

**NATIONAL Assessment Centre Services** (mt 1/1/11) **84082590008**

Date In: <b>09/06/2023 17:30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NH8/C17280059057</b>	SAS e-Milling		
Val No: <b>E1-62864</b>	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: <b>08/06/2023 07:16</b>	1-Motor Claim Form		
QC: <b>TP: Repairing Only</b>	1-Motor W/O (within 24hrs, A/C 2hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: ( ) Val No: **SGP 36437** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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

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

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 repair.

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

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

Remarks: **NONE** (07/08/2014) 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 Injury: ( )

Location: ( )

Vehicle: ( )

Driver: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NH82301701**

Invoice: Preparation Charge: ( )

1) All: Accident Processing (\$50)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee (\$10)	\$10/\$10
4) PF: Follow-Through Survey (\$10)	\$10
5) TR: Through Survey (Basis only)	\$10
6) TR: Additional Fee (\$10)	\$10
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100) TR: Additional Fee (\$10)	\$10

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

Signature: ( )

Date: ( )



## 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	09/06/2023 17:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/06/2023 07:10 (SGT)
Exact Location of Accident	Bukit Batok West Ave. 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	ET6886G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KIM WHATT
NRIC No	SXXXX152D
Email Address	tan.ellson1@gmail.com
Mobile Phone No	(Phone) +65-97831990
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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 hire
Transmission	Auto
CC	1497

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00021322200

### DRIVER

Name of Driver	TAN KIM WHATT
NRIC No	SXXXX152D
Date Of Birth	26/02/1958
Occupation	Outdoor

Date Of Driving Pass	01/09/1972
Driving experience	50 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97831990
Alt. Phone Number	-
Email Address	tan.ellson1@gmail.com
Address	BLK 170 BUKIT BATOK WEST AVENUE 8 #15-367
Address complement	-
Postcode	650170
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 on collision
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 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	SGP3443T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

 Accident report SN0823690008



## 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

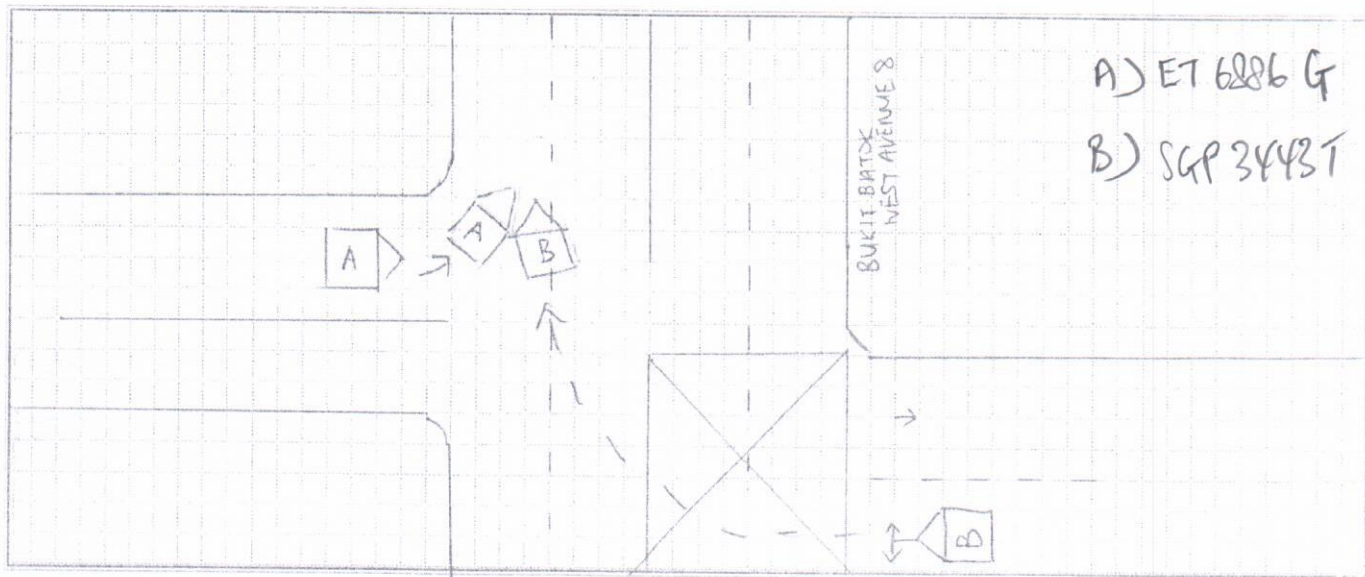
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident

I WAS EXITING THE CARPARK AT 171 BUKIT BATOK WEST AVENUE 8.

I SLOWED AND STOP AT THE SLIP ROAD. I CHECKED THAT TRAFFIC

WAS CLEAR AND PROCEEDED TO MOVE TO THE MAIN ROAD

SUDDENLY, VEHICLE B COLLIDED ONTO THE FRONT RIGHT PORTION


OF MY VEHICLE. VEHICLE B CAME FROM THE CARPARK OF

168 BUKIT BATOK WEST AVENUE 8, OPPOSITE SIDE OF THE ROAD.

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

 09/06/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

Date of accident: 08/06/2023

Time: 07:10PM

Location of accident: BUKIT BATOK WEST AVENUE 8

Vehicle Number: ET6886G

Make/Model: TOYOTA PRIUS

Insurer: CHINA TAIPING

Eng. cc & Transmission:

Policy No: DMHCSNW00021322200

Policy Type: C/TPFT/TPO

Name: TAN KIM WHATT

NRIC/FIN no: S13231520

Email: TAN - ELLSON1@GMAIL.COM

Contact no: 9783 1990

Name: TAN KIM WHATT

NRIC/FIN no: S13231520

Email:

Contact no: 9783 1990

Occupation: Indoor / Outdoor

D.O.B: 26-02-1968

Address: BLK 170 BUKIT BATOK WEST AVENUE 8 #15-367 SINGAPORE 650170

Driving pass date: 01-09-1970

Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom:

Passenger (incl. Driver): 1

Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	-	-
Gender:	Male / Female	Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	-	-
Contact no.:	-	-

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Converted to his side
-	-	Yes / No	Yes / No
-	-	Yes / No	Yes / No

Vehicle B

Vehicle C

Vehicle no: SGP3443 T

Driver name: -

NRIC/ FIN no: -

Contact no: -

Insurance Co: -

Remarks:

(Make/Model, Passenger, property info & etc)

Claim Type: Own Damage / Third Party Reporting Only

Policyholder/

Workshop:

driver

Signature:



Motor Hire 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)

MZ408LB

N SN

AN0723A

Cov. Type-C

CERTIFICATE No.

DMHCSNW00021322200

Engine No., 2ZR2F99034

Cha. No. JTDZS3EU20J053369

1. Index Mark and Registration  
Number of Vehicle

ET6886G

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

TAN KIM WHATT

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (10-40-32)  
Ordinance or Enactment

03/11/2022

Excess Sect. I. \$S1,250.00

Excess Sect. I (Outside Singapore) \$S2,500.00

Excess Sect. II \$S1,250.00

Excess Sect. II (Outside Singapore) \$S2,500.00

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

24/11/2023

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.

TAN KIM WHATT

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.: HL BANK

\* 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: SSL &amp; CO 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