

NATIONAL Assessment Centre Services (cell 1 222 222)

210823490004

Date In:	Job description	Date & Time Completed	Done by
21/04/2023 14:47	SAS e-filing		
Ref No: XNBA/C1230042467	e-mail (with thru, A/C 200)		
Yeh No: SFT 5476D	1-Motor Claim Form		
D.O.A: 21/04/2023 13:56	1-Motor W/O (with: OD 200, TP 100)		
OS: TP / Repeating Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / CW: () Tel: () Fax: ()

TP Particulars: Yeh No: 840 6388x INC () / Non-INC () Tel: ()

Owner / Driver: ()

Folcy No: () Period: () Cover Type: ()

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

Insured/Driver Liability: () % (Note: Hst Status (WO): N: 0-20%, F: 21-70%, P: 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 repeller.

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

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

- Remarks: (INC 10118: 6789: 0010)
- 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	Details

NA2301187

Invoice / Preparation Charge	Amount
1) A/R: Accident Processing (\$300)	\$300
2) DA: Damage Assessment (\$1000)	\$1000
3) TP: Towing Fee	\$100
4) PE: Follow-Through Survey	\$100
5) TP: Follow-Through Survey (Estimate)	\$50
6) TR: Rev/Amend	\$75
7) NE: Hst DA + SFT Survey	\$140
8) NTC Additional Services	
GR:	
*NB: Courtesy Car / Tot Allowance	\$5
*NB: Repair Coordination	\$15
*NB: Post Repair Inspection	\$10
*NB: BY / Collect Excess Coordination	\$1
*TP (1) / TP (Non-INC) implies INC	\$10
TP Multi-Day Billing	
Invoice Total	\$1540

Checked by (Engr-In-Charge):

Signature: _____

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	25/04/2023 14:47 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 13:56 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	EXIT 10 (TOWARDS PIE CHANGI AIRPORT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5476D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UDRIVE AUTOMOBILE
Company Reg No	5XXXX901L
Email Address	maxber1999@yahoo.com
Mobile Phone No	(Phone) +65-88288428
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00019962200

DRIVER

Name of Driver	LEE CHOON HOU
NRIC No	SXXXX753G
Date Of Birth	28/05/1976
Occupation	Outdoor

Date Of Driving Pass	10/03/2003
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90686916
Alt. Phone Number	-
Email Address	maxber1999@yahoo.com
Address	BLK 554 ANG MO KIO AVENUE 10 #03-2036
Address complement	-
Postcode	560554
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	SHD6338X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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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3. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
4. Any false reporting may be referred to the Police for investigation.
5. The 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.
6. 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.
7. **Consent under the Personal Data Protection Act (PDPA)**
 - a. I understand, acknowledge, agree and consent that:
 - i. My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and to 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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 and parcels) and/or
 - v. complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - b. All insurers (who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms) may be 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.

P1E
CToward Changi Airport



Andrew

Policyholder's Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel
25/04/2013

Sketch Plan

A) S3T 5476D
B) SHD 6338X

P1E
Changi Airport

Braddell Road
Exit 10



* Going towards

Describe Circumstances of the Accident

On 21 April 2023, I was driving toward PIE (toward Changi Airport). The traffic was heavy, the front vehicle slow down, and I also slow down my car to stationary stop for 2-3 second & I heard a hard bang from behind my car

I went down to check my car was hit by vehicle (Trans taxi; SHD 6338X) the taxi hit my car from behind.

Declaration

We declare the foregoing particulars are true in every respect



Andrew

Policyholder's Signature Date & Time

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

Andrew
25/04/2023
Witnessed By (Reporting Police Personnel)

Date of Accident 21 April 2023 Accident Time 1.56 pm
 Accident Place Braddell Road Exit 10 (Toward PIE Changi Airport)
 Vehicle No SJT 5476 D Make/Model Hyundai
 Insurance Company China Taiping Policy No. DMHCSNW00019962200
 Owner or Company Name/IC No. U DRIVE Automobile
 Owner or Company Contact No 88288428 Owner's HP _____ Company Tel _____
 DRIVER'S Name/IC No Lee Choon Hai / S7615753 G
 DRIVER'S Date of Birth 28 MAY 1976 Driver's License Pass Date 10 Mar 2003
 Relationship of Owner & Driver Spouse (Parents \ Children \ Siblings \ Employee \ Others) _____
 DRIVER'S Address B1K 554, Ang Mo Kio Ave 10, # 03-2036 (S) 560554
 DRIVER'S Contact No/Alt No. 1) 9068 6916 2) _____
 DRIVER'S Occupation: ~~INDOOR~~ OUTDOOR (e.g. working inside or outside office)
 Email Address: maxber1999@yahoo.com
 Weather & Road Surface CLEAR & DRY (RAINING & WET \ WETTER RAIN & WET)
 Reporting Type Reporting Only (Claim Other Party \ Claim Own Insurance)
 Number of Passengers (Including Driver) ONE
 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 injury (If YES, please state) NO

Other Party Driver's Particular (if any)

Vehicle No. SHD 6338 X Vehicle No. _____
 Vehicle Make/Model _____ Vehicle Make/Model _____
 Name Driver _____ Name Driver _____
 IC No. Driver Contact _____ IC No. Driver Contact _____
 • Passenger's Name & Gender: _____

Motor Hire Car

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)

MZ406L/B
N SN
AN0509A
Cov. Type:T

CERTIFICATE No.	DMHCSNW00019962200	Engine No.: G4FC9U750712	
		Cha. No.: KMHDU41BMAU892285	
1. Index Mark and Registration Number of Vehicle	SJT5476D		
2. Name of Policy Holder	UDRIVE AUTOMOBILE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19/10/2022 (00:00:00)	Excess Sect. II	S\$2,000.00
		Excess Sect. II (Outside Singapore).	S\$4,000.00
4. Date of Expiry of Insurance	18/10/2023		
5. Persons or Classes of Persons entitled to drive*	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.		
6. Limitations as to use:	(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.		
	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.		

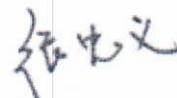
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: NITA PTE LTD
Authorised Officer



Authorised Signatory