

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN0237V0002

Date In: 21/07/2023 17:22	Job description	Date & Time Completed	Done by
Ref No: N1A2802266	SAS e-filing		
Veh No: 8MW 8835E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/07/2023 17:00	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: 88R 1889C	Tel:	Fax:
Owner / Driver: (	INC ( ) / Non-INC ( )		
Policy No: (	Period: (	Tel: (	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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

N1A2802266

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);		
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		
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) 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 \$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 First Submission	31/07/2023 17:22 (SGT)
Reported by	Actual Driver
Date of Accident	26/07/2023 17:10 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW8835E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SPARK LEASING PTE. LTD.
Company Reg No	2XXXXX329D
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-87881765
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	Auto
CC	1987

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00273512202

### DRIVER

Name of Driver	TANTY ELLYNA
NRIC No	SXXXX742D
Date Of Birth	05/01/1975
Occupation	Outdoor

Date Of Driving Pass .....	23/05/1997
Driving experience .....	26 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91848274
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	BLK 95 DAWSON ROAD #05-72
Address complement .....	-
Postcode .....	141095
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	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 .....	SBR1889C
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YEONG SUET MING
NRIC No .....	SXXXX182F

Contact Number .....	(Phone) +65-96687865
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.



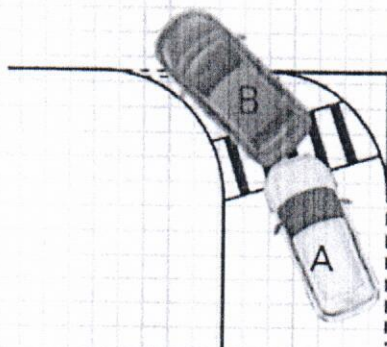
Policyholder's Signature / Date & Time

Sketch Plan

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

26/07/2023 - 19:50HRS

Witnessed by Reporting Centre Personnel



A - SMW8835E

B - SBR1889C

TANGLIN ROAD SLIP TO  
ALEXANDRA ROAD

Describe Circumstances of the Accident

ON 26/07/2023 AROUND 17:10HRS . I WAS DRIVING VEHICLE A (SMW8835E).ALONG TANGLIN ROAD SLIP TO ALEXANDRA ROAD. AS I TRAVELING TO SLIP ROAD. VEHICLE B (SBR1889C) INFRONT VEHICLE A AND VEHICLE B MOVE FOWARD I CHECK THE TRAFFIC ON RIGHT SIDE ROAD I MOVED FOWARD MY VEHICLE A SUDDENLY VEHICLE A FRONT BUMPER COLLIDED INTO VEHICLE B. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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



Policyholder's Signature / Date & Time

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

26/07/2023 - 19:50HRS

*[Signature]*  
26/07/2023

Witnessed by Reporting Centre Personnel





# 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			
Who reported the accident?		DRIVER / OWNER / BOTH	
Claim Type:		OWN DAMAGE / REPORTING ONLY / THIRD PARTY	
Country of Loss:		SINGAPORE / MALAYSIA / THAILAND	
Date of Accident:		26/07/2023	
Time of Accident:		17:10HRS	
Exact Location of Accident:		TANGLIN ROAD SLIP TO ALEXANDRA ROAD	
Additional Location Information:			
TYPE OF ACCIDENT			
CHAIN COLLISION	COLLISION - HEAD TO REAR	COLLIDED INTO PROPERTY	COLLIDED INTO PARKED VEHICLE
COLLIDED INTO PEDESTRIAN	COLLIDED INTO MOTORCYCLIST	COLLISION - CHANGE/CROSS LANE	COLLISION - CROSS JUNCTION
COLLISION - HEAD ON COLLISION	COLLIDED INTO BICYCLIST	COLLISION - MAJOR/MINOR	COLLISION - OPEN DOOR OF VEHICLE
COLLISION - ROUNDABOUT	COLLISION - U-TURN	DRINK DRIVING / DRUGS INFLUENCE	FIRE, FLOOD, EXPLOSION OR LIGHTNING
HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED	HIT BY FALLEN TREE / OTHER OBJECTS	NO COLLISION	SIDESWIPE
WEATHER CONDITION AND ROAD SURFACE			
Weather condition:		CLEAR / RAINING	
Road surface:		DRY / WET	
Was any foreign vehicle involved in accident?		YES / NO	
Foreign vehicle registration number:			
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?		YES / NO	
Number of vehicles involved in the accident?		Including own vehicle 2	
Was the accident reported to the police?		YES / NO	
Police station name:			
Was notice of intended Prosecution given?		YES / NO	



# DETAILS OF OWN VEHICLE

Vehicle registration number:

SMW88358

## VEHICLE CATEGORY

KINTO SINGAPORE PTE LTD

PRIVATE CAR

PRIVATE HIRE

Vehicle Manufacturer:

TOYOTA

Vehicle Model:

RAV4 2.0 PREMIUM

Transmission:

AUTO / MANUAL

CC:

1987

Exact purpose for which vehicle was being used at time of accident:

PRIVATE HIRE / EMPLOYMENT / PRIVATE USE

Number of passengers (including driver):

1

Passenger 1

NAME:

CONTACT:

