

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 19/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123007439/J	SAS e-filing		
Veh No: SKB 8329J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/2023 18:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor Y/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: SDZ 1148 S	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	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

NA 2302199	Invoice Preparation Checklist		Am't (\$)
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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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 \$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 17:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2023 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOOLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8329J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WINSTON LI ZAI LAI
NRIC No	SXXXX891I
Email Address	OPTIONSGARAGE@GMAIL.COM
Mobile Phone No	(Phone) +65-82822664
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00099992302

DRIVER

Name of Driver	WINSTON LI ZAI LAI
NRIC No	SXXXX891I
Date Of Birth	12/10/1984
Occupation	Outdoor

Date Of Driving Pass	25/01/2016
Driving experience	7 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82822664
Alt. Phone Number	-
Email Address	OPTIONSGARAGE@GMAIL.COM
Address	APT BLK 469 ANG MO KIO AVENUE 10
Address complement	#07-936
Postcode	560469
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 to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	ALICIA ONG
Gender	Female

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	SDZ1148S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WINSTON LI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ALICIA ONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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

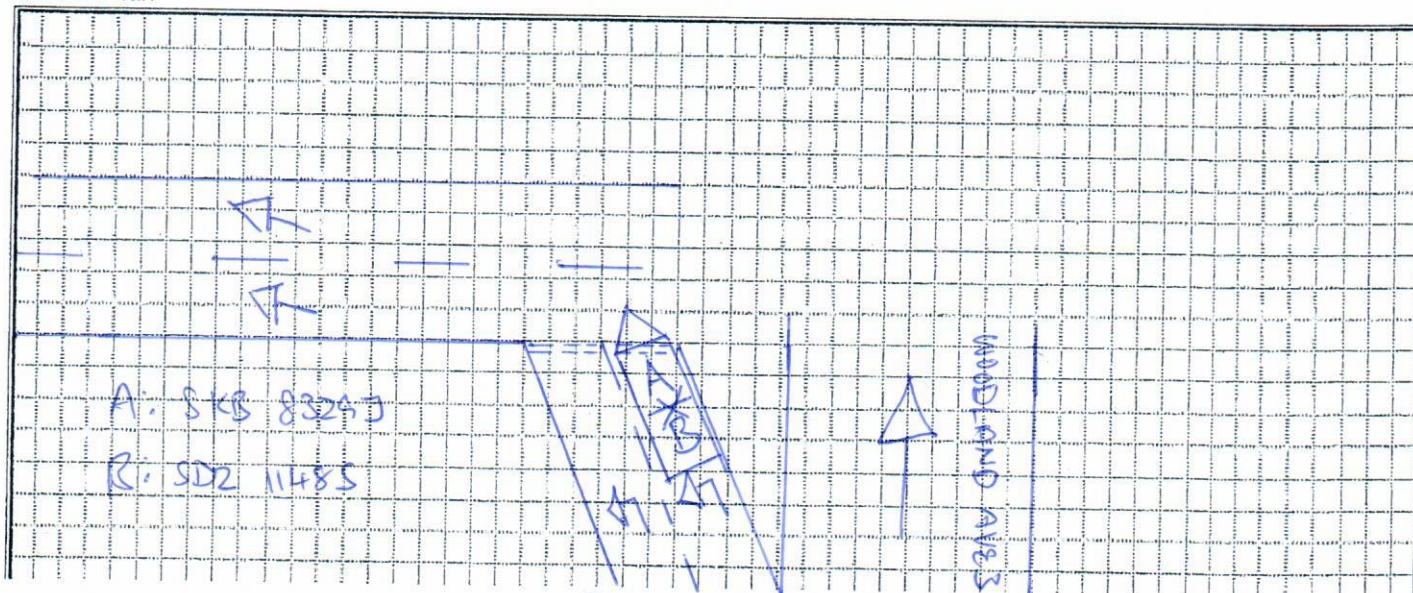
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

 19/7/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

(1) DATE : 18/07/2023 TIME : 1800HRS

(2) VEHICLE "A" SLOW DOWN AND CAME TO A STOP TO GIVE WAY TO MAIN ROAD PASSING.

(3) ALL OF A SUDDEN, THERE WAS AN HUGE IMPACT COLLIDED ONTO VEHICLE "A" REAR.

(4) VEHICLE "B" HAD COLLIDED ONTO VEHICLE "A" REAR.

Declaration

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



Policyholder's Signature / Date & Time

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

E. 19/7/23

Witnessed by Reporting Centre Personnel

VEHICLE NO: SKB 8329JMAKE & MODEL: KIA COUPAUTO / MANUAL

DATE OF ACCIDENT	<u>18 / 07 / 2023</u>		C.C. <u>1.6</u>
TIME OF ACCIDENT	<u>1800HRS</u>	AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>WOODLAND AVE 3</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT</u> / <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	<u>WINSTON LI ZAI LAI</u>		
EMAIL	<u>OPTIONS GARAGE@HOTMAIL.COM</u>	OFFICE:	MOBILE: <u>8282 2664</u>
NRIC	<u>S84308911</u>		
CLAIM TYPE	<u>OD</u> / <u>THIRTY PARTY</u> / REPORTING ONLY		
FLEET POLICY	<u>YES</u> / <u>NO</u>		
INCURENCE CO.	<u>CHINA TAIPING</u>		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DMPCSNA0009992302</u>		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:		
NRIC			
DATE OF BIRTH	<u>12 / 10 / 1984</u>		
ANY PASSENGER	<u>YES</u> / NO: <u>ALICIA ONG . 01 (F)</u>		
NAME OF PASSENGER			
GENDER OF PASSENGER	<u>MALE</u> / <u>FEMALE</u>		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	<u>25 / 01 / 2016 .</u>		
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	Mobile: <u>8282 2664</u> Office: Home:		
EMAIL			
ADDRESS	<u>469 ANG MO KIO AVE 10 #07-936 S560469</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: <u>OWNER</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If yes, Who? <u>WINSTON LI (M)</u> , <u>ALICIA ONG (F)</u>		
CONTACT NO.			
ROLICE REPORT	<u>No</u> / If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?		
VEHICLE B NO.	<u>SDZ 1148S</u>	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.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
WHO IS REPORTING	<u>DRIVER</u> / <u>OWNER</u> / <u>BOTH</u>		
Original Language Used	<u>English</u> / <u>Mandarin</u> / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		

Motor Private Car

MX1F

R SN

AN0420A

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.

DMPCSN00099992302

Engine No.: G4FCAH279105

Cha. No.: KNAFW611MB5345548

 1. Index Mark and Registration
Number of Vehicle

SKB8329J

 AUTOSAFE
 =====

2. Name of Policy Holder

WINSTON LI ZAILAI

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

30/06/2023

Named Drivers Ex Sect. I

S\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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.

HIRE PURCHASE CO.: SSL HOLDINGS 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

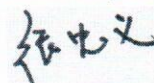


Issued By:

B2B Name

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory