

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

SN 0828770003

Date In: 07/07/2023 17:01	Job description	Date & Time Completed	Done by
Ref No: N/A/C17280069114	SAS e-filing		
Veh No: SMK 4627D	E-mail (within 9hrs, AIC 2hrs)		
D.O.A: 07/07/2023 09:56	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh. No: FBV 12444	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: (
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

X/A230205X

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);	Inc Bill	Add
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

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 17:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2023 09:56 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY AFTER EXIT 7C
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4627D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEE AH HENG
NRIC No	SXXXX979G
Email Address	bencah@singnet.com.sg
Mobile Phone No	(Phone) +65-96496998
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	DMHCSNA00005652301

DRIVER

Name of Driver	CHEE AH HENG
NRIC No	SXXXX979G
Date Of Birth	31/07/1964
Occupation	Outdoor

Date Of Driving Pass	17/02/1982
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96496998
Alt. Phone Number	-
Email Address	bencah@singnet.com.sg
Address	BLK 305 JURONG EAST STREET 32 #09-148
Address complement	-
Postcode	600305
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	Chain 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	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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBU1244Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	YUSRI BIN MD YUSOP
NRIC No	SXXXX277F

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW7410R
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 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:

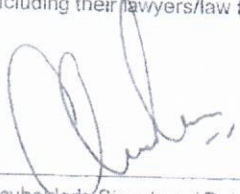
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

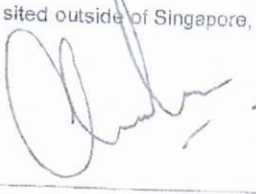
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.

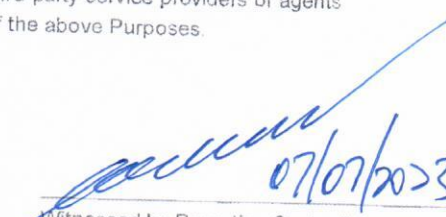
(collectively the "Purposes")

(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.

