

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 08/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 23005850/J	SAS e-filing		
Veh No: SMX5508P	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 07/06/2023	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SLQ79420	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%. F: 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

NA2301680	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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		
Cat. 1:	7) N1 : Idae DA + SMRT Survey \$160		
Cat. 2 / 3:	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: Idae Mobile \$30		
	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	08/06/2023 18:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX5508P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG FOOK CHAI
NRIC No	SXXXX536Z
Email Address	FOOKCHAI@GMAIL.COM
Mobile Phone No	(Phone) +65-81175361
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 - Reporting only
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	DMHCSNW00003762301

#### DRIVER

Name of Driver	CHEONG FOOK CHAI
NRIC No	SXXXX536Z
Date Of Birth	20/10/1968
Occupation	Outdoor



Date Of Driving Pass	19/11/1988
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81175361
Alt. Phone Number	-
Email Address	FOOKCHAI@GMAIL.COM
Address	APT BLK 455A ANG MO KIO STREET 44
Address complement	#09-11
Postcode	561455
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	3
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	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
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	SLQ7942D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KWOK HUI SANN (GUO HUI SHAN)
-	SXXXX025J
Contact Number	(Phone) +65-81832523
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 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.

*Ju 7/6/23*

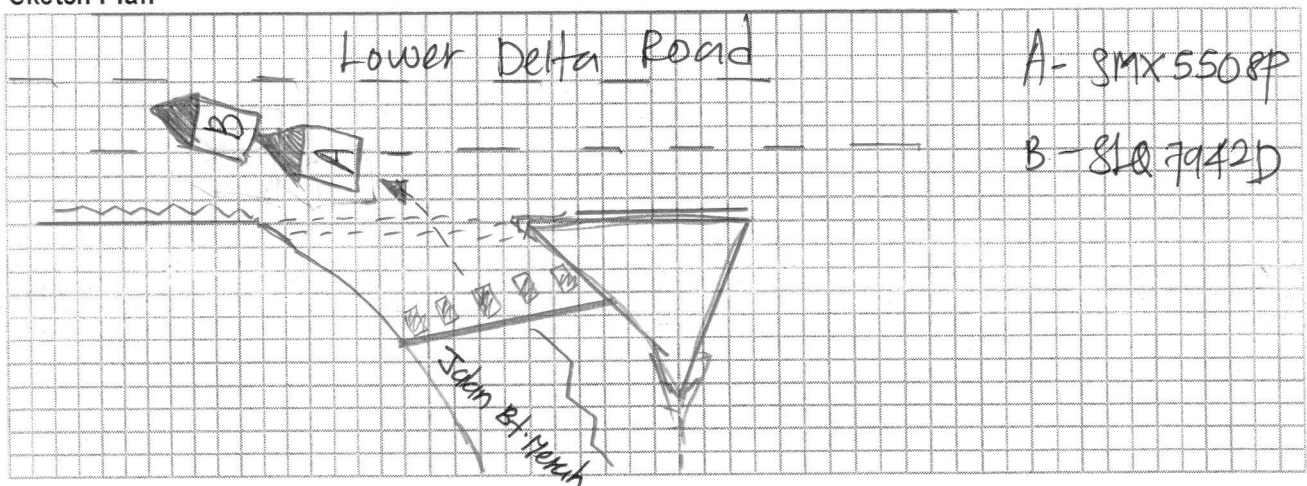
Policyholder's Signature / Date & Time

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

*gmmmm 8/6/2023*

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstance of the Accident**

On the above stated date and time, I was driving along Jalan Bukit Merah exiting the slip road and entering into lower delta road. Vehicle B was in front of me. I moved very slowly upon checking the right hand side for any oncoming vehicles. Suddenly vehicle B jam Brake and upon seeing her brake I also brake but I hit the rear portion of vehicle B as the gap between both cars were quite close, which caused the collision.

**Declaration**

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

Policyholder's Signature / Date & Time

*[Signature]* 7/6/23

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

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

*[Signature]* 8/6/2023



## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 07/06/2023	TIME OF ACCIDENT: 10:45 a.m
VEHICLE NO: SMX 5508P	TRANSMISSION: <u>AUTO</u> / MANUAL
MAKE & MODEL:	LOCATION: Lower Delta Road
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	CLAIM TYPE: OD / THIRD PARTY / <u>REPORTING ONLY</u>
INSURANCE COMPANY: China Taiping	POLICY NO: DMH CSNW 00003762301
TYPE OF COVERAGE: <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE
NAME OF OWNER: Cheong Fook Chai	NRIC: 868735362
ADDRESS: Apt B1k 455A Ang Mo Kio Street 44 #09-11, 5561455	CONTACT NO: 81175361
EMAIL ADDRESS: fookchai106@gmail.com	VIDEO RECORDING: YES / NO
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO:	NRIC: _____ CONTACT NO: _____
DRIVER OWNER RELATIONSHIP: <u>owner</u>	PASSENGER: 2(1) MALE(1) FEMALE(1)
DATE OF BIRTH: 26/10/1968	DRIVING PASSING DATE: 19/11/1988
OCCUPATION: <u>INDOOR</u> / OUTDOOR	ADDRESS: _____
ANY INJURIES: <u>NO</u> , IF YES: _____	POLICE REPORT: <u>NO</u> / IF YES WHERE? _____
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: <u>SLQ 7942D</u>	VEHICLE C REG NO: _____
DRIVER NAME: kwok Hui Sann (Guo Huishan)	DRIVER NAME: _____
NRIC: <u>87715025J</u>	NRIC: _____
CONTACT: <u>81832523</u>	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? <u>NO</u> , IF YES: _____
DRIVER NAME: _____	NAME: _____
NRIC: _____	CONTACT: _____
CONTACT: _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u> ) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN?: <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u>



Motor Hire Car

MZ406L/B

**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)

R SN

AN0622A

Cov. Type:C

CERTIFICATE No.	DMHCSNW00003762301	Engine No.: 2ZFR6891086	Cha. No.: ZVW506053197
1. Index Mark and Registration Number of Vehicle	SMX5508P	AUTOSAFE	=====
2. Name of Policy Holder	CHEONG FOOK CHAI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment	15/03/2023	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	14/03/2024	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.  CHEONG FOOK CHAI		
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.		

\* 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: SAFE INSURED PTE LTD  
Authorised Officer

  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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6222 1033

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