

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

SMC8237C0002

Date In: 12/07/2023 10:43	Job description	Date & Time Completed	Done by
Ref No: N/A 12802091	SAS e-filing		
Veh No: GBL 1519B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 11/07/2023 17:30	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: (

Tel:

Fax:

TP Particulars:	Veh No: SMC 1410J	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

N/A 2802091

Invoice Preparation Checklist

Amf (\$)
1st Bill

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	

Claimant's Particulars :-

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	12/07/2023 10:43 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 17:30 (SGT)
Exact Location of Accident	Alexandra, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1579B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WOMB WARDROBE
Company Reg No	5XXXX857D
Email Address	kit@womb.com.sg
Mobile Phone No	(Phone) +65-96816833
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Defender
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	Commercial vehicle
Transmission	Manual
CC	2402

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00044682300

DRIVER

Name of Driver	WONG WENG KIT
NRIC No	SXXXX133Z
Date Of Birth	10/10/1977
Occupation	Indoor

Date Of Driving Pass	20/11/2007
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96816833
Alt. Phone Number	-
Email Address	kit@womb.com.sg
Address	BLK 23B QUEEN'S CLOSE #06-165
Address complement	-
Postcode	141023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 to Rear
Weather Conditions	Raining
Road Surface	Wet

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	SMJ1410L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AADITYA PARAG KOTHARY
NRIC No	TXXXX348I



Contact Number	
Address	(Phone) +65-81834710
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

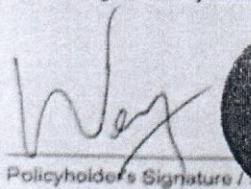
IMPORTANT NOTICE

SKETCH PLAN

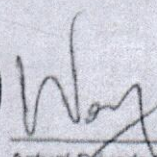
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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)**

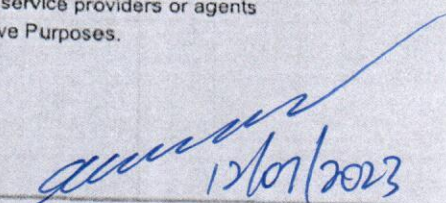
I understand, acknowledge, agree and consent that:

- (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.

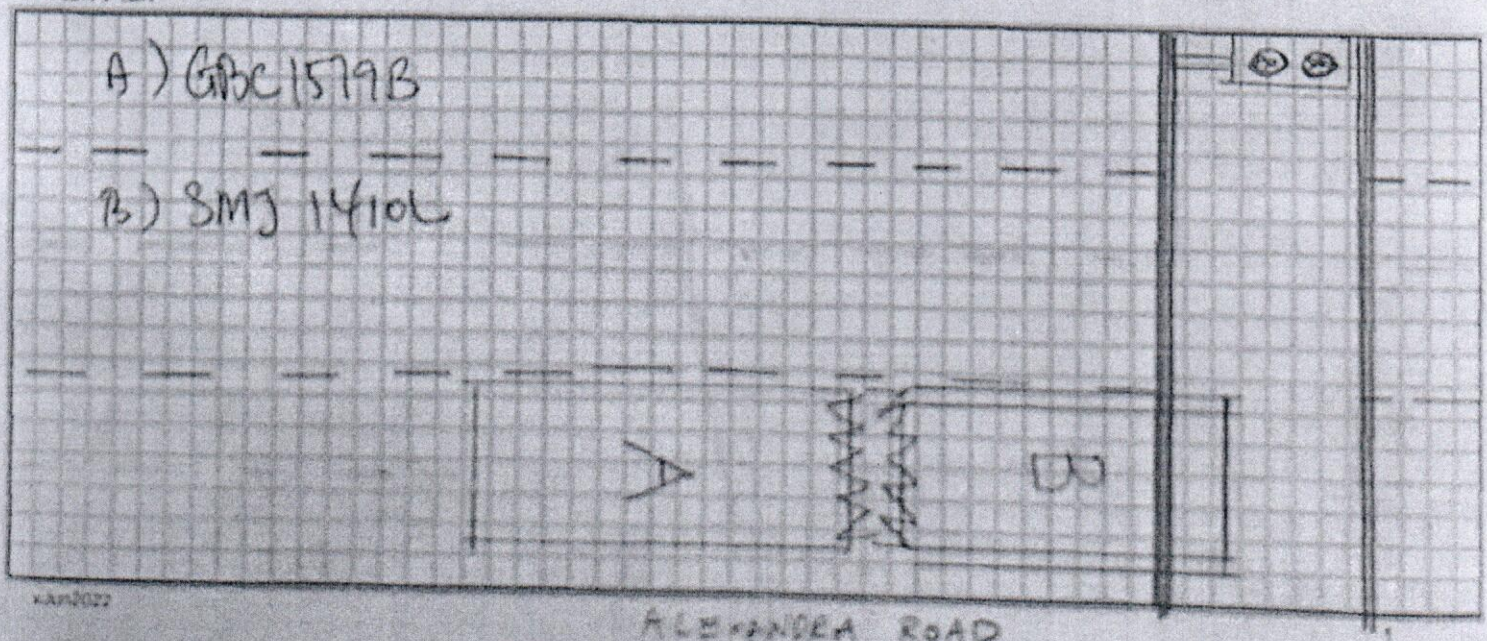

Policyholder's Signature /



 12/7/23 9:39Am
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

 12/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Dear Sir/Mdm, I am writing to report an accident that occurred on July 11, 2023 at approximately 5:30pm on Alexandra Road, involving my vehicle and another vehicle. I would like to provide you with the necessary details regarding the circumstances of the accident.

