

**NATIONAL Assessment Centre Services** (Int'l 1-800-555-2368) **5682368000**

Date In: **8/6/23** **16:46** Job description: **SAS e-filing** Date & Time Completed: **✓** Done by:

Ref No: **NW 1 CT123005840/T** E-mail (within 300, AIC 300)

Val No: **SNE 8987H** Motor Claim Form

D.O.A: **7/6/23** **18:46** Motor W/O (Within 300, AIC 300)

OC: **TP: Reporting Only** Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass'n Report by Fax / Hand to Owner/Whar

Preferred Wksp / INC Ass'n Wksp / OW: ( ) Tel: Fax:

TP Particulars: Val No: **SG 55922** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) (Note: Inc Status (WO): 10-0-30%, 11-21-72%, 12-30-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

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

General Remarks: ( )

( ) Walk-In Customer: Customer's information strictly Confidential & Supply NO info of repairer.

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

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

Repairer: **RING TOWING (07830015)** Date & Time Completed: Done by:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Claim: ( )

Location: ( )

Vehicle: ( )

Driver: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NW 2301723**

Invoice Preparation Charge: ( )

1) All Accident Payments ( )

2) DA: Damage Assessment ( ) INC ( )

3) TP: Towing Fee ( )

4) TP: Follow Up Survey ( )

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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	08/06/2023 16:46 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 18:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BENCOOLEN STREET TOWARDS ORCHARD ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE8987H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	POONG CHENG CHIANG CALVIN
NRIC No	SXXXX528B
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-90110444
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1498

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00055522300

### DRIVER

Name of Driver	POONG EN SHI GRACE
NRIC No	TXXXX738C
Date Of Birth	01/02/2001
Occupation	Indoor

Date Of Driving Pass	11/10/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90110444
Alt. Phone Number	-
Email Address	GRACE.POONG@GMAIL.COM
Address	154 GANGSA ROAD
Address complement	#15-329
Postcode	670154
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 CIRCUMSTANCES OF ACCIDENT.

#### 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	SG5392Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	WAN IBRAHIM BIN WAN AHMAD
Passport No/FIN	GXXXX212L

Contact Number .....	(Phone) +65-87398839
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:

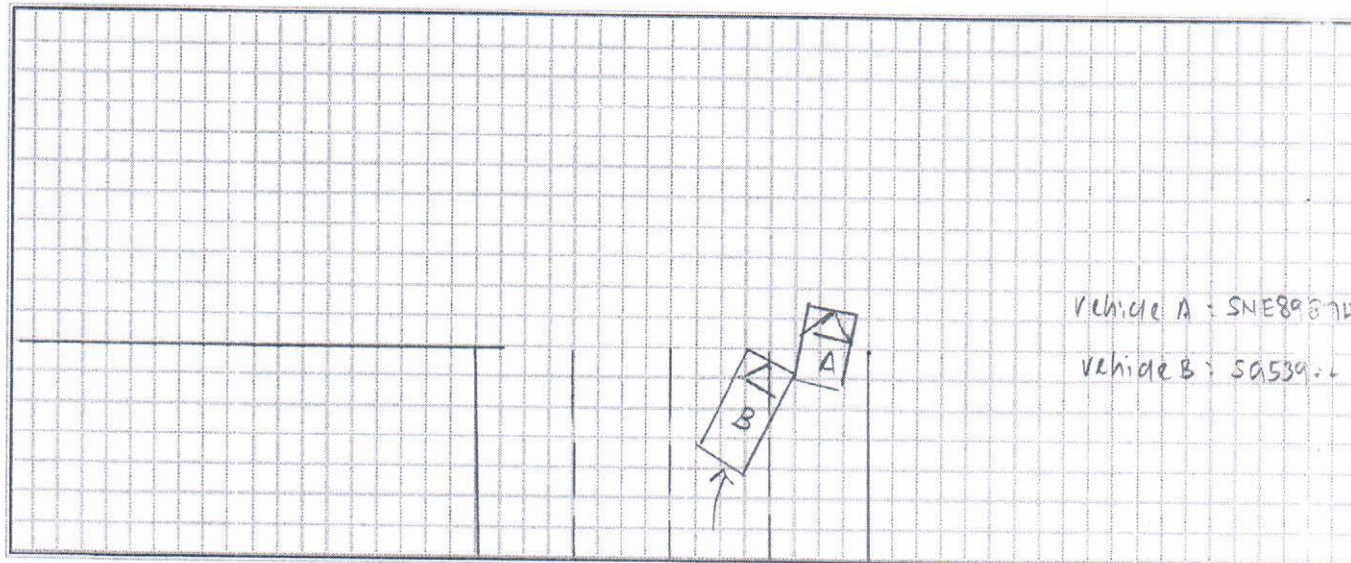
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



Vehicle A : SNE8987H

Vehicle B : SQ539-L

Bencoolen St towards Orchard Rd

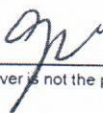
Describe Circumstance of the Accident


On stated date and time, i was turning right on extreme ~~right~~ <sup>left</sup> right lane. vehicle B was on  
2nd lane suddenly swerve towards my lane & collided onto ~~right~~ 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

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



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 07/06/2023 (dd/mm/yy) Time of Accident: 18:46 (24-HR-FORMAT)  
Vehicle No.: SNE8987H Vehicle Make & Model: Volvo S60  
\*Transmission: ☐ Manual ☒ Auto \*C.c.: 1498  
Exact location of Accident: Bencoolen street towards orchard road  
Policyholder's Name: Poong cheng cheng calvin NRIC/FIN/REG No.: S1644528B  
\*Policyholder's email address: reporting@mycar.sg  
Driver's Name: Poong En Shi Grace NRIC/FIN/REG No.: T0102738C  
\*Driver's email address: Grace.Poong@gmail.com  
Driver's Contact No.: 90110444 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 01/02/2001 Driving Pass Date: 11/10/2020  
Driver's Address: Blk 154 Angsa Road, 15-329 (670154)  
Insurance Company: China Taiping  
Policy No.: DMPGSNW00055522300 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft  
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)  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver: 1  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passenger Name: \_\_\_\_\_ Gender: Male / Female  
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 Car camera? ☒ Yes / ☐ No  
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' 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: Wan Ibrahim Bin Wan Ahmad 68683126 Vehicle No: S653922  
Driver's Contact No: 87398839 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 Private Car

MX1E

N SN

AN0691A

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.

DMPCSNW00055522300

Engine No.: B4154T51747801

Cha. No.: YV1FS28C0H2425571

1 Index Mark and Registration  
Number of Vehicle

SNE8987H

AUTOSAFE  
\*\*\*\*\*

2 Name of Policy Holder

POONG CHENG CHIANG CALVIN

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

30/03/2023  
(00:00:00)

Named Drivers Ex Sect. I S\$1,000.00  
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

29/03/2024

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

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\$1,000 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.: HONG LEONG FINANCE 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: PROVIDENT FINANCIAL PLANNING PTE

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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