

NATIONAL Assessment Centre Services (with 1 month) **SA082330000**

Date In: 13/03/2023 12:59	Job Description	Date & Time Completed	Done by
Ref No: NA2300724	SAS e-tiling		
Veh No: SKR 228YR	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 10/03/2023 11:30	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (within 24hrs, A/C 2hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wksp / RNO Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **GRK 429AD** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-72%, P: 90-140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of repair.

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

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

REMARKS: **NA2300724** (07/08/2014) Date & Time 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 of Injury: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

NA2300724

Owner/Owner:	Invoice: Preparation Charge	
Contact No:	1) AL: Accident Package (\$20)	
Assigned Portion: \$200	2) DA: Damage Assessment (\$100) INC (\$50)	
	3) TP: Towing Fee \$10/\$40	
	4) PE: Follow-Through Survey \$130	
	5) PE: Follow-Through Survey (Emergency) \$50	
	6) TR: Re-insurance \$75	
	7) NI: NI & GURT Survey \$140	
	8) NIUC Additional Services	
	9) NIUC	
	10) NIUC: Country Car / Tel Allowance \$5	
	11) NIUC: Repair Coordination \$15	
	12) NIUC: Post Repair Inspection \$25	
	13) NIUC: DV / Collect Excess Coordination \$1	
	14) NIUC: TP (RNO INC) System INC \$20	
	15) NIUC: Motor \$10	
	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	13/03/2023 12:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 11:30 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2234R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HOE TWEE DIEM
NRIC No	SXXXX023J
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-98197205
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00001882310

DRIVER

Name of Driver	HOE TWEE DIEM
NRIC No	SXXXX023J
Date Of Birth	27/09/1964
Occupation	Outdoor

Date Of Driving Pass	18/10/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98197205
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 830 HOUGANG CENTRAL #08-524
Address complement	-
Postcode	530830
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 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	GBG4295D
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
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

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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.

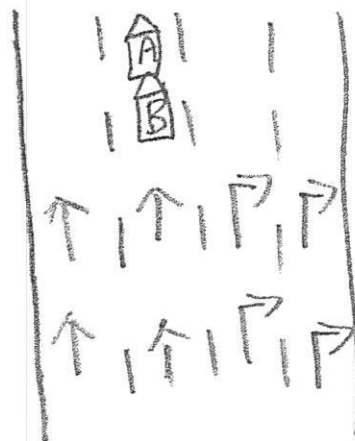
Policyholder's Signature / Date & Time

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

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

Sketch Plan

vehicle A SKK 2234R
vehicle B GBG 4295D



Describe Circumstance of the Accident

On 10/03/2023 about 11.30am. my vehicle was stationary stopped at Tampines Road traffic light Junction waiting for green light. Suddenly vehicle B "GBG 4295D" collided into my rear portion impact quite heavy.

Declaration

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

us

Policyholder's Signature / Date & Time

us

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

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

13/03/2023

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 10/03/2023 Time: 11:30AM (24 hr format)
Exact Location of Accident *	TAMPINES ROAD Traffic Light Junction
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SKK 2234R Make & Type *: Toyota Aftis
Name of Registered Owner *	Hoe Twee Piem
NRIC / FIN / Passport / Co Regn No. *	S1635023J
Contact Number *	9819 7205 Email/Fax No: Winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMP C SNA 0000 188 2310
DRIVER	
Name of Driver *	Hoe twee Piem Gender: <input checked="" type="radio"/> Male / <input type="radio"/> Female
NRIC / FIN / Passport Number *	S1635023J
Date of Birth *	27/09/1964 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	18/10/1984
Contact Number *	9819 7205
Address	Blk 830 Hougang Central #08-524 S (530830)
Email Address / Fax Number *	Email: Winsan_tingwei@hotmail.com Fax: -
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(0)
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="radio"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1) GBT 4295D	2)
Vehicle Make / Model / Colour	NISSAN NU 350 / white	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F

R SN

DR0555P

Cov Type C

CERTIFICATE No.

DMPCSN00001862310

Engine No. 3ZZ4827236

Cha No. MR053ZEE106126165

1 Index Mark and Registration
Number of Vehicle

SKK2234R

AUTOSAFE

=====

2 Name of Policy Holder

HCE TWEE DIEM

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

12/01/2023

Named Drivers Ex Sect. I

SS500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

* Age as at date of accident

EX ON WINDSCREEN

SS100.00

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\$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: _____
B2B-Name
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200205364E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com