

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

Date In: 19/07/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NALC11230074151J	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SJN 255AM	i-Motor Claim Form		
D.O.A: 18/07/2023 09:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: JSF 5116 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 0016)	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

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	Inc Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: 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 \$0		
	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 19/07/2023 13:37 (SGT)
Reported by Actual Driver
Date of Accident 18/07/2023 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information YIO CHU KANG FLYOVER TOWARDS CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN2554M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner OH CHIN HEONG RUBY
NRIC No SXXXX895J
Email Address PHUAWKSAMUEL@GMAIL.COM
Mobile Phone No (Phone) +65-93888429
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
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 DMPCSNW00162732202

DRIVER

Name of Driver PHUA WEE KIAT SAMUEL
NRIC No SXXXX462Z

Date Of Driving Pass 14/03/2008
 Driving experience 15 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-94523361
 Alt. Phone Number -
 Email Address PHUAWKSAMUEL@GMAIL.COM
 Address APT BLK 429 TAMPINES STREET 41
 Address complement #06-497
 Postcode 520429
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Child
 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 Side Swipe
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Yes
 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 -

FOREIGN VEHICLE 1

Vehicle Registration Number JSF5116
 Vehicle Category Commercial vehicle

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 JSF5116
 Vehicle Manufacturer -

Vehicle Colour -
Vehicle Category Commercial vehicle
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 willful 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.

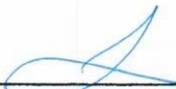
8. Consent under the Personal Data Protection Act (PDPA)

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

 18/07/23.

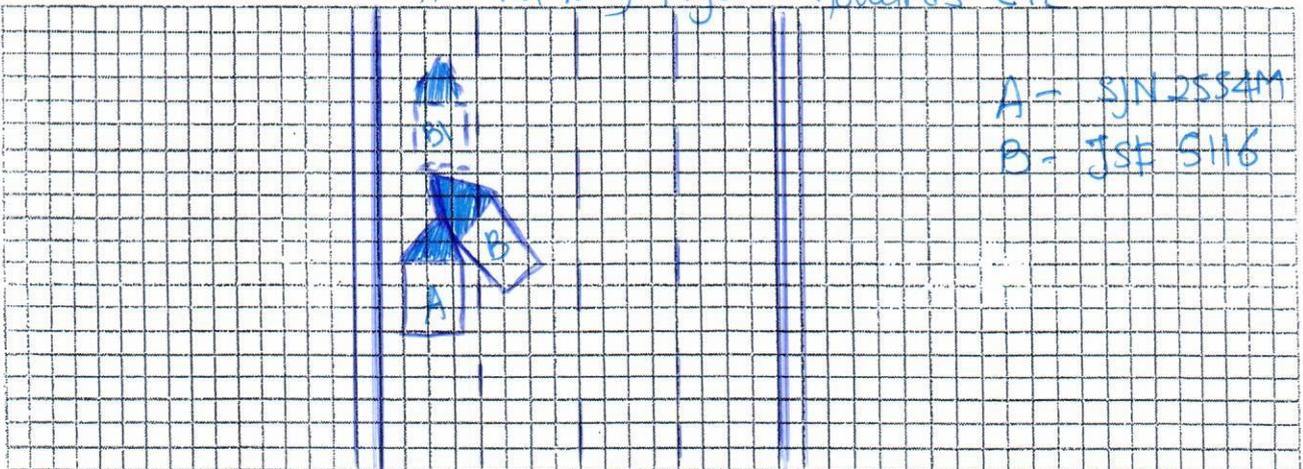
Driver's Signature (If driver is not the policyholder) / Date & Time

 19/7/23

Witnessed by Reporting Centre Personnel

Sketch Plan

Yio Chu Kang Flyover towards CTE



Describe Circumstance of the Accident

on the above-mentioned date and time, I was travelling on the left lane on Yio Choo Kang Highway. My vehicle was moving slowly forward and suddenly a trailer hit me on the right side of my vehicle. The trailer continued moving forward after impact and stopped in front of my vehicle. The driver of the trailer then came out to talk to me and he gave me his IC and passport for my record. I told him I will be reporting this to a reporting centre and he told me he will do the same.

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

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

 08/07/23

 19/7/23

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 18/07/2023	TIME OF ACCIDENT : 09:00am
VEHICLE NO : SJN 2554M	TRANSMISSION : <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
MAKE & MODEL :	LOCATION : 410 chukeng Flyover towards CTB
EXACT PURPOSE USE DURING ACCIDENT: <input checked="" type="radio"/> EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	CLAIM TYPE: <input checked="" type="radio"/> OD / <input type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMPCSNW00162732202
TYPE OF COVERAGE :	VEHICLE TYPE :
<input checked="" type="radio"/> COMPREHENSIVE / <input type="radio"/> THIRD PARTY / <input type="radio"/> THIRD PARTY & THEFT	<input type="radio"/> SALOON / <input type="radio"/> COUPE/MPV/VAN/LORRY/MOTORCYCLE
NAME OF OWNER : oh chin Heong Ruby	NRIC : S1591895J
ADDRESS :	CONTACT NO : 93888429
EMAIL ADDRESS : phua wk samuel@gmail.com	VIDEO RECORDING : <input checked="" type="radio"/> YES / <input type="radio"/> NO with driver
NAME OF DRIVER : AS ABOVE / IF NO : phua wee kiat, samuel	NRIC : 887394622 CONTACT NO : 94523361
DRIVER OWNER RELATIONSHIP: child	PASSENGER : 1 MALE () FEMALE ()
DATE OF BIRTH : 04 / 12 / 1987	DRIVING PASSING DATE : 14 / 03 / 2008
OCCUPATION: <input checked="" type="radio"/> INDOOR / <input type="radio"/> OUTDOOR	ADDRESS : Apt Blk 429 Tampines street 41 # 06-497, S 520429
ANY INJURIES: <input checked="" type="radio"/> NO, IF YES :	POLICE REPORT : <input checked="" type="radio"/> NO / IF YES WHERE ?
WEATHER CONDITION: <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:	ROAD SURFACE: <input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHERS
VEHICLE B REG NO : JSF 5116 / T/JA 582	VEHICLE C REG NO : _____
DRIVER NAME : Mohd zulkhairi Bin Ab Halim	DRIVER NAME : _____
NRIC : A55488596	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <input checked="" type="radio"/> NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : <input checked="" type="radio"/> YES / <input type="radio"/> NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / <input checked="" type="radio"/> NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <input checked="" type="radio"/> NO	
VEHICLE NUMBER:	HANDLING INSURER:

Motor Private Car

MX1F

R SN

AN0679A

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)

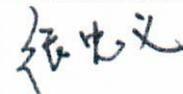
CERTIFICATE No.	DMPCSNW00162732202	Engine No.: 1NZD249025	
		Cha. No.: NZE1416102884	
1. Index Mark and Registration Number of Vehicle	SJN2554M	AUTOSAFE *****	
2. Name of Policy Holder	OH CHIN HEONG RUBY		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10/08/2022 (00:00:00)	Named Drivers Ex Sect. I	SS500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4. Date of Expiry of Insurance	09/08/2023	* Age as at date of accident	
		EX ON WINDSCREEN	SS100.00
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his 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	Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.		
* 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: _____
ABWIN PTE LTD
Authorised Officer



Authorised Signatory