

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 08/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123005854/d4	SAS e-filing		
Veh No: SJG 2000G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/06/2023 14:30	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:

8MN923J

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

NA2301668

Invoice Preparation Checklist

Ant (\$)

Ar

1st Bill

Ad

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac 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: Idac Mobile \$30

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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 15:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS TOWARDS EUNOS LINK BEFORE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2000G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU HOOI SUN
NRIC No	SXXXX781C
Email Address	NICOLE8812@GMAIL.COM
Mobile Phone No	(Phone) +65-90267178
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Premio
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00275682204

DRIVER

Name of Driver	LAU HOOI SUN
NRIC No	SXXXX781C
Date Of Birth	17/04/1972
Occupation	Indoor

Date Of Driving Pass	16/09/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90267178
Alt. Phone Number	-
Email Address	NICOLE8812@GMAIL.COM
Address	APT BLK 298D COMPASSVALE STREET
Address complement	# 08-60
Postcode	544298
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 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	SMN923J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUHAIMIE BIN SAMAT
Contact Number	(Phone) +65-88178823

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU HOOI SUN
Gender	Female
Phone No	(Phone) +65-90267178
Address	APT BLK 298D COMPASSVALE STREET
Address Complement	# 08-60
Post Code	544298
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SJG2000G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

Sketch Plan diagram showing the accident scene layout on a grid. The diagram includes the following details:

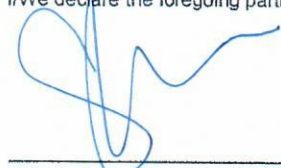
- Handwritten note: "In. Euros towards Euros Link before PIE"
- Vehicle positions: Two vehicles are shown. Vehicle A is labeled "Vehicle A : SJG 2000G" and Vehicle B is labeled "Vehicle B : SMN 923J".
- Diagram elements: A dashed line indicates a path or boundary. Arrows at the bottom point towards the vehicles.

Describe Circumstance of the Accident

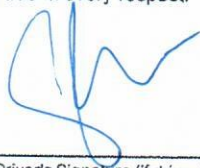
As of above date and time, I was driving my vehicle (JG 2000 G) along Jln Eunor towards Eunor Link on the middle lane of 2 5 lane Road. Somewhere before PIE, I was driving slow in my lane and suddenly, vehicle B (SMN 923 J) filtered from my left (Lane 4) into the front of my vehicle. During the process vehicle B right portion collided into the left front portion of my vehicle

Declaration

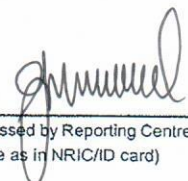
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 8/6/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>SJG 2000 G</u>	MAKE & MODEL: <u>Toyota Premio</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT:	<u>07 / 06 / 2023</u>	CC: <u>1.5</u>
TIME OF ACCIDENT:	<u>1930</u> HRS	
LOCATION OF ACCIDENT:	<u>Jln Funos towards Funos Lnk before PIE</u>	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER:	<u>Lau Hooi Sun</u>	
TEL NO:	H/P: <u>9026 7178</u>	OFFICE: HOME:
NRIC:	<u>S7282781C</u>	
ADDRESS:	<u>Apt BIK 298D Compassvale Street #08-60 S 544298</u>	
EMAIL:	<u>NICOLE 8812@gmail.com</u>	
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u>	
INSURANCE COMPANY:	<u>China Taiping</u>	
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO:	<u>DMPCSNW00275682204</u>	
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:	
NRIC:	<u>25 above</u>	ANY PASSENGER: <u>N/A</u>
DATE OF BIRTH:	<u>17 / 04 / 1972</u>	LICENCE PASSED DATE: <u>16 / 09 / 2011</u>
OCCUPATION:	OUTDOOR / <u>INDOOR</u>	
GENDER:	MALE / <u>FEMALE</u>	
CONTACT NO:	H/P: <u>25 above</u>	OFFICE: HOME:
ADDRESS:	<u>25 above</u>	
EMAIL:	<u>25 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:	NO / IF <u>YES</u> , WHO?	
NAME & CONTACT:	<u>Lau Hooi Sun (9026 7178)</u>	
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>SMN 923 J</u>	ANY PASSENGERS: <u>N/A</u>
NAME OF DRIVER:	<u>Sukhaimie Bin Samat</u>	CONTACT NO: <u>8817 8823</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?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO	
ACCIDENT PORTION:	<u>left front Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>	
CONTACT NO:	<u>68420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve 88215151</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	



Motor Private Car

MX1F

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

AN0600A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00275682204

Engine No.: 1NZD250242

Cha. No.: NZT2603035109

1. Index Mark and Registration
Number of Vehicle

SJG2000G

AUTOSAFE
=====

2. Name of Policy Holder

LAU HOOI SUN

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

12/12/2022

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

11/12/2023

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. : HONG LEONG FINANCE LTD AS HP OWNER

* 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: CS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory