

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

Date In: 24/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1/23007470/d4	SAS e-filing		
Veh No: PA6864P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/07/2023 18:40	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PC6609A	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%; P: 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

NA2302207	Invoice Preparation Checklist	Amf (\$)	TA
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments:	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idao Mobile \$30		
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	24/07/2023 13:46 (SGT)
Reported by	Actual Driver
Date of Accident	22/07/2023 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRPORT T1 DROP OFF POINT (DEPARTURE HALL)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6864P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JJ FAMILY TRANSPORT & TRADING
Company Reg No	5XXXX957E
Email Address	apexih@yahoo.com.sg
Mobile Phone No	(Phone) +65-88572330
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2494

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00008002200

## DRIVER

Name of Driver	CHUA ENG HUAT
NRIC No	SXXXX164D

Date Of Driving Pass .....	11/06/2013
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88572330
Alt. Phone Number .....	-
Email Address .....	apexih@yahoo.com.sg
Address .....	APT BLK 332 YISHUN RING ROAD
Address complement .....	# 02-1374
Postcode .....	760332
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 .....	Side Swipe
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) .....	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 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 .....	PC6609A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	SWAGNANAM BICHAJ/KANANI

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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*Chen*

*Chen*

*gmu Or 24/7/23*

Policyholder's Signature / Date & Time

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

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

Sketch Plan *Changi Airport T1 Dropoff point (Departure Hall)*



Describe Circumstance of the Accident

on 27 07-2023, at about 1840, I stopped my vehicle PA6864P at Changi Airport T1 (Departure Hall) to unload luggage at the drop off point. Suddenly, vehicle PC6609A bang to the front right side of my vehicle PA6864P while turning in to the drop off point, causing the damages.

Declaration

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



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 24/7/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Date of Accident : 22.07.2023 Accident Time: 18 40 (24-HR-Format)  
Accident Place : Changi Airport T1 Drop off point (Departure Hall)  
Vehicle No. (Car Plate No.) : PA 6864 P Make/Model: Toyota Hiace  
Insurance Company : Ching Teping Policy No: DMB15NW0000800  
Owner or Company Name / IC No. : SJ Family Transport & Trading 2200  
Owner or Company Contact No. : 8857 2330 Owner's Hp : (5344 8957E) Company Tel  
DRIVER'S Name/IC No. : Chua Eng Hngt (57144164D)  
DRIVER'S Date of Birth : 13.12.1971 DRIVER'S License Pass Date: 11.06.2013  
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: \_\_\_\_\_  
DRIVER'S Address : Blk 332 Yishun Ring Rd, #02-1374, S760332  
DRIVER'S Contact No./ Alt No. : 1) 8857 2330 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : apexih@yahoo.com.sg  
Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance  
Number of Passengers (Including Driver): 01 Driver  
Was there any video Captured by car camera: YES / NO  
Exact purpose for which vehicle was being used at the time of accident: Private Use / Work Purpose  
Any injury (If YES, Please state): nil

Other Party Driver's Particular (if any)

Vehicle No	: <u>PC 6609 A</u>	Vehicle No	: _____
Vehicle Make/Model	: <u>Bus</u>	Vehicle Make/Model	: _____
Name Driver	: <u>SIVAGNANAM Pichai Kannu</u>	Name Driver	: _____
IC No. Driver/Contact	: <u>G 5986 173K</u>	IC No. Driver/Contact	: _____

Passenger's name & gender:

Motor Bus

**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)

MZ601

E SN

AN0580A

Cov. Type:F

CERTIFICATE No.

DMB1SNW00008002200

Engine No.: 2KD1666932

Cha. No.:KDH2220036235

1. Index Mark and Registration  
Number of Vehicle

PA6864P

2. Name of Policy Holder

JJ FAMILY TRANSPORT &amp; TRADING

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (16:52:04)  
Ordinance or Enactment

12/05/2022

Excess Sect. II S\$750.00

4. Date of Expiry of Insurance

14/10/2023

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.: APL CREDIT 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS &amp; EVEN

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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