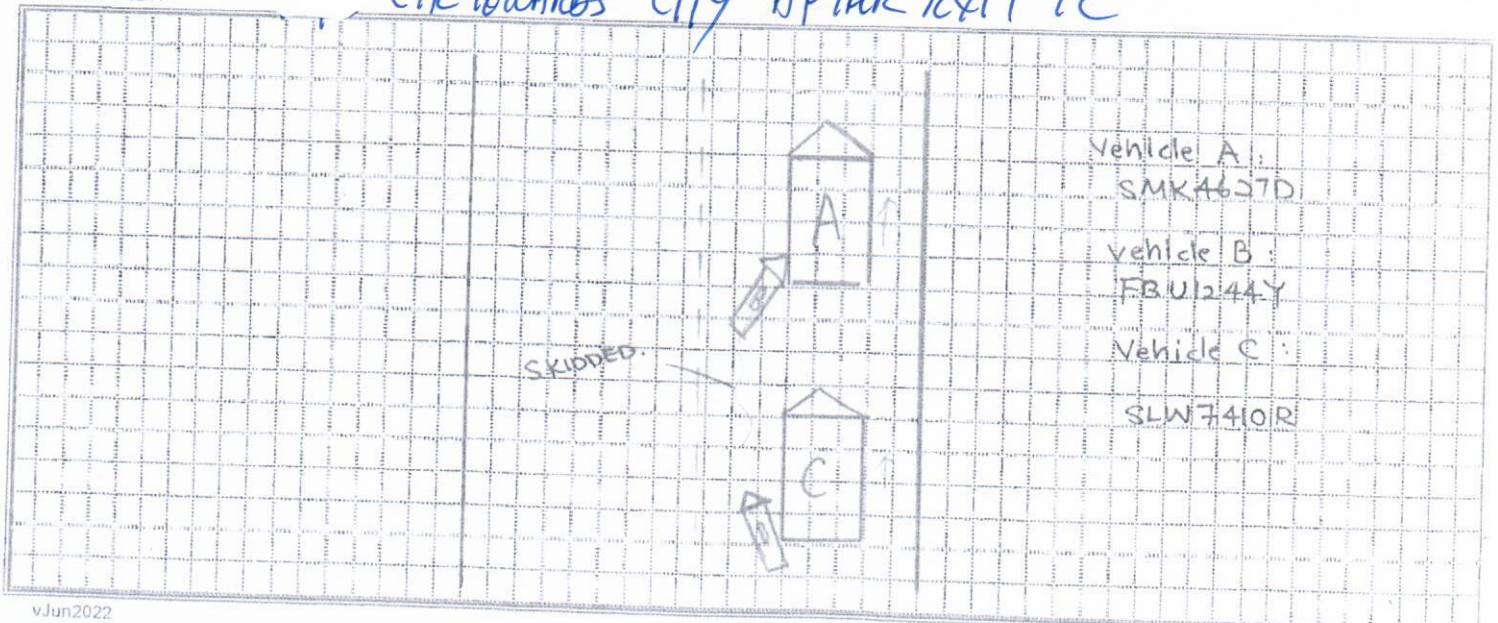

Policyholder's Signature / Date & Time


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


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

Sketch Plan

C7E 20A40S CITY AFTER RX17 7C



As per stated date & time, I was driving along CTE
towards City. While I was going straight, suddenly I felt an
impact from rear left side. After that I found that, there's
vehicle B (FBV1244Y) hit onto vehicle C (SLW7410R.)
rear left portion, and vehicle B (FBV1244Y) skidded there fore
it hit onto my vehicle's rear left portion.

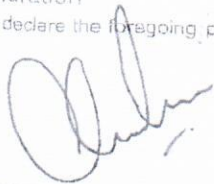
Vehicle A : SMK4627D

Vehicle B : FBV1244Y

Vehicle C : SLW7410R

Declaration

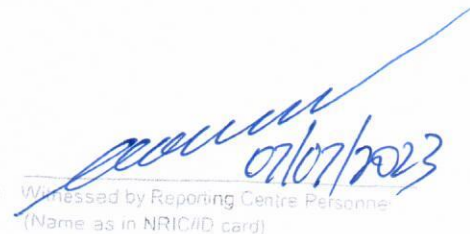
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


01/07/2023
Witnessed by Reporting Centre Person
(Name as in NRIC/ID card)

Location of accident

7/7/2023

0756HR5

Along CTE towards City after after Exit 7c

Details of Own Vehicle

Vehicle Number

SMK462TD

Make/Model

HONDA VEZEL

Insurer

China Taiping

Passenger (incl Driver)

1

Policy No

DMHCSNA 00005652301

Policy Type

C/TPFT/TPC

Name

Chee Ah Heng

NRIC/FIN no

S1676979G

Contact no

9649 6998

Driver

Name

Chee Ah Heng

NRIC/FIN no

S1676979G

Contact no

9649 6998

Email

bencah@singnet.com.sg

D.O.B

31/7/1964

Address

Apt Blk 305 Jurong East Street 32 #09-148 CS 600305

Occupation

OUTDOOR

Driving pass date

17/2/1982

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

Injuries: Yes/No

If Yes, provide injuries details:

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third Party

Vehicle B

Vehicle C

Vehicle no

FBUI244Y (Motorcycle)

SLW7410R

Driver name

Yusri Bin Md Yusop

NRIC/FIN no

S6836277F

Contact no

Insurance Co

Remarks

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

Detail of Witness

Witness 1

Witness 2

Name

Contact no

Claim Type & Acknowledgement

Claim Type

Own Damage/ Third Party/ Reporting Only

Policyholder/2

Workshop

driver's

Signature



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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)

MZ406L/B

R SN

AN0655B

Cov. Type:C

CERTIFICATE No.

DMHCSNA00005652301

Engine No.: L15B5564861

Cha. No.:RU11314848

1. Index Mark and Registration
Number of Vehicle

SMK4027D

AUTOSAFE

=====

2. Name of Policy Holder

CHEE AH HENG

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

11/04/2023

(00:00:00)

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

10/04/2024

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.

CHEE AH HENG

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.: UNITED OVERSEAS BANK LIMITED

* 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: Wang Chong Yu
Authorised Officer

Authorised Signatory

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