

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 07/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C123006883/04	SAS e-filing		
Yeh No: SNA35928	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/07/2023 17:30	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Yeh No: SLR 29946	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

NA2302051

Invoice Preparation Checklist

Am't (\$)
Est. 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	
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR : Re-inspection \$75	
	7) N1 : Idao 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 (N'n INC) against INC \$20	
	9) N12: Idao Mobile \$30	
Cat. 1:	Invoice dated	Fee Charged
Cat. 2 / 3:	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	07/07/2023 14:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ONE FULLERTON PIC-UP POINT ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA3592S
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WAN CHING HSIANG (WEN REN QINGXIANG)
NRIC No	SXXXX123J
Email Address	VIN_71SG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90900068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Esquire
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012982200

DRIVER

Name of Driver	WAN CHING HSIANG (WEN REN QINGXIANG)
NRIC No	SXXXX123J
Date Of Birth	01/09/1971
Occupation	Outdoor

Date Of Driving Pass	26/03/2013
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90900068
Alt. Phone Number	-
Email Address	VIN_71SG@YAHOO.COM.SG
Address	APT BLK 543 WOODLANDS DRIVE 16
Address complement	# 08-19
Postcode	730543
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)	2
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

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	SLR2994G
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)	-

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

ONE FULLERTON PICK-UP POINT ENTRANCE



A: SNA3592S

B: SLR2994G

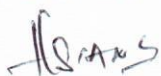
Describe Circumstances of the Accident

I (SNA3592S) WAS QUEUEING BEHIND VEHICLE B (SLR2994G) AT ONE FULLERTON PICK-UP POINT ENTRANCE, AWAITING TO ENTER. VEHICLE B PICKED UP A PASSENGER AND PROCEEDED TO REVERSE WITHOUT PERFORMING THE PROPER CHECKS TO ENSURE THAT IT WAS SAFE TO DO SO. VEHICLE B THEN REVERSED AND COLLIDED WITH THE FRONT LEFT PORTION OF MY VEHICLE.

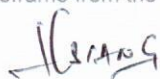
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Accident Reporting Draft

VEHICLE NO: SNA3592S

MODEL: TOYOTA ESQUIRE AUTO/MANUAL

DATE OF ACCIDENT	6/7/2023	C.C: 2,000
TIME OF ACCIDENT	1730	HRS AM PM
LOCATION OF ACCIDENT	ONE FULLERTON PICK-UP POINT ENTRANCE	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE PRIVATE HIRE	
NAME OF OWNER	WAN CHING HSIANG	
CONTACT NO.	90900068	EMAIL: VIN_71SG@YAHOO.COM.SG
NRIC	S7130123J	
CLAIM TYPE	OD THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: WAN CHING HSIANG	
NRIC	S7130123J	ANY PASSENGER: 1
DATE OF BIRTH	1/9/1971	- UNKNOWN
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS	26/3/2013	
GENDER	MALE / FEMALE	
CONTACT NO.	90900068	EMAIL: VIN_71SG@YAHOO.COM.SG
ADDRESS	BLK 543 WOODLANDS DRIVE 16 #08-19 S(730543)	
DOES DRIVER OWN OTHER VEHICLES	NO / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF NO : OWNER	
WEATHER CONDITION	CLEAR / RAINY / OTHER: CLEAR	
ROAD SURFACE	DRY / WET / OTHER: DRY	
ANY INJURIES	NO / IF YES : YES - DRIVER	
CONTACT NO.		
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	NO / YES	NO / IF YES: WHO?
AUDIO RECORDING	NO / YES	SCENE PHOTO(S) NO / YES
VEHICLE B NO.	SLR2994G	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277</p> </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Motor Hire Car

MZ406L/B

N SN

AND757A

Cov. Type:C

CERTIFICATE OF INSURANCE

Issued in accordance with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Road Transport Act 1987 (Malaysia)
Road Transport Act 1987 (Malaysia)

CERTIFICATE No.	DMHCSNW00012982260	Engine No.	3ZRB835792
		Chassis No.	ZRR800225439
1. Index Mark and Registration Number of Vehicle	SNA3592S	AUTOSAFE	*****
2. Name of Policy Holder	WAN CHING HSIANG (WEN REN QINGXIANG)		
3. Effective date of the Certificate and Insurance for the purposes of the Road Transport Act 1987 (Malaysia)	23/07/2022 (14.06.34)	Excess Sect. I	\$S1,250.00
		Excess Sect. I (Outside Singapore)	\$S2,500.00
		Excess Sect. II	\$S1,250.00
4. Date of Expiry of Insurance	22/07/2023	Excess Sect. II (Outside Singapore)	\$S2,500.00
		EX ON WINDSCREEN	\$S100.00
<p>5. Persons or Classes of Persons entitled to drive:</p> <p>As per Named Driver(s) stated below.</p> <p>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.</p> <p>WAN CHING HSIANG (WEN REN QINGXIANG)</p>			
<p>6. Limitations, as to use:</p> <p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>			
<p>HIRE PURCHASE CO. : GOLDEN CHARTER PTE LTD</p> <p>* Limitations rendered inoperative by Section 4 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.</p>			

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 GOLDEN CHARTER AGENCY PTE. LTD.
Authorised Officer



Authorised Signatory