

NATIONAL Assessment Centre Services

Date In 17/04/2023	Job description	Date & Time Completed	Done by
Ref No NAICT23003961/d4	SAS e-filing		
Veh No SMV9064L	E-mail (within 3hrs, A/P 2hrs)		
DOA 15/04/2023 18:05	i-Motor Claim Form		
OD/TP 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: () Tol: () Fax: ()

TP Particulars: Vch No: SNC 2779S, 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

NA230115

Invoice Preparation Checklist		Am't (\$)	Am't
		Est. Bill	Add
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: Idas DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q11*			
* 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: Idas Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cont. 1:

Cont. 2/3:

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 17/04/2023 17:21 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 15/04/2023 18:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ROCHOR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV9064L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUA MIAN HUAT
NRIC No SXXXX684B
Email Address DENNISCHANWY3933@GMAIL.COM
Mobile Phone No (Phone) +65-97862376
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1193

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMHCSNW00020232200

DRIVER

Name of Driver LUA MIAN HUAT
NRIC No SXXXX684B
Date Of Birth 29/08/1965
Occupation Outdoor

Date Of Driving Pass	13/06/1995
Driving experience	27 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97862376
Alt. Phone Number	-
Email Address	DENNISCHANWY3933@GMAIL.COM
Address	APT BLK 604 BEDOK RESERVOIR ROAD
Address complement	# 07-594
Postcode	470604
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	AFTER RAIN
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	GRAB PASSENGER
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
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC2779S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

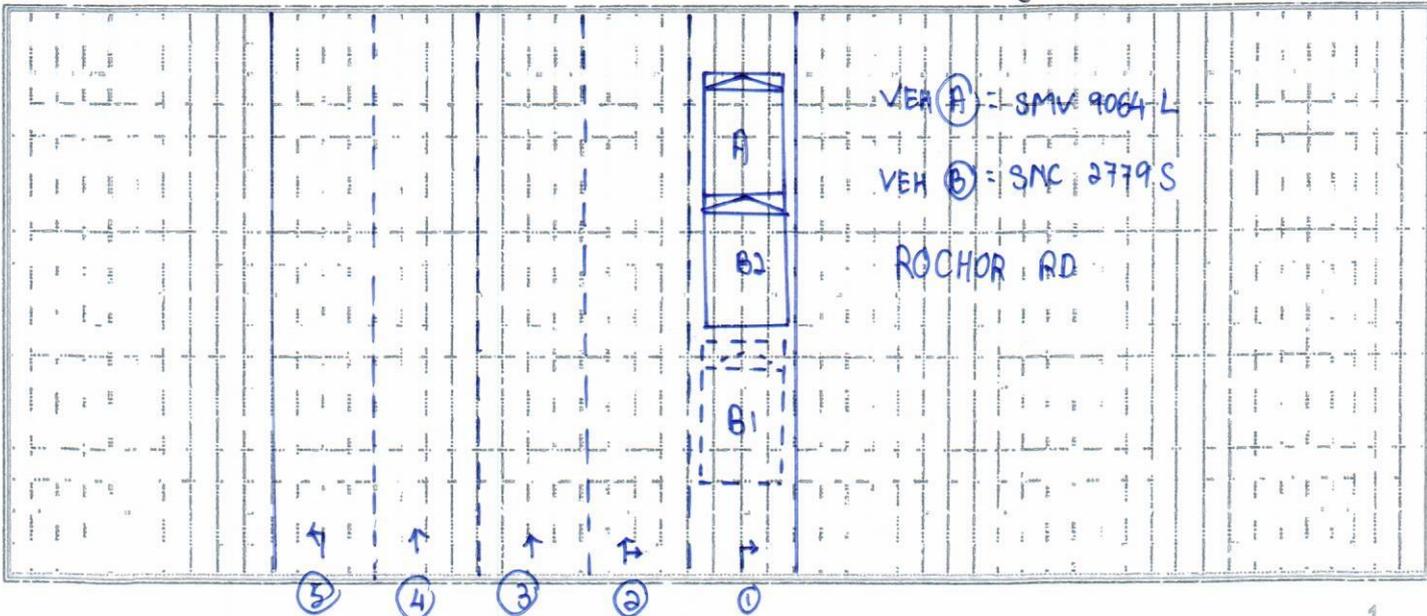
Policyholder's Signature / Date & Time

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

17/4/2023

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

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE (A)
SMV 9064 L TRAVELLING ALONG ROCHOR RD WITH ONE FEMALE AS MY PASSENGER.
WHEN I NOTICED THAT VEHICLE INFRONT OF ME WAS STOPPED HIS VEHICLE
DUE TO TRAFFICE LIGHT WAS TURNED TO RED. I ALSO MAKE A STOPPED. AFTER I
COMPLETED MAKE A STOPPED. I FELT A IMPACT FROM MY REAR, VEHICLE (B)
SNC 2779 S WAS HIT ONTO MY REAR AND MY VEHICLE WAS DAMAGED. WE
ALIGHTED AND EXCHANGE EACH OTHER PARTICULAR. I LODGED THIS REPORT FOR
INSURANCE CLAIM PURPOSE.

VEHICLE (A) = SMV 9064 L

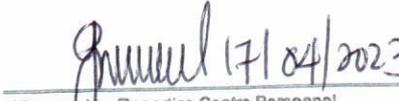
VEHICLE (B) = SNC 2779 S

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 & Time


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

Date of Accident : 15/4/2023 Accident Time: 1805 HRS (24-HR-Format)
 Accident Place : ROCHOR RD
 Vehicle No. (Car Plate No.) : SMV 9064 L Make/Model: MITSUBISHI ATTRAJE
 Insurance Company : CHINA TAIPING Policy No: DMHCSNW00020230200
 Owner or Company Name /IC No. : LUA MIAN HUAT (S 1709684 B)
 Owner or Company Contact No. : 9786 2376 Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : LUA MIAN HUAT (S 1709684 B)
 DRIVER'S Date Of Birth : 29/8/1965 DRIVER'S License Pass Date 13/6/1995
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER
 DRIVER'S Address : APT BLK 604 BEDOK RESERVOIR RD #07-594 SINGAPORE
 DRIVER'S Contact No./ Alt No. : 1) 9786 2376 2) - 470604
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : DENNISCHANWY 3933 @ 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): 02

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>⑧ SNC 2779 S</u>	Vehicle. No: <u>-</u>
Vehicle Make \Model: <u>-</u>	Vehicle Make \Model: <u>-</u>
Name Driver: <u>-</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>-</u>	IC No. Driver/Contact: <u>-</u>

* NEW - Passenger's name & gender: 1. PASSENGER (FEMALE)

Motor Hire Car

MZ406L/B

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)

N SN

AN0055A

Cov. Type:C

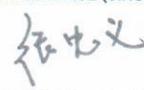
CERTIFICATE No.	DMHCSNW00020232200	Engine No.: 3A92UJS4545 Cha. No.:MMBSTA13AMH001270
1. Index Mark and Registration Number of Vehicle	SMV9064L	AUTOSAFE =====
2. Name of Policy Holder	LUA MIAN HUAT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/10/2022 (00:00:00)	Excess Sect. I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect.II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	26/10/2023	
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below. 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.</p> <p>LUA MIAN HUAT</p>	
6. Limitations as to use:*	<p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>HIRE PURCHASE CO. : HONG LEONG SINGAPORE FINANCE LTD * 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.</p>		

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: COWELL INSURANCE (AGENCY) PTE 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

www.sg.cntaiping.com