

NATIONAL Assessment Centre Services

Date In 20/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT12300 2272/d4	SAS e-filing		
Veh No SDH 3873M	E-mail (within 8hrs, APT 2hrs)		
DOA 19/03/2023 16:30	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: GBD 384Y

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

NA2300804	Invoice Preparation Checklist		Amt (\$)	Amt
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) FT: 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 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	20/03/2023 17:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/03/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA COASTAL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH3873M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW SHU FEN , SUSAN
NRIC No	SXXXX004I
Email Address	susanlowsf@gmail.com
Mobile Phone No	(Phone) +65-93366722
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00074212200

DRIVER

Name of Driver	LOW SHU FEN , SUSAN
NRIC No	SXXXX004I
Date Of Birth	04/08/1984
Occupation	Indoor

Date Of Driving Pass	10/11/2006
Driving experience	16 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93366722
Alt. Phone Number	-
Email Address	susanlowsf@gmail.com
Address	APT BLK 55 STRATHMORE AVENUE
Address complement	# 16-135
Postcode	140055
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	Side Swipe
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	GBD384Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GE CHAO
Work Permit No	0XXXX1347

Contact Number	(Phone) +65-83203605
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 ~~fill~~ report correctly the details of the accident to speed up the claims process.
2. This Form ~~must~~ 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 insurers to repudiate policy liability.
4. The ~~is~~ is ~~and~~ and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~else~~ else 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 ~~submission~~ submission 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~~ Consent under the Personal Data Protection Act (PDPA)

I understand ~~and~~ and (acknowledge, agree and consent that:

(a) My insurer ~~at~~ at 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~~ 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 ~~and~~ and 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~~ and or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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 Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

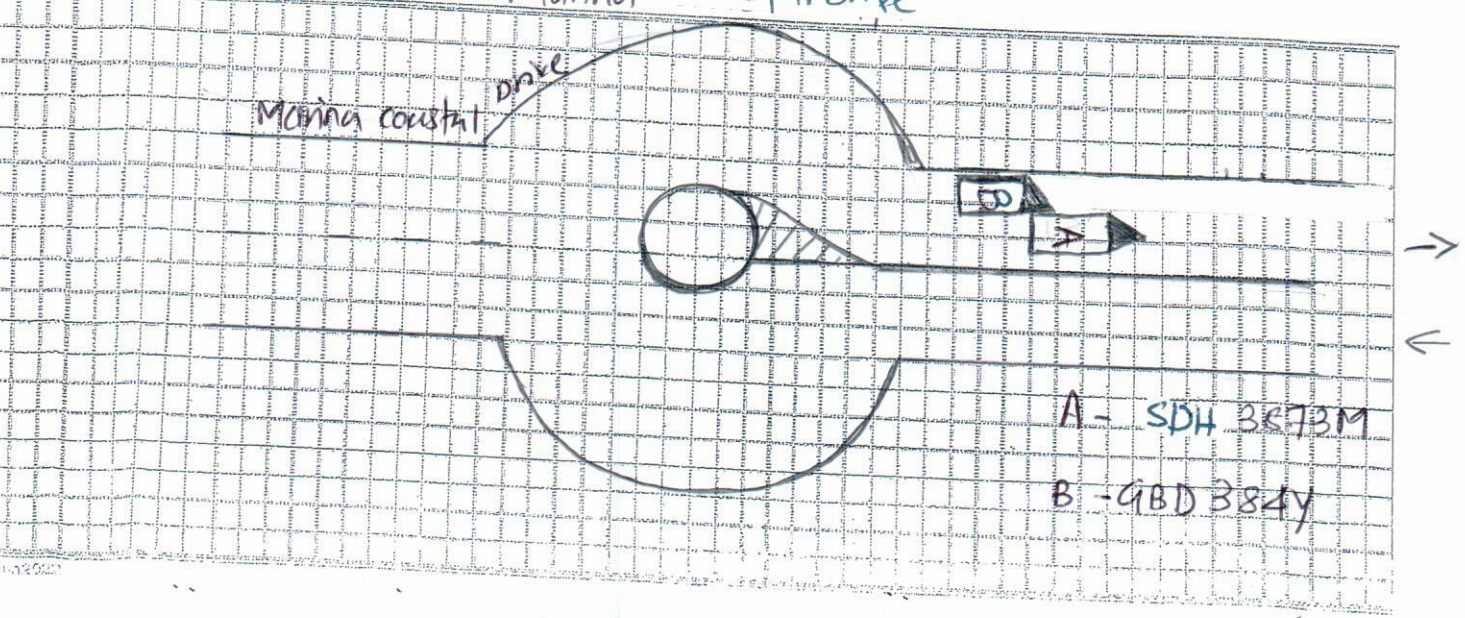

Policyholder's Signature / Date & Time 20/3/23

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

 20/3/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Manna Coastal Drive



Describe Circumstances of the Accident

On 19/03/2023 at around 1630 hours I was travelling along Marina Coast drive ~~while~~ on vehicle A ~~SDH~~ SDH 3873M exiting the road about, I saw Vehicle B GBD 384Y stop at the side of the road stationary when I exited the road about going straight suddenly vehicle B turn out and his front of his vehicle collided onto the left back of my vehicle A SDH 3873M After the impact vehicle B Driver came down and said he didn't saw my vehicle A and hence he turned out.

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time

20/3/23

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

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

 20/3/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 03 / 2023 (DD/MM/YYYY) TIME: 16 . 30 (HH:MM)

LOCATION: Marina Coastal Drive

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SDH 3873 M
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNW 00074212200
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Nissan Qashqai (Auto) / MANUAL
 f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 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: Low Shu Fen, Susan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 884230041 CONTACT: 93366722
 c) ADDRESS: Apt B1k 55 Straithmore Avenue # 16-135, S140053

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: AS Above
 b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
 c) ADDRESS: _____ CONTACT: _____

* d) DATE OF BIRTH: (04 / 08 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 10/11/2006

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

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) Headache & Backache
 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: G1BD 384Y MODEL: _____
 b) DRIVER'S NAME: GE chao
 c) NRIC/FIN/PASSPORT: 077721347 CONTACT: 8320 3605

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = alaysiusccw@tptmexil.com

Phone = _____

Address = 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 Private Car

MX1F

N SN

AN0719A

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.	DMPCSNW00074212200	Engine No.: HRA233321A	
		Cha. No.:SJNFEAJ11U1770592	
1. Index Mark and Registration Number of Vehicle	SDH3873M	AUTOSAFE	=====
2. Name of Policy Holder	LOW SHU FEN, SUSAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17/03/2022 (11:49:51)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
4. Date of Expiry of Insurance	16/03/2023		
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.			
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 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: DREAM DRIVE PRIVATE 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

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