

NATIONAL Assessment Centre Services

Date: 19/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
RefNo: NA/CT123005137/d4	E-mail (w/our Mkt. AP: 2hrs)		
VehNo: SNH 6633B	I-Motor Claim Form		
DOA: 18/05/2023 21:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	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: FBD 4638P	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

NA2301492	Invoice/Repairation Checklist	Amc (\$)	Amc
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
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: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: 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: Idau Mobile \$0		
	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	19/05/2023 16:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/05/2023 21:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COPTHORNE KINGS HOTEL ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH6633B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DOOA CHUAN HUAT
NRIC No	SXXXX806F
Email Address	DOOA_CHUAN_HUAT@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96177131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017972200

DRIVER

Name of Driver	DOOA CHUAN HUAT
NRIC No	SXXXX806F
Date Of Birth	28/01/1966
Occupation	Outdoor

Date Of Driving Pass	26/09/1983
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96177131
Alt. Phone Number	-
Email Address	DOOA_CHUAN_HUAT@YAHOO.COM.SG
Address	APT BLK 124A RIVERVALE DRIVE
Address complement	# 16-201
Postcode	541124
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	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)	3
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	-

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Female

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	FBD4638P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FIRDAUS
Contact Number	(Phone) +65-88852071
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

SKETCH PLAN

IMPORTANT NOTICE

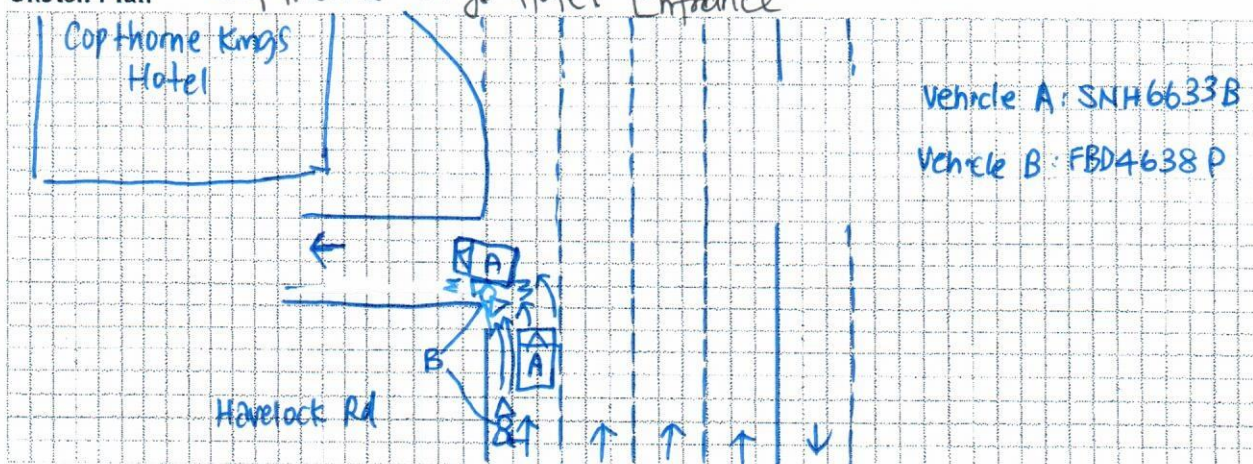
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstance of the Accident

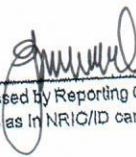
As of above date & time, I was driving my vehicle
(SNH 6633B) along Harelock Rd on the left lane of
a 4 lane Rd. I slowed down & signalled my intention
to turn left into Copthorne Kings Hotel. While turning in,
vehicle B (FBD4638 P) collided into the left side portion
of my vehicle.

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

 19/05/2023
Witnessed By Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>SNH 6633 B</u>	MAKE & MODEL: <u>Toyota Corolla Cross</u> <u>AUTO</u> / MANUAL
DATE OF ACCIDENT: <u>18 / 05 / 2023</u>	CC: <u>1-8</u>
TIME OF ACCIDENT: <u>2140</u> HRS	
LOCATION OF ACCIDENT: <u>Copthorne Kings Hotel Entrance</u>	
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u></u>	
NAME OF OWNER: <u>DOOJ Chuan Huat</u>	
TEL NO: <u>H/P: 96177131</u>	OFFICE: HOME:
NRIC: <u>S1759806 F</u>	
ADDRESS: <u>Apt B1K 124A Rivervale Drive #16-201 S 541124</u>	
EMAIL: <u>DOOJ-CHUAN-HUAT@Yahoo.com.sg</u>	
CLAIM TYPE: <u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>	
FLEET POLICY: <u>YES / <u>NO</u></u>	
INSURANCE COMPANY: <u>China Tarping</u>	
TYPE OF COVERAGE: <u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO: <u>DMHCSNW00017972200</u>	
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO:	
NRIC: <u>as above</u>	ANY PASSENGER: <u>2 (1M 1F)</u>
DATE OF BIRTH: <u>28 / 01 / 1966</u>	LICENCE PASSED DATE: <u>26 / 09 / 1983</u>
OCCUPATION: <u>OUTDOOR</u> / INDOOR	
GENDER: <u>MALE</u> / FEMALE	
CONTACT NO: <u>H/P: as above</u>	OFFICE: HOME:
ADDRESS: <u>as above</u>	
EMAIL: <u>as above</u>	
DOES DRIVER OWNED ANY VEHICLE: <u>NO</u> / IF YES, REG NO:	INSURER:
RELATIONSHIP: <u>Owner</u>	
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	
ROAD SURFACE: <u>DRY</u> / WET / OTHER:	
ANY INJURIES: <u>NO</u> / IF YES, WHO?	
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT: <u>NO</u> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO</u> / IF YES, WHO?	
VEHICLE B REG NO: <u>FBD4638 P</u>	ANY PASSENGERS: <u>1 (1F)</u>
NAME OF DRIVER: <u>Firdaus</u>	CONTACT NO: <u>8885 2071</u>
VEHICLE C REG NO:	ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE? <u>YES / <u>NO</u></u>	
WAS THERE ANY AUDIO RECORDED? <u>YES / <u>NO</u></u>	
ACCIDENT SCENE PHOTOS TAKEN? <u>YES</u> / NO	
ACCIDENT PORTION: <u>left Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / <u>NO</u></u>	
WORKSHOP PARTICULAR: <u>TwinCar Automotive Pte Ltd</u>	
CONTACT NO: <u>68420051 / 67440510</u>	
CONTACT PERSON: <u>Steve</u>	
FAX NO: <u>67410510</u>	
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>	



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.

\$3,077.27

Motor Hire Car

MZ406L/B

N SN

AN0695A

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.

DMHCSNW00017972200

Engine No.: 2ZR2P00536

Cha. No.:ZVG111007599

1. Index Mark and Registration
Number of Vehicle

SNH6633B

AUTOSAFE
=====

2. Name of Policy Holder

DOOA CHUAN HUAT

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

28/09/2022

(00:00:00)

Excess Sect I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

27/09/2023

Excess Sect.II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

DOOA CHUAN HUAT

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : TECK WEI 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
TECK WEI CREDIT PTE LTD
Reg. No. 200512300K



210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017
Char.Hui@teckwei.com.sg

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

张世义

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