

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

Date In: <b>26/06/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C123006454 / 04</b>	SAS e-filing		
Veh No: <b>SNA 94635</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>23/06/2023 14:00</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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: <b>SKD 8362B</b>	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%. P: 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

**NA2301886**

## Invoice Preparation Checklist

Ant (\$)

1st Bill

Claimant's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damaged Portion:	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:-	
QC Checked by (Engr-In-Charge):	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20	
Cat. 1:	9) N12: Idac Mobile \$0	
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	26/06/2023 11:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/06/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER PARK GARDEN PARKING LOT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9463S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MARTIN ELIAS REYES
NRIC No	SXXXX467B
Email Address	martinreyes21@hotmail.com
Mobile Phone No	(Phone) +65-91070314
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	OS KONA HEV 1.6 DCT S/R
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012542201

#### DRIVER

Name of Driver	MARTIN ELIAS REYES
NRIC No	SXXXX467B
Date Of Birth	21/11/1976
Occupation	Indoor

Date Of Driving Pass	08/11/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91070314
Alt. Phone Number	-
Email Address	martinreyes21@hotmail.com
Address	154 CANBERRA DRIVE
Address complement	# 01-24
Postcode	768081
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	Collided into Parked Vehicle
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 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	SKD8362B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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) ..... -



## 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.

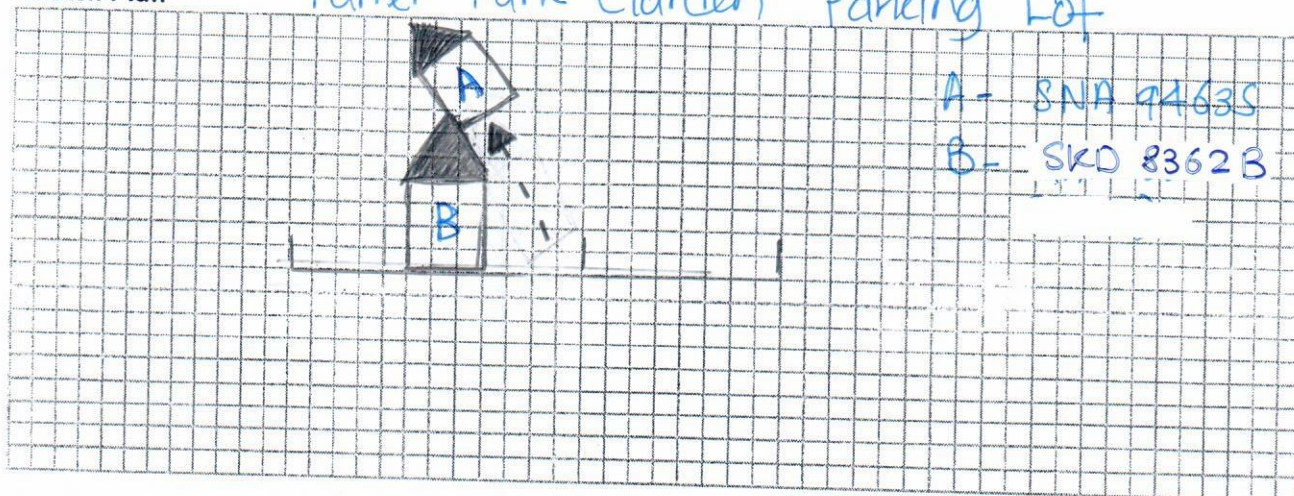
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Farrer Park Garden Parking Lot





**Describe Circumstance of the Accident**

on the above stated date and time, I was  
at furen park garden parking lot and vehicle  
B was parked and stationary on my left side.  
As I was exiting the parking lot to my left, my  
car was slightly close to vehicle B and my car  
slightly grazed the front right portion of vehicle  
B. No severe damaged to both vehicles.

**Declaration**

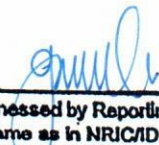
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

26/06/2023

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



26/6/2023

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

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 23/06/2023		TIME OF ACCIDENT : 14:00 pm	
VEHICLE NO : SNA 94633		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Hyundai Os Kona		LOCATION : Farmer Park Garden parking lot	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : chinal teiping		POLICY NO : DMHCSNW 00012542201	
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
NAME OF OWNER : Martin Elias Reyes		NRIC : S7658467B	
ADDRESS : 154 Canberra Drive # 01-24 8768081 martinreyes21@hotmail.com		CONTACT NO : 9107 0314	
EMAIL ADDRESS : autobhub325@gmail.com		VIDEO RECORDING : YES / NO	
NAME OF DRIVER : AS ABOVE / IF NO :		NRIC : - CONTACT NO : -	
DRIVER OWNER RELATIONSHIP : owner		PASSENGER : 0 MALE ( ) FEMALE ( )	
DATE OF BIRTH : 21 / 11 / 1976		DRIVING PASSING DATE : 08 / 11 / 2018	
OCCUPATION: INDOOR / OUTDOOR		ADDRESS : -	
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 : unknown (white colour)		VEHICLE C REG NO :	
DRIVER NAME :		DRIVER NAME :	
NRIC :		NRIC :	
CONTACT :		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	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO			
VEHICLE NUMBER:		HANDLING INSURER:	



Motor Hire Car

MZ406L/B

R SN

AND613A

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.

DMHCSNW00012542201

Engine No. G4LEMU122716

Cha. No. KMHK281EVMU070627

 1 Index Mark and Registration  
Number of Vehicle

SNA9463S

 AUTOSAFE  
 =====

2 Name of Policy Holder

MARTIN ELIAS REYES

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

 10/08/2022  
 (00:00:00)

 Excess Sect. I \$51,250.00  
 Excess Sect. I (Outside Singapore) \$52,500.00

4 Date of Expiry of Insurance

25/07/2023

 Excess Sect. II \$51,500.00  
 Excess Sect. II (Outside Singapore) \$53,000.00  
 EX ON WINDSCREEN \$5100.00

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.

MARTIN ELIAS REYES

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. ORCHARD CREDIT (PTE) LTD

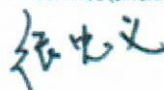
 \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings

**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



Authorised Signatory

 Issued By: AUTO WORLD PTE LTD  
 Authorised Officer