While driving along Alexandra Road during slight rainfall, I was travelling at a safe and reasonable speed, considering the road conditions. I was maintaining a safe following distance behind the blue Audi A4 that was in front of me. We were both approaching a traffic light, which had turned amber.

Unexpectedly, the driver of the blue Audi A4 abruptly applied the emergency brake while attempting to stop at Amber at the traffic light. Due to the sudden nature of the braking, combined with the wet road surface, I was unable to come to a complete stop in time to avoid a collision. As a result, my vehicle collided with the rear of the Audi A4.

Contributing Factors:

- 1) Weather Conditions: The accident occurred during rain, which significantly reduced visibility and affected the road surface, making it slippery.
- 2) Emergency brake: The driver of the Audi A4 suddenly applied the emergency brake, catching me off guard and limiting my ability to react promptly.

As a result of the collision, only the blue Audi A4 sustained damage. The impact wasn't strong therefore no injuries occurred. The impact primarily only affected the rear of the blue Audi A4. Attached to this report is a sketch plan.

Declaration

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



Policyholder's Signature / Date & Time

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

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

Next Page

ORIGINAL
FROM
REF: 1000

Describe Circumstance of the Accident

Contributing Factors: 3) Experience of the other driver: The driver of the Audi A4 recently passed his license approximately a year ago and may have been less experienced in handling emergency situations on the road.

I have been driving for 16 years without any prior accidents, maintaining a safe clean driving record. I was maintaining a safe following distance behind the blue Audi A4 that was in front of me.

I kindly request that you initiate the necessary steps to process my insurance claim promptly. I am more than willing to cooperate fully and provide any additional information or documentation that may be required to assist with you.

Thank you for your understanding and assistance.

Yours sincerely,

Wong Weng Kit
S 77301332

Declaration

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



Policy No. / Date & Time

12/1/23 4:39pm

Signature of driver or the policyholder / Date & Time

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

12/07/2023

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 11-7-2023	TIME OF ACCIDENT : 5:30 PM
VEHICLE NO : GBC 1579B	TRANSMISSION : <input checked="" type="checkbox"/> AUTO / <input type="checkbox"/> MANUAL
MAKE & MODEL : LANDROVER DEFENDER PUMA 90	LOCATION : ALEXANDRA ROAD
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	CLAIM TYPE : OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY
INSURANCE COMPANY : CHINA TAIPING	POLICY NO : DMCVSNW00044682300
TYPE OF COVERAGE : COMPREHENSIVE / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE) OTHERS
NAME OF OWNER : WOMB WARDROBE	NRIC : 52970857D
ADDRESS : 1002 JALAN BUKIT MERAH #06-17 S(159456)	CONTACT NO : 96816833
EMAIL ADDRESS : kit@womb.com.sg	VIDEO RECORDING : <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO
NAME OF DRIVER : AS ABOVE / IF NO : WOMB WARDROBE KIT	NRIC : 577801332 CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : _____ MALE () FEMALE ()
DATE OF BIRTH : 10 / 10 / 1977	DRIVING PASSING DATE : 30 / 11 / 2007
OCCUPATION : INDOOR / <input checked="" type="checkbox"/> OUTDOOR	ADDRESS : 1002 JALAN BUKIT MERAH #06-17 S(159456)
ANY INJURIES : NO, IF YES : _____	POLICE REPORT : NO / <input checked="" type="checkbox"/> IF YES WHERE ? _____
WEATHER CONDITION : CLEAR / <input checked="" type="checkbox"/> RAINING / <input checked="" type="checkbox"/> OTHERS	ROAD SURFACE : <input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input checked="" type="checkbox"/> OTHERS
VEHICLE B REG NO : SMJ 1410 L	VEHICLE C REG NO : _____
DRIVER NAME : AADITYA PARAG KOTHARY	DRIVER NAME : _____
NRIC : T01213481	NRIC : _____
CONTACT : 81834710	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES : _____
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN ? (<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <input checked="" type="checkbox"/> NO WERE INJURY CONVEYED BY AMBULANCE : <input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO

Motor Commercial

MZ300/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)

N SN

BR0075A

Cov. Type:F

CERTIFICATE No. DMCVSNW00044682300

Engine No.: 080225025739244DT

Cha. No.:SALLDVAS78A763010

1. Index Mark and Registration Number of Vehicle GBC1579B

2. Name of Policy Holder WOMB WARDROBE

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 17/06/2023 (00:00:00)

4. Date of Expiry of Insurance 16/06/2024

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

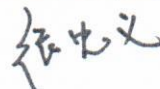
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: FINEXIS ADVISORY PTE LTD

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