

NATIONAL Assessment Centre Services

Date In <u>10/03/2023</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/CT123002530/d4</u>	SAS e-filing		
Veh No <u>SMR 7043 G</u>	E-mail (within 8hrs. AP 2hrs)		
DOA <u>09/03/2023</u> <u>12:30</u>	i-Motor Claim Form		
OD/ <u>TP</u> 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: (Tel:	Fax:
TP Particulars:	Veh No: <u>GBH 7417 U</u>	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

<u>NA2300716</u>	Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars	1) AR : Accident Reporting (\$30);		1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments	For claiming against INC Only (wef 10 Jan 2005)			
Call 1:	6) TR : Re-inspection \$75			
Call 2/3:	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: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice date/	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	10/03/2023 13:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/03/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7043G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK HEE
NRIC No	SXXXX732Z
Email Address	tanhockhee1973@gmail.com
Mobile Phone No	(Phone) +65-98768677
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00034892300

DRIVER

Name of Driver	TAN HOCK HEE
NRIC No	SXXXX732Z
Date Of Birth	20/08/1973
Occupation	Outdoor

Date Of Driving Pass	06/01/1994
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98768677
Alt. Phone Number	-
Email Address	tanhockhee1973@gmail.com
Address	APT BLK 473A UPPER SERANGOON CRESCENT
Address complement	# 18-311
Postcode	531473
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 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	GBH7417U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIA KIM BOON
NRIC No	SXXXX290D

Contact Number	(Phone) +65-97971444
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	SMK1301M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEGARAN NAIDU
NRIC No	SXXXX414I
Contact Number	(Phone) +65-91189909
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~~ report correctly the details of the accident to speed up the claims process.
2. This ~~Form~~ 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 ~~is~~ use 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~~ Form 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~~ 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~~ insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or ~~process~~ process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed ~~by~~ by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have ~~insured~~ insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively ~~referred~~ referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government ~~agency/authority~~ agency/authority (such as the police), for the purpose(s) of:
(i) ~~processing~~ processing and handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) ~~investigating~~ investigating the accident and/or my claims;
(iii) ~~carrying out~~ carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) ~~administering~~ administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of ~~certain~~ 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~~ and/or
(v) ~~complying~~ 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 the ~~ir~~ ir lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

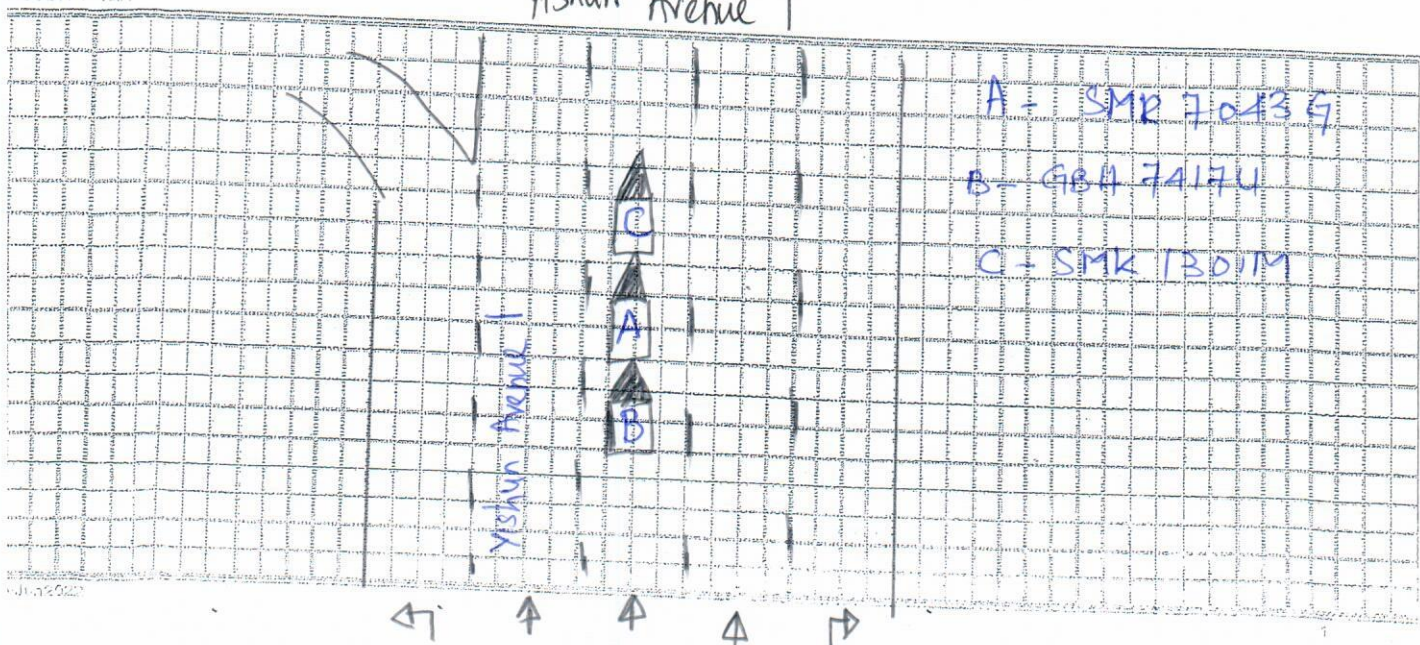
Policyholder's Signature / Date & Time

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

Yishun Avenue 1



Describe Circumstance of the Accident

on the above stated date and time I was at Yishun Avenue 1 and it was a 5 lane Road and I was at the third lane. The traffic light was in Red and vehicle C was in front of me. Both our vehicle was stationary for about 5 to 8 seconds and suddenly vehicle B hit the rear portion of my vehicle and due to that collision it made my vehicle to hit vehicle C rear portion and all 3 cars end up in a chain collision.

Declaration

We declare the foregoing particulars are true in every respect.

 10-3-23
Policyholder's Signature / Date & Time

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

 10/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 09/03/2023 (DD/MM/YYYY) TIME: 12:30 (HH:MM)

LOCATION: Yishun Avenue 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 7043G
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNW00034892300
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mercedes Benz GLA180 AUTO / MANUAL
 f) TYPE: SALE / 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: Tan Hock HEE MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S73297322 CONTACT: 9876 8677
 c) ADDRESS: APT B1K 473A upper Serangoon Crescent # 18-311
S.531473

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above MALE / FEMALE
 b) NRIC/FIN/PASSPORT: S.531473 CONTACT: 9876 8677
 c) ADDRESS: As Above

* d) DATE OF BIRTH: 20/08/1973 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 06/01/1994

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

5. a) WEATHER CONDITION: DRY / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH 7417U MODEL: As Above
 b) DRIVER'S NAME: Chia Kim Boon
 c) NRIC/FIN/PASSPORT: S1807290D CONTACT: 9797 1444

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMK1301M MODEL: As Above
 e) DRIVER'S NAME: Segaran Naidu
 f) NRIC/FIN/PASSPORT: S1135414I CONTACT: 91189909

Email = tanhockhee¹⁹⁷³@hotmail.com

Sex = Male

Anders = Yes



Motor Private 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)

MX1E

N SN

AN0667A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00034892300

Engine No.: 27091031945408

Cha. No.:WDC1569422J687303

1. Index Mark and Registration
Number of Vehicle

SMR7043G

AUTOSAFE

=====

2. Name of Policy Holder

TAN HOCK HEE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

18/02/2023

Named Drivers Ex Sect. I

SS\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

4. Date of Expiry of Insurance

17/02/2024

Ex Sect. I - Age >= 26

SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

SS\$100.00

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\$1,000 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: TRILLIUM INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory