

# NATIONAL Assessment Centre Services

Date: 04/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAICT123004693/d4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SLD 6599L	I-Motor Claim Form		
DOA: 04/05/2023 17:51	I-Motor W/O (Within 2hrs, TP 4hrs)		
OD/TP/Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		
Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:	
TP Particulars:	Veh No: SGL9119L	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:		
NA2301352	Invoice Preparation Checklist		
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Amc (\$)	Am
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	1st Bill	Add
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) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idm Mobile 30		
	10) NI: Courtesy Car / Tpt Allowance \$5		
	11) NI: Repair Co-ordination \$10		
	12) NI: Post Repair Inspection \$25		
	13) NI: DV / Collect Excess Coordination \$5		
	14) NI: TP (N11): TP (Non INC) against INC \$20		
	15) NI: Idm 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	09/05/2023 11:22 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 17:51 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVENUE 12 TOWARDS SEMBAWANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6599L
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ES-PRO TECHNOLOGY PTE LTD
Company Reg No	2XXXXX164Z
Email Address	albertng@espro.com.sg
Mobile Phone No	(Phone) +65-88395853
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00276762201

### DRIVER

Name of Driver	KYAW MYO HEIN
Passport No/FIN	GXXXX248X
Date Of Birth	01/03/1990
Occupation	Outdoor



Date Of Driving Pass	06/07/2017
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88395853
Alt. Phone Number	-
Email Address	albertng@espro.com.sg
Address	11 WOODLANDS CI , WOODLANDS 11
Address complement	# 03-28
Postcode	737853
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 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	SGL9119L
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

### 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 Authorised 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. 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.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



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

 9/5/2023  
Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

Remire A - SLD 6599L ( $2p_{\max}$ )

Vehicle B - SGL 9119L (2px)

[illegible]

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

NRIC/FIN No.:



## ACCIDENT STATEMENT

Date of Accident: 4/5/2023

Time of Accident: 1751hrs

Exact Location of Accident: Along Woodland Ave 12 towards Sembawang

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SLD 6 999L

### Insured/Policyholder

Name of Registered Owner: ES-PRO Technology Pte Ltd

NRIC No: 2007051642

Email Address: albertng@espro.com.sg

Mobile Phone No: (LOCAL) +65-88395853 Alternative Phone No: (HOME) -

### Vehicle Particulars

Manufacturer: Toyota

Model: Altis

Type of Claims / Report: Own Damaged / Third Party / Reporting Only

Vehicle Category: Private / Commercial / Motorcycle / Bus / Others:

### Insurance Company

Name of Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Policy Number: DMPCSNA 007767 62201

### Driver

Name of Driver: Kyaw Myo Hearn

NRIC No: G5170243X

Date of Birth: 1/3/1990

Occupation: Indoor / Outdoor

Date of Driving Pass Date: 6/7/2017

Gender: Male / Female

Mobile Phone No: (LOCAL) +65 - 8839 5853

Email Address: -

Address: 11 Woodlands Cl, #03-28 Woodlands 11,  
Singapore 737853

Was driver an employee of the Insured's Company : Yes / No

If No, Relationship of the Driver with the insured : *Employee*

**General Information of the Accident**

Type of Accident :

Weather Conditions : *Clear* / Raining / Others :

Road Surface : *Dry* / Wet / Others :

**Other Information**

Was any foreign Vehicle involved in this accident? : Yes / No

Was any other material or property damaged? : Yes / No

Was there any video captured by Car Camera? : Yes / No

Number of Passengers (Including Driver) :

*Driver only*

**Details of Police Action**

Was the accident reported to the police? : Yes / No

If yes, Please state which Police Station :

Was notice of intended Prosecution given? : Yes / No

If Yes, against whom? :

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration No :

*SGL 9119L*

Vehicle Make/Model/Colour :

Name of Driver :

NRIC/Passport No :

Contact No :

Address :

Insurance Company Name :

**Details of Witness**

Name :

Phone No :

Email Address :



Motor Private Car

MX4F

**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)

R SN

AN0701A

Cov. Type:C

CERTIFICATE No. DMPCSNA00276762201

Engine No.: 1ZRX583993

Cha. No.:MR053REH104553846

1. Index Mark and Registration  
Number of Vehicle SLD6599LAUTOSAFE  
=====

2. Name of Policy Holder ES-PRO TECHNOLOGY PTE. LTD.

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment 24/12/2022

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance 23/12/2023

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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\$500 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.: HL BANK

\* 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: \_\_\_\_\_ B2B-Name  
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