

NATIONAL Assessment Centre Services (Call 1 800 851 2222) **SM08 2540003**

Date In: 24/05/2023 16:24	Job description	Date & Time Completed	Done by
Ref No: X138 (C12300527) / Y	SAS e-filing		
Yelt No: SM 20985	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/05/2023 21:46	1-Motor Claim Form		
QC (79) Reporting Only	1-Motor W/O (within 24hrs, 27 hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yelt No: **SM 4227** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured/Driver Liability: () % (Note-Res Status (WO): 1: 0-30%, 2: 21-70%, 3: 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 repair.

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

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

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

Injury: ()

Date of Incident: ()	Location: ()	Time: ()	Done by: ()

NA230157	Invoice Preparation Charge (15%)	
1) A/R: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$15	
4) PC: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Emergency)	\$30	
6) TR: Re-Inspection	\$75	
7) NI: New DA + 30% Survey	\$140	
8) NTUC Additional Fee:		
QC:		
*NO: Courtesy Car / Tot Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$30	
*NO: BY / Collect Excess Coordination	\$5	
*TP (11): TP (Non-INC) replaces INC	\$20	
TP Insurer: ()		
Invoice Total		
TP 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	24/05/2023 16:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 21:40 (SGT)
Exact Location of Accident	148A Mei Ling St, Singapore 141148
Additional Location Information	MSCP DECK 2A LOT 78
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2098S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY HWA SENG
NRIC No	SXXXX797G
Email Address	francistay99@gmail.com
Mobile Phone No	(Phone) +65-97560218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00227602201

DRIVER

Name of Driver	TAY HWA SENG
NRIC No	SXXXX797G
Date Of Birth	01/01/1965
Occupation	Outdoor

Date Of Driving Pass	21/02/1984
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97560218
Alt. Phone Number	-
Email Address	francistay99@gmail.com
Address	BLK 145 MEI LING STREET #04-123
Address complement	-
Postcode	140145
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 STATEMENT

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	SMM422T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	A ARAVIN KUMAR
NRIC No	SXXXX794I

Contact Number (Phone) +65-96735443
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

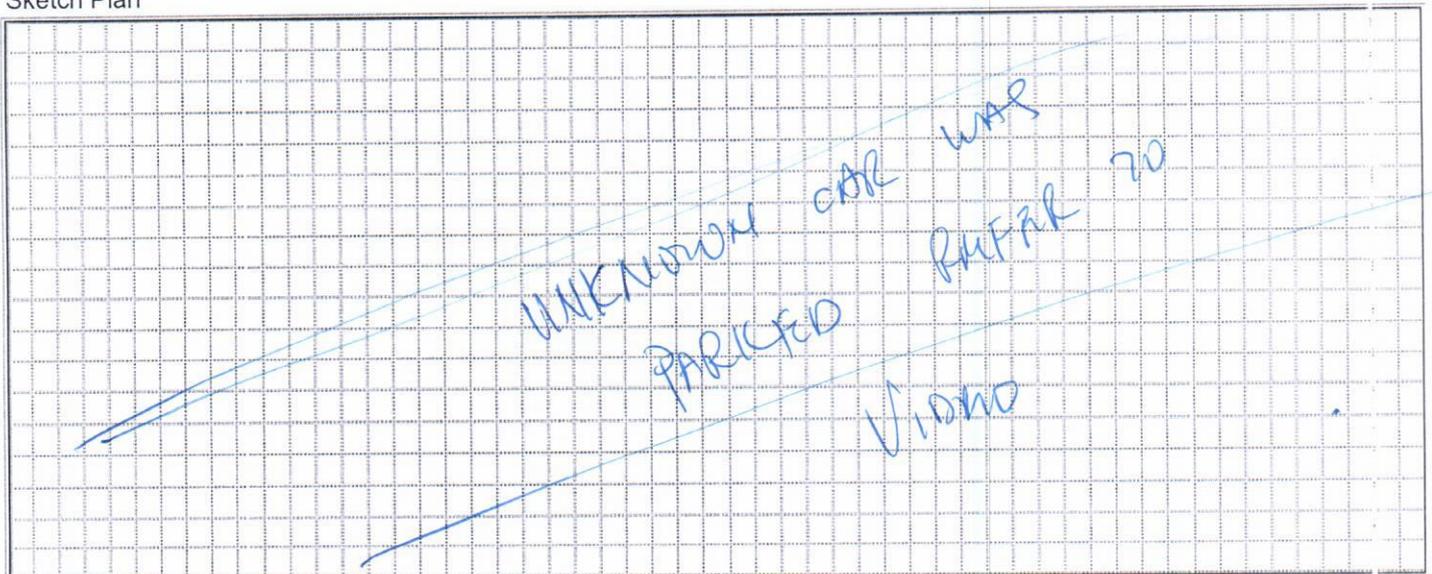
frank 23/5/23 4:40pm

Policyholder's Signature / Date & Time

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

23/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 21/5/23. I parked my vehicle SLW2098s at 148A Mei Ling st
MSCP Deck 2A Lot 78.

at 21/5/23 940pm. Vehicle ~~#~~ SMM422J drive up the ramp
and hit into my vehicle. my front (left side) was damaged.
(Video given to IDAC.)

Declaration

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


23/5/23 4:40pm

Policyholder's Signature / Date & Time

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


23/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

~~UAT~~
IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 21/05/2023	TIME OF ACCIDENT : 9.40 PM
VEHICLE NO : SLW2098 15 S	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : TOYOTA CAMRY 2.0	LOCATION : 148A MEI LING ST MSCP DZCK 2A 60778
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : CHINA TAIPING	POLICY NO : DMPCSNW00227602201
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : SALOON (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : TAY HWA SENG	NRIC : S1631797G
ADDRESS : BLK 145, MEI LING STREET #04-123, S(140145)	CONTACT NO : 97560218
EMAIL ADDRESS : francistay49@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / JE NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP :	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 01 / 01 / 1965	DRIVING PASSING DATE : 21 / 02 / 1984
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : BLK 145 MEI LING ST #04-123 (140145)
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SMMA422T	VEHICLE C REG NO : _____
DRIVER NAME : A. ARAVINI KUMAR	DRIVER NAME : _____
NRIC : S93137941	NRIC : _____
CONTACT : 96735443	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO

Motor Private Car

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)

MX1F
R SN
AN0450A
Cov. Type:C

CERTIFICATE No. DMPCSNW00227602201

Engine No.: 6ARP043704
Cha. No.:MR053DK5100102822

1. Index Mark and Registration Number of Vehicle SLW2098S

AUTOSAFE
=====

2. Name of Policy Holder TAY HWA SENG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 02/10/2022 (00:00:00)

Named Drivers Ex Sect. I S\$750.00
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\$100.00

4. Date of Expiry of Insurance 01/10/2023

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. : MAYBANK SINGAPORE LIMITED

* 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: INXPURE N SOLUTIONS
Authorised Officer

Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SV08235M0003 Vehicle Registration No: SW2098S
 Name (as shown in NRIC): TOY HWA SANK NRIC/FIN/Passport No: 82227976
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9756 0218
 Email Address: _____
 Date of Accident: 21/05/2023 Time of Accident: 21:46
 Place of Accident: 115A MANUKS ST MSCP DECK 2A 67 78
 Insurance Company: CHINA AIRWAYS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURANCE VEHICLE NUMBER TO SW2098S

Policyholder / Actual Driver's Signature
Date:

aw 21/05/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: