

NATIONAL Assessment Center Services (Call 1-800-451-1234) **SN0223FM0003**

Job description: SAS e-Milling

Date & Time Completed: 22/05/2023 14:29

Done by: X/A23051627

1-Motor Claim Form

1-Motor W/O (with: op form, etc)

1-Photo Uploaded

Assessment/Survey Report

Acc's Report by Fax / Hand to Owner/Whom

Referenced Wksp / INC Assign Wksp / OW: ()

Particulars: Yell No: SDM 7877A

Owner / Driver: ()

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: ()

Insurance/Driver Liability: ()

Year of Registration: ()

Excess: ()

Loading: \$1,000 () / \$2,000 ()

Warranty: YES () / NO ()

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

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

Drive-In () / Towed-In ()

Invoice: YES () / NO ()

Towing Co: ()

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Other: ()

X/A23051502

Owner/Driver: ()

Policy No: ()

Assigned Person: ()

Checked by (Engr-In-Charge): ()

Approved by: ()

Invoice Preparation Charge:

1) All Accident Postage	(300)
2) DA: Damage Assessment	(5000)
3) Towing Fee	\$100
4) Post Repair Photo	\$100
5) Post Repair Survey (Unit 100)	\$100
6) TIR: Damage	\$100
7) N/A: New Car / Unit Survey	\$100
8) KTC: Additional Fee	\$100
9) QC	\$100
10) Courtesy Car / Tel Allowance	\$100
11) Post Repair Coordination	\$100
12) Post Repair Inspection	\$100
13) QC / Collect Excess Coordination	\$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	22/05/2023 14:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 11:57 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	BEFORE TAMPINES WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1044M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO KIM CHUAN (ZHANG JINQUAN)
NRIC No	SXXXX105B
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-98159007
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00003352300

DRIVER

Name of Driver	TEO KIM CHUAN (ZHANG JINQUAN)
NRIC No	SXXXX105B
Date Of Birth	09/10/1978
Occupation	Outdoor

Date Of Driving Pass	25/10/1997
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98159007
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 305A PUNGGOL ROAD #06-707
Address complement	-
Postcode	821305
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)	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	ANG E PING
Gender	Female

PASSENGER 2

Name	TEO YU FENG
Gender	Male

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	SDM7877A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ARAI KIYOTAKA
NRIC No	SXXXX791E
Contact Number	(Phone) +65-90692938
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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

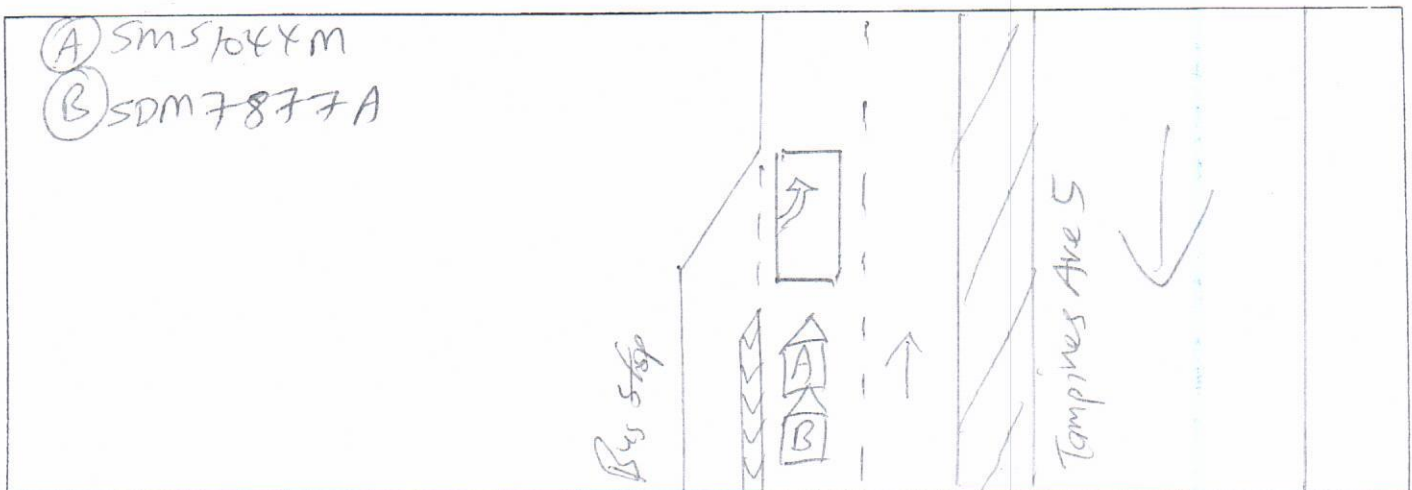
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

I was travelling along Tampines Ave 5 before Tampines walk.
I was waiting for the traffic light to turn green.
Vehicle (B) came from behind and hit my car (A) when my
car (A) was stationary.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN
DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

22/05/2023

ACCIDENT REPORTING FORM

Date of Accident: 20/05/2023 Time of Accident: 11:57 (24Hrs)
Vehicle No: SMS1044M Vehicle Make/Model: Honda Freed
Exact Location of Accident: Tampines Ave 5 before Tampines Walk
Owner's Name/NRIC: Teo Kim Chuan / S7634105B
Driver's Name/NRIC: Teo Kim Chuan / S7634105B
Driver's Contact: 98159607 Insurance Co & Policy No: China Taiping
Driver's Email Address: hcrmyself@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: —
Reporting Party: ☒ 1) Owner ☐ 2) Driver ☐ 3) Owner & Driver
What do you wish to claim (Please circle one only)
1) Own Insurance ☒ 2) Other Vehicle (The one you want to claim against) ☐ 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)
Private Use ☒ / Work Purpose ☐
Weather Condition & Road Conditions?
☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet
Occupation
Indoor ☒ / Outdoor ☐
Any Injuries? (MC of 3 Days or more, police report is required)
Yes ☒ / No ☐ If Yes, which police station? —
The Other Party (Vehicle B) Details
Driver's Name/IC: Arai Kiyotaka / S2695791E Vehicle No: SDM787AA
Insurance Company: — Driver's Contact: 90692938
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C): —
Passengers
Vehicle A: 1 driver, 2 passenger (1 female - Ang E Ping, 1 male - Teo Yu Feng)
Vehicle B: 1 driver, Unknown
Language Used
☒ Mandarin / English ☐ Malay / Tamil / OTHERS: —



CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

AN0764A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00003352300

Engine No.: LEB5658354

Cha. No.: GB71114737

1. Index Mark and Registration Number of Vehicle

SMS1044M

AUTOSAFE

2. Name of Policy Holder

TEO KIM CHUAN (ZHANG JINQUAN)

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

10/02/2023

(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

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

EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance

09/02/2024

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.

TEO KIM CHUAN (ZHANG JINQUAN)

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. : KENSO LEASING 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: KENSO LEASING PTE LTD

Authorised Officer

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

Authorised Signatory