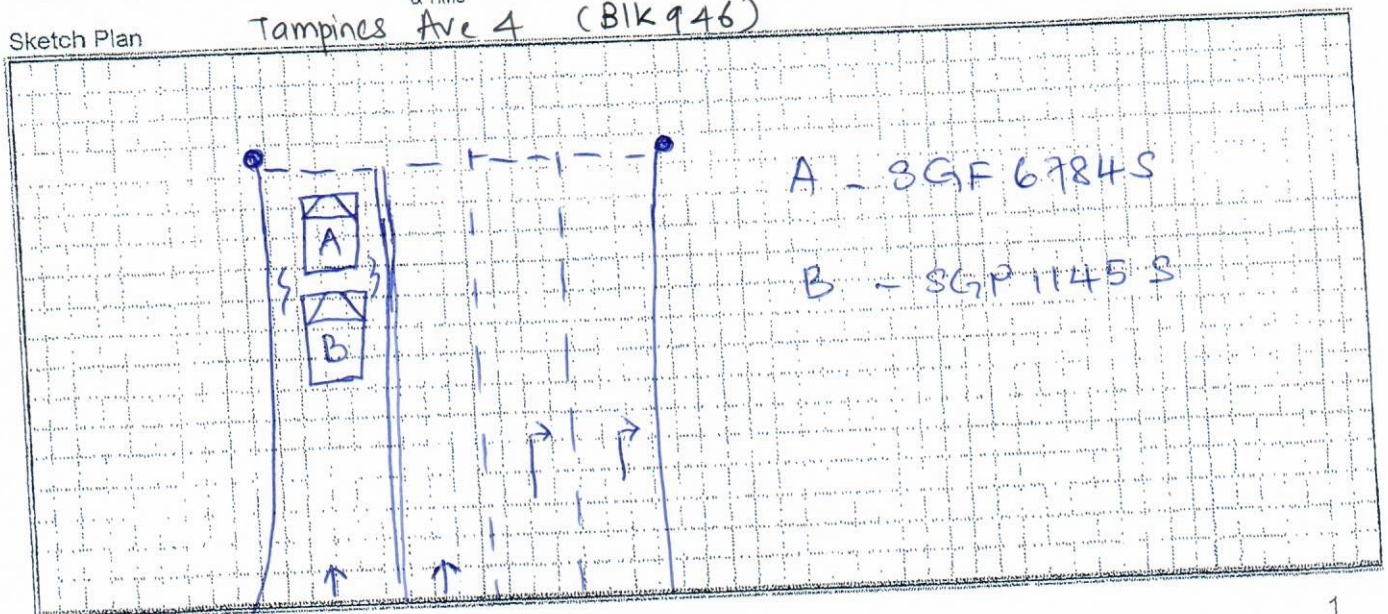

Policyholder's Signature / Date & Time


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

 23/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Tampines Ave 4 (B1K 946)



Describe Circumstance of the Accident

On the date 22/02/2023, times about 10.30am

I drive my car SGF 6784S along Tampines Ave 4,
heading my home, when I reach at the traffic
Junction (Landmark BLK 946), stopped to waiting
for traffic light to turn green. Suddenly vehicle
'B' SGP 1145S hit my car from behind.


After the impact, we both exchange our
particular and taken some photos.

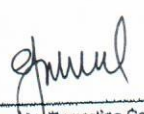
The driver SGP 1145S agreed to claim against
his insurance.

Declaration

I/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

 22/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	SGF6784 S		MAKE & MODEL	Honda Civic (AUTO) / MANUAL	
DATE OF ACCIDENT	22/02/2023		CC.	1.8	
TIME OF ACCIDENT:	1030 HRS				
LOCATION OF ACCIDENT:	Tampines Ave 4 (Blk 946)				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	HO TECK LEONG				
TEL NO:	H/P: 92979322		OFFICE:	HOME:	
NRIC:	S1731510B				
ADDRESS:	Blk 805, Tampines Ave 4 #08-27 S'520805				
EMAIL:	colinho.65@gmail.com				
CLAIM TYPE:	OD (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	(YES) / NO?				
INSURANCE COMPANY:	China Taiping Ins (S) pte Ltd				
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft				
POLICY NO:	DMPCSNA00037702007				
NAME OF DRIVER:	(AS ABOVE) / IF NO:				
NRIC:	S1731510B		ANY PASSENGER:	0	
DATE OF BIRTH:	15/09/1965		LICENCE PASSED DATE:	14/Dec 1987	
OCCUPATION:	OUTDOOR (INDOOR)				
GENDER:	(MALE) / FEMALE				
CONTACT NO:	H/P: 92979322		OFFICE:	HOME:	
ADDRESS:	Blk 805, Tampines Ave 4 #08-27 S'520805				
EMAIL:	Colinho.65@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	NIL				
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	(DRY) / WET / OTHER:				
ANY INJURIES:	(NO) / IF YES, WHO?				
NAME & CONTACT:	NIL				
NAME & CONTACT:	NIL				
POLICE REPORT:	(NO) / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?				
VEHICLE B REG NO:	SGP 1145 S		ANY PASSENGERS:	1 (F)	
NAME OF DRIVER:	HO CHYE HUAT		CONTACT NO:	97366373	
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES (NO)				
WAS THERE ANY AUDIO RECORDED?	YES (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO					
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Irene				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Private Car

MX1

R SN

DR0999J

Cov. Type:F

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.

DMPCSNA00079822209

Engine No.: R18A11023849

Cha. No.:JHMF016306S206883

1. Index Mark and Registration
Number of Vehicle

SGF6784S

2. Name of Policy Holder

HO TECK LEONG

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

19/04/2022
(00:00:00)

4. Date of Expiry of Insurance

18/04/2023

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.

* 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: Ho Li Hwa Irene
Authorised Officer



Authorised Signatory

ing Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
1 Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.chinataping.com



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