GENDER: MALE / FEMALE

Passenger 2

NAME:

CONTACT:

GENDER: MALE / FEMALE

## OWN VEHICLE POLICY

Handling Insurer:

CHINA INSURANCE

Policy Number / Cover Note No:

DMPCSNA00273512202

ID Type:

COMPANY REGISTRATION NUMBER

Registered owner ID:

202009329D

202121445H

Registered owner name: SPARK LEASING PTE LTD

KINTO-SINGAPORE PTE LTD

Email:

KOKHOW.TAY@LUMENS.SG

Mobile No:

(Phone) +65-87781765

(Mobile) +65-87781765

## DRIVER INFORMATION

Name of Driver:

TANTY ELLYNA

Driver Gender:

MALE / FEMALE

Driver ID Type:

NRIC / FIN / PASSPORT

Driver ID:

S7573742D

Driver Date of Birth:

05/01/1975

Driving Pass Date:

23/05/1997

Driver Mobile No:

91848274

Driver address:

BLK 95 DAWSON ROAD #05-72

Driver Postcode:

141095

Driver Email:

Driver Occupation:

INDOOR / OUTDOOR

Driver owner relationship:

HIRER



DETAILS OF OTHER VEHICLE PROPERTIES				
Was any other material or property damaged?		YES / NO		
THIRD PARTY VEHICLE OR PROPERTY DETAILS 1				
Vehicle registration number:		SBR1889C		
Vehicle Make/Model/Color:		BMW		
VEHICLE CATEGORY				
PRIVATE CAR	COMMERCIAL VEHICLE	TAXI	PRIVATE HIRE	BUS
MOTORCYCLE	GOVERNMENT	MOBILE EQUIPMENT	PROPERTY	OTHERS
Name of driver:		YEONG SUET MING		
NRIC / passport / fin:		S7130182F		
Contact number:		96687865		
Address:				
Postal code:				
No of passengers (Including Driver):		1		
Insurance company name:				
Details of property damaged in accident:				
Nature of damaged:				
THIRD PARTY VEHICLE OR PROPERTY DETAILS 2				
Vehicle registration number:				
Vehicle Make/Model/Color:				
VEHICLE CATEGORY				
PRIVATE CAR	COMMERCIAL VEHICLE	TAXI	PRIVATE HIRE	BUS
MOTORCYCLE	GOVERNMENT	MOBILE EQUIPMENT	PROPERTY	OTHERS
Name of driver:				
NRIC / passport / fin:				
Contact number:				
Address:				
Postal code:				
No of passengers (Including Driver):				
Insurance company name:				
Details of property damaged in accident:				
Nature of damaged:				
THIRD PARTY VEHICLE OR PROPERTY DETAILS 3				
Vehicle registration number:				
Vehicle Make/Model/Color:				
VEHICLE CATEGORY				
PRIVATE CAR	COMMERCIAL VEHICLE	TAXI	PRIVATE HIRE	BUS
MOTORCYCLE	GOVERNMENT	MOBILE EQUIPMENT	PROPERTY	OTHERS
Name of driver:				
NRIC / passport / fin:				
Contact number:				
Address:				
Postal code:				
No of passengers (Including Driver):				
Insurance company name:				
Details of property damaged in accident:				
Nature of damaged:				



DETAILS OF INJURED PERSONS	
Was anybody injured in the Accident?	YES / <u>NO</u>
Was any injured conveyed to hospital by ambulance?	YES / <u>NO</u>

DETAILS OF INJURED PERSON 1	
Name:	
Gender:	MALE / FEMALE
Mobile Number:	
Injuries Sustain:	
Injured person in which vehicle?	
Address:	
Postal code:	
Approximate Age:	
Were Seat belts worn?	YES / NO
Was this injured conveyed to hospital by ambulance?	YES / NO

DETAILS OF INJURED PERSON 2	
Name:	
Gender:	MALE / FEMALE
Mobile Number:	
Injuries Sustain:	
Injured person in which vehicle?	
Address:	
Postal code:	
Approximate Age:	
Were Seat belts worn?	YES / NO
Was this injured conveyed to hospital by ambulance?	YES / NO

DETAILS OF WITNESS	
Were there any witnesses?	YES / NO

DETAILS OF WITNESS 1	
Name:	
Mobile No:	
Email:	

ATTACHEMENT(S)	
Are accident photos available for attachment?	<u>YES</u> / NO
Was there any video captured by Car Camera?	<u>YES</u> / NO
Was there any audio recorded?	YES / <u>NO</u>



Motor Private 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)

MX4F

R SN

BR0096A

Cov. Type: C

CERTIFICATE No.

DMPCSNA00273512202

Engine No.: M20AV232623

Cha. No.: JTMV43FV90D515146

1. Index Mark and Registration  
Number of Vehicle

SMW8835E

2. Name of Policy Holder

SPARK LEASING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment16/12/2022  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

15/12/2023

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:\*

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.

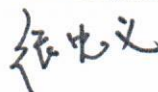
HIRE PURCHASE CO. : DBS BANK LTD

\* 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: \_\_\_\_\_ Tan Jia Hwei  
Authorised Officer\_\_\_\_\_  
Authorised SignatoryChina 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