

62

SMO 8281-110003

NATIONAL Assessment Centre Services

17/05/2023 17:24  
N/A/C1222005000  
GRH 3767K  
16/05/2023 20:00

Job description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (with photo, NIC 200)		
Motor Claim Form		
Motor W/O (with photo, NIC 200)		
Photo Uploaded		
Assessment/Survey Report		
Assn Report by Fax / Hand to Owner/Driver		

Preparing Only

Forced Work / NO Assn Work / OWI ( )	Tel: ( )	Fax: ( )
Particulars: Yeh No: SMO 8281-110003	INC ( ) / Non-INC ( )	
Owner / Driver ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured Driver Liability: ( )	Warranty: YES ( ) / NO ( )	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: ( )	Loading: \$1,000 ( ) / \$2,000 ( )	

Walk-In Customer / Customer's Information strictly Confidential & Strictly NO Referral of repair.

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 > \$5000) ( )

Injury: ( )

Other: ( )

NA2801461

Owner/Driver	Invoice/Repairation Charge
Driver No:	1) All Accident Parts (SAS)
Assessed Portion: ( )	2) DA: Damage Assessment (\$1000) INC ( )
C Checked by (Engr-In-Charge):	3) SP: Towing Fee (\$120)
	4) PE: Follow-up Service (\$100)
	5) PE: Follow-up Service (Battery) (\$100)
	6) PE: Follow-up Service (Battery) (\$100)
	7) PE: Follow-up Service (Battery) (\$100)
	8) PE: Follow-up Service (Battery) (\$100)
	9) PE: Follow-up Service (Battery) (\$100)
	10) PE: Follow-up Service (Battery) (\$100)
	11) PE: Follow-up Service (Battery) (\$100)
	12) PE: Follow-up Service (Battery) (\$100)
	13) PE: Follow-up Service (Battery) (\$100)
	14) PE: Follow-up Service (Battery) (\$100)
	15) PE: Follow-up Service (Battery) (\$100)
	16) PE: Follow-up Service (Battery) (\$100)
	17) PE: Follow-up Service (Battery) (\$100)
	18) PE: Follow-up Service (Battery) (\$100)
	19) PE: Follow-up Service (Battery) (\$100)
	20) PE: Follow-up Service (Battery) (\$100)

## 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	17/05/2023 17:24 (SGT)
Reported by	Actual Driver
Date of Accident	16/05/2023 20:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS (TUAS) ANAK BUKIT FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3767K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIAT AIR COOL ENTERPRISE PTE. LTD.
Company Reg No	2XXXXX163G
Email Address	cheewei@siatac.com.sg
Mobile Phone No	(Phone) +65-86523525
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00037872304

### DRIVER

Name of Driver	CHAN CHEE KIONG
NRIC No	SXXXX728F
Date Of Birth	13/02/1983
Occupation	Outdoor

Date Of Driving Pass	19/09/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86523525
Alt. Phone Number	-
Email Address	cheewei@siatac.com.sg
Address	BLK 273B JURONG WEST AVENUE 3 #04-23
Address complement	-
Postcode	642273
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?	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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ866L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO WEE DING
NRIC No	SXXXX645J

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 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 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

Sketch Plan area with grid lines and handwritten notes:

① GBA 3767k

② SLQ 866L

PIG → Mrs Anak Bakht Zhyover

Describe Circumstance of the Accident

At mentioned date and time, I was travelling along PIE towards Tuen. The traffic flow was smooth moving. Veh B in front of me left and slow down. I continue to drive straight within my lane. While driving pass veh B, suddenly veh B swerve right and collided onto my vehicle left rear portion.

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

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

17/05/2023

(M)

Estimate DMCVENA00037872804

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 16 / 05 / 2023 (dd/mm/yy)

Time of Accident: 20 : 00 hrs (24-HR-FORMAT)

Vehicle No.: GBH3767K Vehicle Make & Model / Engine (cc): Toyota Dyna Private Hire: (Y/N) (N)

Exact location of Accident: PTE (Two) Anak Bukit Flyover

Policyholder's Name / IC No.: Siat Air Cool Enterprise P/L ROC/UEN (Company) 528085799

Driver's Name / IC No.: Chan Chee Kiong / 883277287 20070016362 (As Above) ☐

Driver's Contact No.: 86523525 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: Blk 278B Jurong West Ave 3 #14-23 S (642273)

Owner Email address: cheewei@siatac.com.sg Insurance Company: China Taiping

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 1

**\*Passenger Name:** \_\_\_\_\_ **Gender:** Male / Female x( )

**\*Passenger Name:** \_\_\_\_\_ **Gender:** Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No **Remarks:** \_\_\_\_\_

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: Yeo Wee Ding / S00926453 Vehicle No.: SLA866L

Driver's Contact No.: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



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 Commercial

MZ300/C

R SN

DR0555P

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.	DMCVSNA00037872304	Engine No.: 1KD2797148 Cha. No.:JTFAT35Y40K210334
1. Index Mark and Registration Number of Vehicle	GBH3767K	AUTOSAFE =====
2. Name of Policy Holder	SIAT AIR COOL ENTERPRISE PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment	11/05/2023	Excess Sect I . S\$500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	10/05/2024	