

NATIONAL Assessment Centre Services (all in hand) **51083380009**

Date In: 27/03/2023 18:27	Job description	Date & Time Completed	Done by
Ref No: NBA/C1-23003154/V	SAS e-filing		
Veh No: SJP 4286M	E-mail (with photo, A/C etc)		
D.O.A: 27/03/2023 09:48	1-Motor Claim Form		
QC: (7) Reporting Only	1-Motor W/O (with photo, A/C etc)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: () Veh No: **GBG 948L** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Use 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 repair.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: ()

()

()

()

()

NA2300890

Invoice Preparation Charge List

1) A/R: Accident Paperwork (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$56)
3) TP: Towing Fee	\$10/\$45
4) PE: Follow-Through Survey	\$12
5) PF: Follow-Through Survey (Emergency)	\$30
6) TR: Re-inspection	\$75
7) NE: NE/DA + CHART Survey	\$140
8) NTUC Additional Services	
GR:	
*NB: Courtesy Car / Tot Allowance	\$5
*NE: Repair Coordination	\$10
*NT: Post Repair Inspection	\$25
*NB: BY / Collect Excess Coordination	\$1
TP (H1) TP (H2) INC	\$20
TP (H1) TP (H2)	\$10
Invoice Total	
Fax Charged	

Checked by (Engr-In-Charge): ()

Printed by: ()

Date: ()



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	27/03/2023 18:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/03/2023 09:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE EXIT 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4286M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG CHIN LING
NRIC No	SXXXX067B
Email Address	gerlynychong@gmail.com
Mobile Phone No	(Phone) +65-91800552
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Daihatsu
Model	Materia
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	1495

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00052172300

DRIVER

Name of Driver	CHONG CHIN LING
NRIC No	SXXXX067B
Date Of Birth	16/11/1976
Occupation	Indoor



Date Of Driving Pass	13/09/1999
Driving experience	23 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91800552
Alt. Phone Number	-
Email Address	gerlynchong@gmail.com
Address	24, GLASGOW ROAD #05-01
Address complement	-
Postcode	549340
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	GBG9908L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG CHIN LING
Gender	Female
Phone No	(Phone) +65-91800552
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJP4286M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

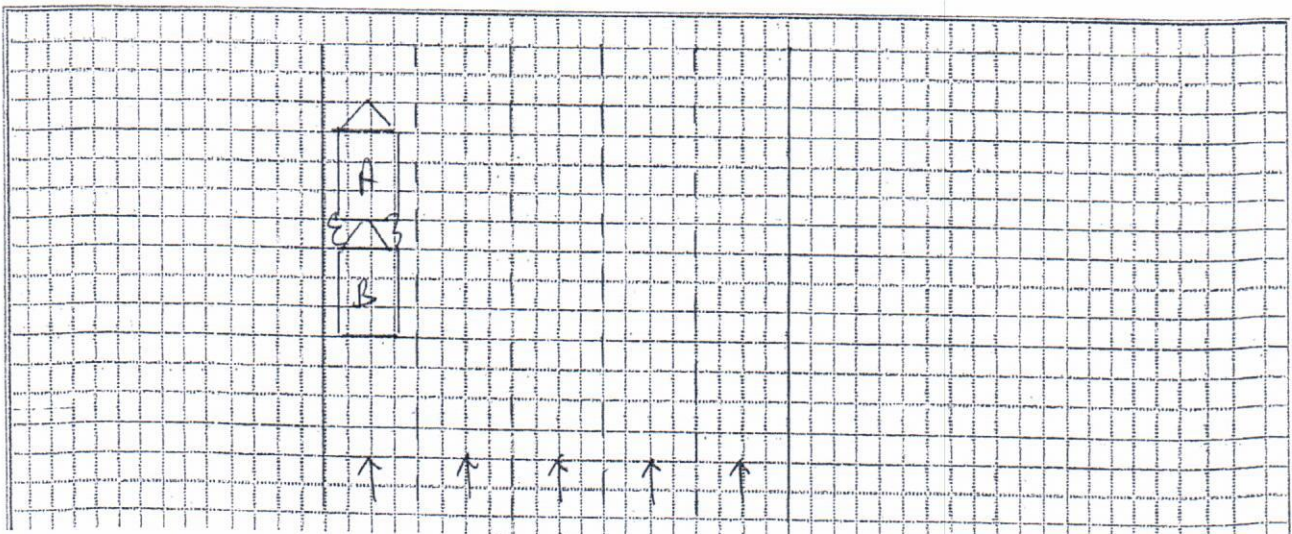
Policyholder's Signature / Date & Time

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

27/03/2023

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

Sketch Plan



A: SJR 4286m.
B: ABG 9908L
AYE towards bus before exit

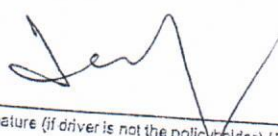
Describe Circumstance of the Accident

on the stated date and time, I was travelling
along A77 towards Trar before exit 8. Suddenly,
I felt a huge impact from the rear of my vehicle.
I stopped and alighted and realised vehicle B had
collided onto my vehicle.

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


Witnessed by Reporting Centre Personnel

27/03/2023

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Date of Accident : 27/03/2023 Accident Time: 0945 (24-HR-FORMAT)
Accident Place : AYE towards Tuas before Exit 8
Vehicle Reg. No (Car plate No.) : 83P 4286M CO: 1500 Vehicle Make/Model: Daihatsu Materia
Insurance Company : China Taiping Policy No. DMPCSNW00052172300
Name of Registered Owner : Company / Individual Chong Chin Ling
ID of Registered Owner : Co Reg No: Owner's NRIC No: 57637067B
OWNER EMAIL ADDRESS: gerlyunchong@gmail.com : Co Contact No: Owner's Contact No: 91800552
DRIVER'S Name : Chong Chin Ling DRIVER'S NRIC No: 57637067B
DRIVER'S Date of Birth : 16/11/1976 DRIVER'S License Pass Date: 13/09/1999
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: Self
DRIVER'S Address : 24, Glasgow Road, #05-01, S(549340)
DRIVER'S Contact No./ Alt No. : 1) 91800552 2)
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : gerlyunchong@gmail.com
Weather & Road Surface : CLEAR & DRY / RAINING / WET AFTER RAIN & WET
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: _____
Was the accident reported to the police? YES / NO
Was there any video Captured by car camera: YES / NO
Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose
Any injuries, if yes (name of the injured person) Chong Chin Ling

Other Party Driver's Particulars (if any)

Vehicle Reg No: GBC 9908L	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

Motor Private Car

CERTIFICATE OF INSURANCEMotor 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)

MX1

N SN

AN0420A

Cov. Type:T

CERTIFICATE No. DMPCSNW00052172300 Engine No.: 2159423
Cha. No.: JDAM402S001013178

1. Index Mark and Registration Number of Vehicle SJP4286M

2. Name of Policy Holder CHONG CHIN LING

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24/03/2023 (00.00.00)

4. Date of Expiry of Insurance 23/03/2024

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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
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