

NATIONAL Assessment Centre Services

Date: 24/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT/23003057/d4	SAS e-filing		
Veh No SLP 51595	E-mail (within 8hrs. Aft 2hrs)		
DOA 23/03/2023 18:05	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: SLP 456R.	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2300865	Invoice Preparation Checklist	Amf (\$)	Am
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Ad
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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: Idao 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	24/03/2023 11:04 (SGT)
Reported by	Actual Driver
Date of Accident	23/03/2023 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JOO CHIAT ROAD TURNING INTO MARINE PARADE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5159S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG QINDONG
NRIC No	SXXXX719B
Email Address	wangqiuyang666@gmail.com
Mobile Phone No	(Phone) +65-87263518
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS RX200T LUXURY AT S/R
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00103762203

DRIVER

Name of Driver	WANG YUQIN
NRIC No	SXXXX647G
Date Of Birth	07/07/1978
Occupation	Indoor

Date Of Driving Pass	28/09/2015
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90293623
Alt. Phone Number	-
Email Address	wangqiuyang666@gmail.com
Address	10 LORONG H TELOK KURAU
Address complement	# 03-08
Postcode	425993
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
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	-

PASSENGER 1

Name	DAUGHTER
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

PASSENGER 3

Name	HELPER
Gender	Female

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
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP456R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL RASHID BIN AZIZ
NRIC No	SXXXX021F
Contact Number	(Phone) +65-98637282
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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4. The signing 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 signing 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 and 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 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/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 the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

behalf
24/3/2024
Policyholder's Signature / Date & Time

24/3/2024
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

24/3/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

500 Chial Road Turning Into Marine Parade Road

A- SLP 51593
B- SLP 456R

Marine Parade Road

500 Chial Road



Describe Circumstance of the Accident

At around 6pm 23/02/2023 I drove into Marine parade rd. from Jon Chate Rd. At the gateway I hit the car in front of me. My two daughters and my helper were in the car.

Declaration
We declare the foregoing particulars are true in every respect.

(behalf)
[Signature] 24/03/2023

[Signature] 24/03/2023

[Signature] 24/3/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 23/03/2023 (DD/MM/YYYY), TIME: 18:05 (HH:MM)

LOCATION: Joo chiat Road turning Into Marine Parade Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLP 5159 S
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNW00103762203
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Lexus RX200T (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 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: Wang Qingdong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7189719B CONTACT: 87263518
 c) ADDRESS: 10 Lorong H Telok Kurai #03-08
S425993

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER
 a) NAME: Wang Yuchin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S78566479 CONTACT: 90293623
 c) ADDRESS: 10 Lorong H Telok Kurai #03-08
S425993

d) DATE OF BIRTH: 07/07/1978 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 28/09/2015

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJP456R MODEL: _____
 b) DRIVER'S NAME: Abdul Rashid Bin Aziz
 c) NRIC/FIN/PASSPORT: S1726021F CONTACT: 98637282

9. THIRD PARTY VEHICLE

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

Email = wangqiyang666@gmail.com

Phone = _____

Address = NO



Motor Private Car

MX1E

R SN

AN0660A

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.

DMPCSNW00103762203

Engine No.: 8ARW529883

Cha. No.:JTJBAMCA202026098

1. Index Mark and Registration
Number of Vehicle

SLP5159S

AUTOSAFE
=====

2. Name of Policy Holder

WANG QINGDONG

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

08/06/2022
(00:00:00)

Named Drivers Ex Sect. I \$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$500.00

* Age as at date of accident

EX ON WINDSCREEN . \$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. : HONG LEONG FINANCE LTD AS HP OWNER

* 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: XIAO QI
Authorised Officer

杨西美
Authorised Signatory