

NATIONAL Assessment Centre Services

Date In: 10/05/2023 12:09	Job Description: SAS e-Mailing	Date & Time Completed:	Done by:
Ref No: NAB/C12280047581	E-mail (with photo, A/C 2013)		
Veh No: EK-89000m	1-Motor Clean Form		
D.O.A: 06/05/2023 7:10	1-Motor W/O (Vehicle: 02 2013, 20 11/12)		
QC: TP: Repeating Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: SMF 321M	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% (Note: Bst Status (WO): N: 0-30%, F: 21-70%, 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 info of repeller.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Car ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: ()

Damage: ()

Other: ()

NA230/870	Invoice Preparation Checklist
Insurance Particulars:	1) A/R: Accident Particulars (\$300)
Owner/Whan:	2) D/A: Damage Assessment (\$1000) INC (55%)
Contact No:	3) T/P: Towing Fee (\$10/55)
Assigned Person: ()	4) P/T: Follow-Up (5 9-11/12) (\$15)
Checked by (Engr-In-Charge):	5) P/T: Follow-Up (5 9-11/12) (\$15)
Comments:	6) T/R: Towing Fee (\$10/55)
	7) N/A: No Damage / No Survey (\$10)
	8) R/L: Additional Fee (\$10)
	9) R/L: Additional Fee (\$10)
	10) R/L: Additional Fee (\$10)
	11) R/L: Additional Fee (\$10)
	12) R/L: Additional Fee (\$10)
	13) R/L: Additional Fee (\$10)
	14) R/L: Additional Fee (\$10)
	15) R/L: Additional Fee (\$10)
	16) R/L: Additional Fee (\$10)
	17) R/L: Additional Fee (\$10)
	18) R/L: Additional Fee (\$10)
	19) R/L: Additional Fee (\$10)
	20) R/L: Additional Fee (\$10)

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	10/05/2023 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 11:10 (SGT)
Exact Location of Accident	Lor 7 Geylang, Singapore
Additional Location Information	NO.8 CENTRA RESIDENCES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EK3000M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO ENG KIAT (ZHANG YINGJIE)
NRIC No	SXXXX382J
Email Address	kiatido@gmail.com
Mobile Phone No	(Phone) +65-97607476
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00217662200

DRIVER

Name of Driver	JIANG YULIAN
Passport No/FIN	GXXXX843W
Date Of Birth	01/10/1980
Occupation	Indoor

Date Of Driving Pass	30/11/2018
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92252591
Alt. Phone Number	-
Email Address	kiatido@gmail.com
Address	217A SENGKANG CENTRAL #13-261
Address complement	-
Postcode	541271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF321M
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROLAND HO JUAY CHNG
NRIC No	SXXXX076G

Contact Number	(Phone) +65-81337779
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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

