

# NATIONAL Assessment Centre Services

Date: 09/05/2023	Job description	Date & Time Completed	Done by
Ref NO NA/C112300 4728 /d4	SAS e-filing		
Veh No 3JN 42103	E-mail (within 2hrs, A/C 2hrs)		
DOA 09/05/2023 16:56	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: EA 20C	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 for line 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	Action

NA2301366	Invoice Preparation Checklist	Am (S)	Am
Claimant's Particulars	1) AR: Accident Reporting (\$30);	Est Bill	Add
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N1: 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: Idno Mobile \$10		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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 16:56 (SGT)
Reported by	Actual Driver
Date of Accident	09/05/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE BEFORE AMK AVENUE 1 EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4210S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SM AUTOMOTIVE
Company Reg No	5XXXX488C
Email Address	SM_AUTOMOTIVE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98350460
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00032272304

#### DRIVER

Name of Driver	POH EE HUAT
NRIC No	SXXXX530A
Date Of Birth	07/12/1967
Occupation	Indoor



Date Of Driving Pass	27/10/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96579387
Alt. Phone Number	-
Email Address	SM_AUTOMOTIVE@HOTMAIL.COM
Address	APT BLK 23 SIN MING ROAD
Address complement	# 07-23
Postcode	570023
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	Side Swipe
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?	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

#### 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	EA20C
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	POH EE HUAT
Gender	Male
Phone No	(Phone) +65-96579387
Address	APT BLK 23 SIN MING ROAD
Address Complement	# 07-23
Post Code	570023
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SJN4210S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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 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)

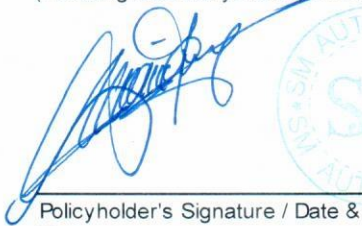
I understand, acknowledge, agree and consent that:


(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

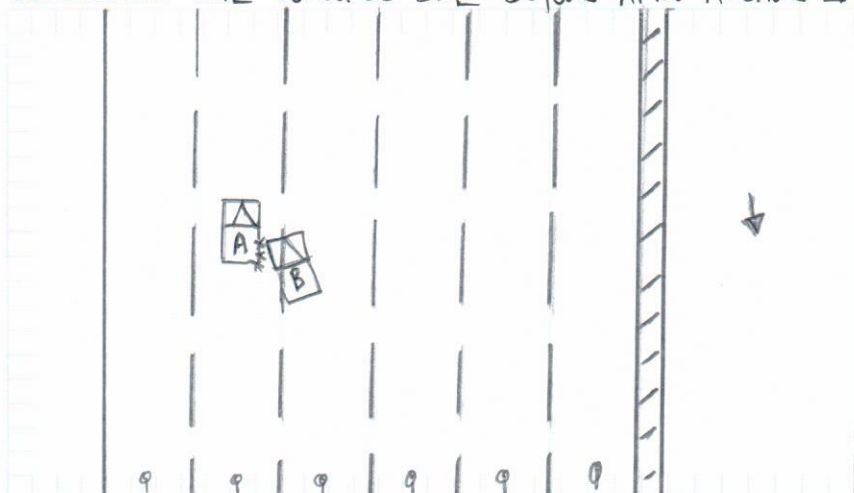
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 9/5/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan CTE Towards SLE Before AMK Avenue I Exit



A: SJN 4210S  
B: EA20C

CTE Towards SLE by AMK Ave I Exit



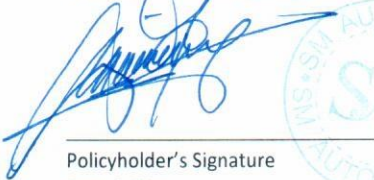
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along CTE towards the SLE b4 AMK Ave 1 exit at the 5th lane of 6 lanes.


Suddenly, I felt an impact from behind the right side .Veh "b" encroached into my lane and collided into the rear right portion of my vehicle and caused damage. Poh

### 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:

 9/5/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

VEHICLE NO: SM4210S

MAKE &amp; MODEL: Toyota Altis

AUTO / MANUAL

DATE OF ACCIDENT	09 / 05 / 2023	CC	1600
TIME OF ACCIDENT	1415	AM / PM	PM
LOCATION OF ACCIDENT	CTE Towards SLE by Amk Ave 1 exit		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT	PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	SM Automotive		
EMAIL	SM_AUTOMOTIVE@HOTMAIL.COM	Office	MOBILE: 9835-0460
NRIC	53231488C		
CLAIM TYPE	OD	THIRD PARTY	REPORTING ONLY
FLEET POLICY	YES / NO	NO	
INSURANCE CO	China Taiping		
TYPE OF COVERAGE	Comprehensive	Third Party	Third Party Fire & Theft
POLICY NO	DMPC6NA00032272304		
NAME OF DRIVER	AS ABOVE	IF NO	Poh Ee Hui
NRIC	S1822530A		
DATE OF BIRTH	07 / 12 / 1969		
ANY PASSENGER	YES / NO		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor	Indoor	
DATE OF DRIVING PASS	27 / 10 / 2003		
GENDER	Male	Female	
CONTACT NO	Mobile: 9657-9387		Office:
EMAIL	SM_AUTOMOTIVE@HOTMAIL.COM		
ADDRESS	Blk 23 Stn ming Road #07-23 S(570023)		
DOES DRIVER OWN OTHER VEHICLES?	NO	If yes, Reg No.	INSURER
RELATIONSHIP	Employee	If No.	
WEATHER CONDITION	Clear	Raining	Other
ROAD SURFACE	Dry	Wet	Other
ANY INJURIES	No / If yes	Who?	Poh Ee Hui
CONVEYED BY AMBULANCE	No	If yes, Who?	
POLICE REPORT	No	If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO	IF YES, WHO?	
VEHICLE B NO.	EA20C	Any Passenger:	NIL
NAME			
CONTACT NO			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
Person Reporting	Driver / Owner / Both		
Original Language Used	English / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

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

AN0144A

Cov. Type: C

CERTIFICATE No.

DMPCSN00032272304

Engine No.: 3ZZ4865793

Cha. No.: MR053ZEE106140142

1. Index Mark and Registration  
Number of Vehicle

SJN4210S

2. Name of Policy Holder

SM AUTOMOTIVE

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

06/03/2023

Named Drivers Ex Sect. I \$500.00  
Additional Ex Other than Named Drivers:

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

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

4. Date of Expiry of Insurance

15/02/2024

\* Age as at date of accident

EX ON WINDSCREEN . \$100.00

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 \$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.: THIAM HENG AUTO (S) PTE LTD AS HP OWNER

\* 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: Kenneth Yeo Kai Jie  
Authorised Officer  
Authorised Signatory