

NATIONAL Assessment Centre Services

Date: 03/05/2023		Job description		Time & Time Completed		Done by	
Ref: NA/C1123004505/04		SAS e-filing					
Veh No: SMX 4225L		E-mail (w/ing 2hrs, AP 2hrs)					
DOA: 30/04/2023 16:00		I-Motor Claim Form					
OD/TP/Reporting Only		I-Motor W/O (Within 10 hrs, TP 4hrs)					
		I-Photo Uploaded					
TP Insurer:		Assessment/Survey Report					
		Ass't Report by Fax / Hand to Owner/Wks					
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:		Veh No: SMY 1882D, 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%. 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 repairer.							
() Total Loss Case: to e-mail Insurer URGENTLY.							
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()							
Remarks:		INC Hotline: 6788 6616		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					
NA2301258		Invoice Preparation Checklist					
Claimant's Particulars		1) AR: Accident Reporting (\$30);					
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)					
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: Idas 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 (N'm INC) against INC \$20					
		9) N12: Idas 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	03/05/2023 08:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/04/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4225L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HUANG HONGQUAN
NRIC No	SXXXX307B
Email Address	hq.huang66@gmail.com
Mobile Phone No	(Phone) +65-93803365
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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	4395

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00130672201

DRIVER

Name of Driver	HUANG HONGQUAN
NRIC No	SXXXX307B

Date Of Driving Pass	09/11/2010
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93803365
Alt. Phone Number	-
Email Address	hq.huang66@gmail.com
Address	APT BLK 106 TAMPINES STREET 11
Address complement	# 06-339
Postcode	521106
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

"Note: Report Was unable to submit on 02.05.2023 as Gears system was down."

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY1882D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU8490C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HUANG HONGQUAN
Gender	Male
Phone No	(Phone) +65-93803365
Address	APT BLK 106 TAMPINES STREET 11
Address Complement	# 06-339
Post Code	521106
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMX4225L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

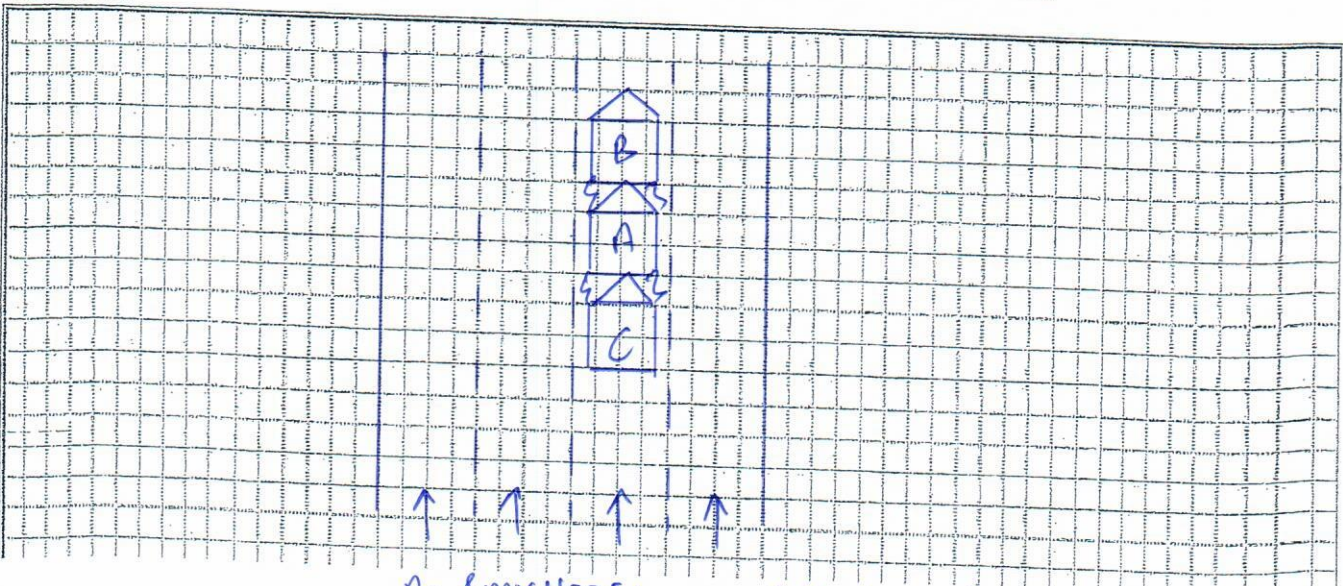
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 3/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A: SMX4225L
B: SMY1882D
C: SKU8490C

Pit towards Tras
Bel Annas Exit.

Describe Circumstance of the Accident

On the stated date and time, I was travelling along PIE towards TWS before Euros exit.

The vehicle ahead of me braked and stopped in which I followed suit in a safe manner.

Suddenly, I felt a huge impact from the rear of my vehicle. The impact was so great that it pushed my vehicle to hit the vehicle in front. When I alighted from my vehicle, I realised vehicle C had collided onto my rear and it was a 3 car chain collision.

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



8/5/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 30/04/2023 Accident Time: 1600 (24-HR-FORMAT)
Accident Place : Pic towards Tuas before Eunos Exit
Vehicle Reg. No (Car plate No.) : SMX 4225L cc: 2000
Insurance Company : China Taiping Vehicle Make/Model: BMW 640i
Name of Registered Owner : Huang Hongquan Policy No. AMPCSNW00130672201
ID of Registered Owner : Huang Hongquan Company / Individual
OWNER EMAIL ADDRESS: ng.huangbb@gmail.com Co Reg No: _____ Owner's NRIC No: S9026307B
DRIVER'S Name : Huang Hongquan Co Contact No: _____ Owner's Contact No: 93803365
DRIVER'S Date of Birth : 22/07/1990 DRIVER'S NRIC No: S9026307B
Relationship bet. Owner & Driver : Self DRIVER'S License Pass Date 09/11/2010
DRIVER'S Address : 106, Tampines St 11, #06-339, S (521106)
DRIVER'S Contact No./ Alt No. : 1) 93803365 2) _____
DRIVER'S Occupation : _____
Email Address : ng.huangbb@gmail.com
Weather & Road Surface : Clear & Dry (eg. working inside or outside of an ofc)
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) : Huang Hongquan
Other Party Driver's Particulars (if any)
Vehicle Reg No: SKU 8490C Vehicle Reg No: SMY 1882D
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

MX1E

R SN

AN0714A

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.

DMPCSNW00130672201

Engine No.: N63B44B07A1806A063

Cha. No.: WBA6B22070DG66259

1. Index Mark and Registration
Number of Vehicle

SMX4225L

AUTOSAFE

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2. Name of Policy Holder

HUANG HONGQUAN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment20/06/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

19/06/2023

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 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.: SPEEDO CAPITAL PTE 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.

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: UNIVERSAL ALLIANZE PRIVATE LIMITED

Authorised Officer



Authorised Signatory