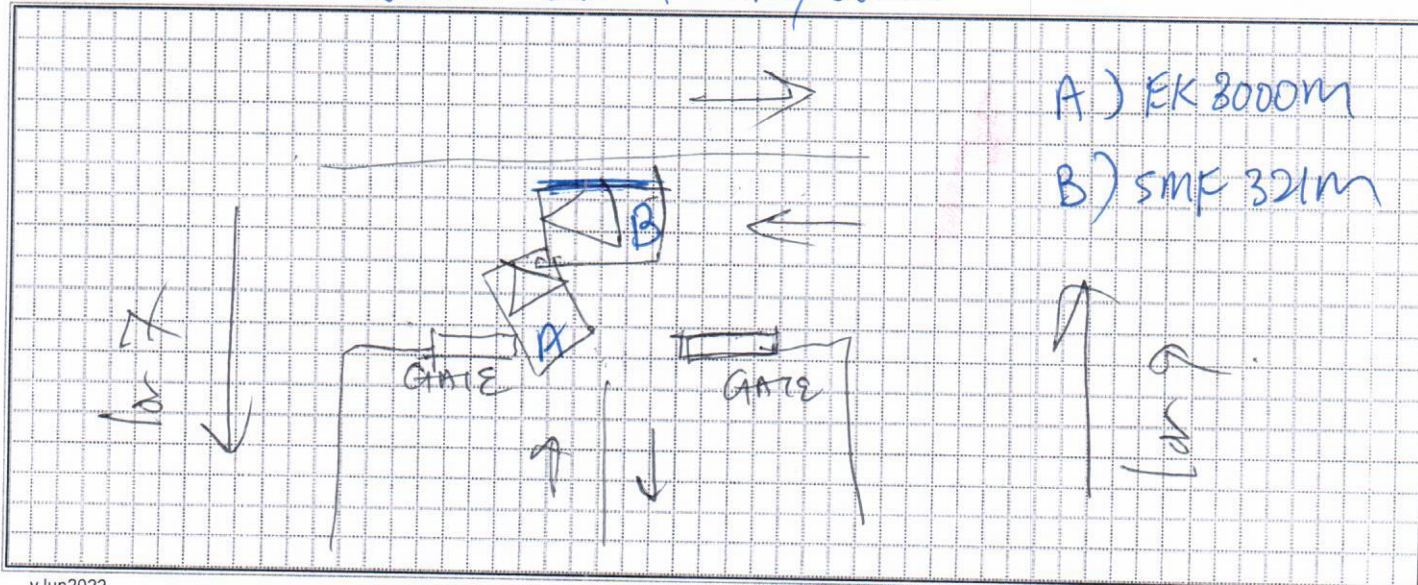
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

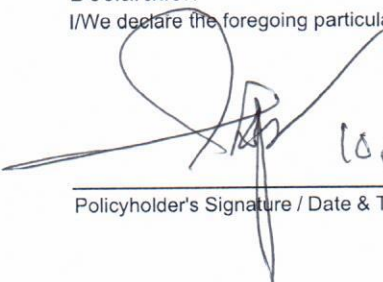
6 May 2023 11:10 hrs I am driving out of gateway as gate open very slowly. I have to wait for it to be fully open before driving out of gate. As it opened, I slowly drive out having a quick check to my left & right. Suddenly SMF321M crashed onto my right front corner.

No drivers are injured in the accident
No other personal are in respective cars.

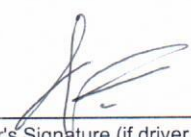
Driver not contactable since 1300 hrs after accident tried to ~~contact~~ contact him to seek decision on claim to make. ~~that~~ therefore making claim on 10 May 2023 Wednesday

Declaration

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


Policyholder's Signature / Date & Time

10 May 23


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

10 May 23


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

10/05/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (6/5/03) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: Slip Road between Lor 7/9 Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EK3000M
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN W00217662200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Porsche Cayenne 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TEO ENG KAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7503821 CONTACT: 9760476
 c) ADDRESS: 71 Bedok South Rd 15-254
 S(460071)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JIANG YUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G0794843 W CONTACT: 9225291
 c) ADDRESS: 21A Geylang Central 13-261
 S(851271)

* d) DATE OF BIRTH: (01/10/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30 Nov 16

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMF321 M MODEL: Honda Freed
 b) DRIVER'S NAME: Roland Ho Juay Ching
 c) NRIC/FIN/PASSPORT: S71340766 CONTACT: 81337779

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT: CONTACT:

email: z

VIDEO

kiatido@gmail.com



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

E SN

AN0006A

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.

DMPCSNW00217662200

Engine No.: 053267

Cha. No.: WP1ZZZ95ZKLB17152

1. Index Mark and Registration
Number of Vehicle

EK3000M

2. Name of Policy Holder

TEO ENG KIAT (ZHANG YINGJIE)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

15/09/2022
(10:27:14)

Named Drivers Ex Sect. I S\$2,500.00

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\$350.00

4. Date of Expiry of Insurance

02/08/2023

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\$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.: DBS BANK 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: Tan Jia Hwei
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