

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **SN08285G0003**

Date: **16/05/2023** 15:43
 Ref: **NR067228004981**
 Ref: **SFF III TR**
 Date: **16/08/2023** 08:20

Job description: **SAS e-tiling**
 E-mail (include title, ext, etc) _____
 Motor Claim Form _____
 Motor W/O (Within 30 days of loss) _____
 Photo Uploaded _____
 Assessment/Survey Report _____
 Ass't Report by Fax / Hand to Owner/Whom _____

Reporting Only

Insured: _____

Towed Wreck / NO Ass'n Wreck / OW: ()
 Vehicle: _____ Year: **2005** INC () / Non-INC ()
 Tel: _____ Fax: _____
 Driver / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: ()
 Insured/Driver Liability: ()
 Year of Registration: ()
 Excess: ()
 Loading: \$1,000 () / \$2,000 ()
 Warranty: YES () / NO ()
) Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repairer.
) Total Loss Cost: () to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () Invoice: YES () / NO () Towing Cost: ()
 Apply for Transport Allowance () / Courtesy Car ()
 QC Check / Post Repair Inspection ()
 Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: _____

NA2801449

Owner/Owner: _____
 Contact No: _____
 Insured Portion: _____

Checked by (Engr-In-Charge): _____

Invoice / Itemization of Charges

1) All Accident Payments (\$500)	
2) DA - Damage Assessment (\$1000)	INC (\$50)
3) Towing Fee	\$100
4) Post Repair Vehicle Survey (\$100)	\$100
5) Pre Repair Vehicle Survey (\$100)	\$100
6) TIR - Damage	\$100
7) NIS - No DA - Survey	\$100
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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	16/05/2023 15:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/05/2023 08:20 (SGT)
Exact Location of Accident	Eunos Cres, Singapore
Additional Location Information	CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1117R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZAINAL ABIDIN BIN OMAR
NRIC No	SXXXX492C
Email Address	zaomar45@gmail.com
Mobile Phone No	(Phone) +65-98375906
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00071392301

DRIVER

Name of Driver	ZAINAL ABIDIN BIN OMAR
NRIC No	SXXXX492C
Date Of Birth	04/05/1975
Occupation	Indoor

Date Of Driving Pass	08/05/1994
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-98375906
Alt. Phone Number	-
Email Address	zaomar45@gmail.com
Address	BLOCK 489A CHOA CHU KANG AVENUE 5 #06-197
Address complement	-
Postcode	681489
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	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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ6270S
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)	-

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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 renege on 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

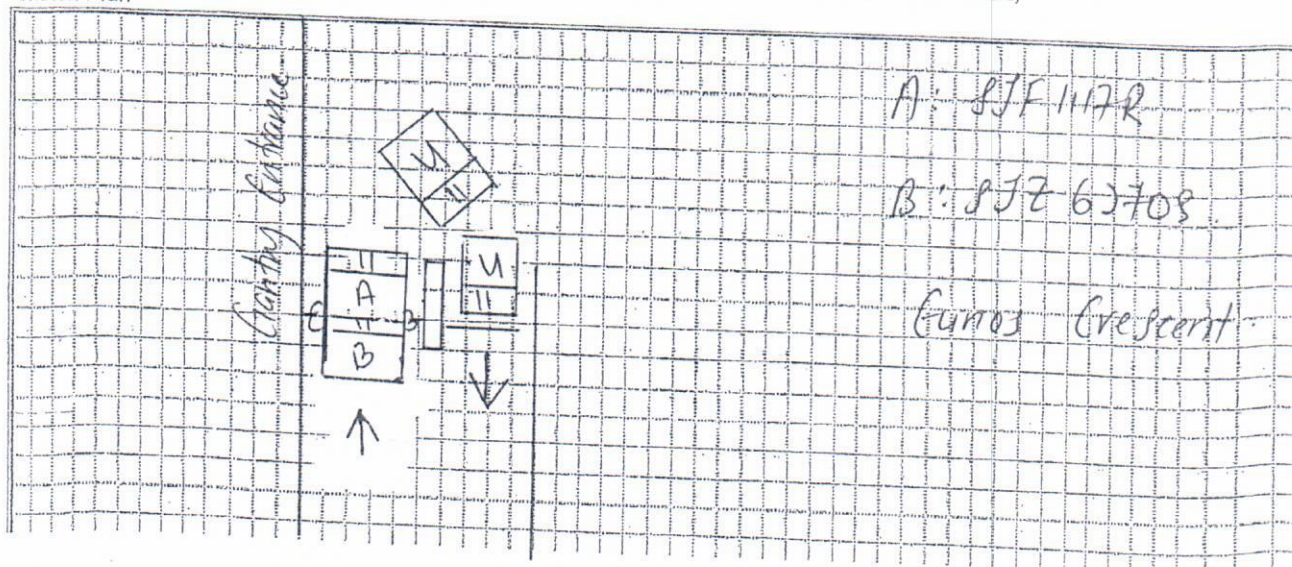
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

I am at the carpark entrance of Tuner Crescent.
The gantry has lifted, as such I move forward
to enter the carpark. Then I was stationary giving
way to an unknown vehicle exiting the carpark.
Out of sudden, I felt an impact from my
vehicle rear portion. When I got down, I saw vehicle
(B) collided onto me.

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


16/05/2023
Witnessed by Reporting Centre Personnel

Date of Accident : 16/05/23 Accident Time: 0820 (24-HR-FORMAT)
Accident Place : Carpark gently to Eunor Crescent.
Vehicle Reg. No (Car plate No.) : SJF 1117R CC: 1.6
Insurance Company : China TP Vehicle Make/Model: Subaru Impreza.
Name of Registered Owner : Policy No. 0MPCSNW000713P2301
ID of Registered Owner : Company / Individual Zainal Abidin Bin Omar
OWNER EMAIL ADDRESS: : Co Reg No: Owner's NRIC No: 87511492C
Zaomar45@gmail.com : Co Contact No: Owner's Contact No: 9837 5906
DRIVER'S Name : DRIVER'S NRIC No:
DRIVER'S Date of Birth : 04/05/75 DRIVER'S License Pass Date 09/05/94
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self.
DRIVER'S Address : Block 489A Chea Chu Kang Ave 5 #406-187 S(681489)
DRIVER'S Contact No./ Alt No. : 1) 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 1 Name & Gender: [redacted]
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):
Other Party Driver's Particulars (if any)
Vehicle Reg No: SJZ 6270S. Vehicle Reg No: [redacted]
Vehicle Make/Model: Vehicle Make/Model: [redacted]
Name DRIVER: Name DRIVER: [redacted]
IC No. DRIVER: IC No. DRIVER: [redacted]
DRIVER'S Contact & add: DRIVER'S Contact & add: [redacted]
REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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

MX1

R SN

AN0699A

Cov. Type:F

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.

DMPCSNW00071392301

Engine No.: EJ16D140300

Cha. No.: JF1GD5KJ37G072383

1. Index Mark and Registration
Number of Vehicle

SJF1117R

2. Name of Policy Holder

ZAINAL ABIDIN BIN OMAR

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

20/05/2023
(00:00:00)

4. Date of Expiry of Insurance

19/05/2024

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.

HIRE PURCHASE CO.: THINK ONE CREDIT 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: INSMART ENTERPRISE
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

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