

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT123007738/4	SAS e-filing		
Veh No: SNB 3850S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/07/2023 13:05	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: 8MC 318E	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

NA2302276

Claimant's Particulars	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. Bill	Ad.
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		
	5) FT : Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection	\$75		
Cat. 1:	7) NI : Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
Cat. 2 / 3:	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: Idao Mobile	\$30		
	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 15:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2023 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK BLK 629 CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3850S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO THIAM SOON
NRIC No	SXXXX632C
Email Address	massivetrd@gmail.com
Mobile Phone No	(Phone) +65-97823821
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012962200

DRIVER

Name of Driver	TEO THIAM SOON
NRIC No	SXXXX632C
Date Of Birth	09/01/1964
Occupation	Outdoor

Date Of Driving Pass	20/07/1983
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-97823821
Alt. Phone Number	-
Email Address	massivetrd@gmail.com
Address	APT BLK 318B YISHUN AVENUE 9
Address complement	# 15-138
Postcode	762318
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 on collision
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3118E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE KONG SUN
NRIC No	SXXXX633E

Contact Number	(Phone) +65-97566017
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	THEO THIAM SOON
Gender	Male
Phone No	(Phone) +65-97823821
Address	APT BLK 318B YISHUN AVENUE 9
Address Complement	# 15-138
Post Code	762318
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SNB3850S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

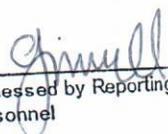
SKETCH PLAN

IMPORTANT NOTICE

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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.

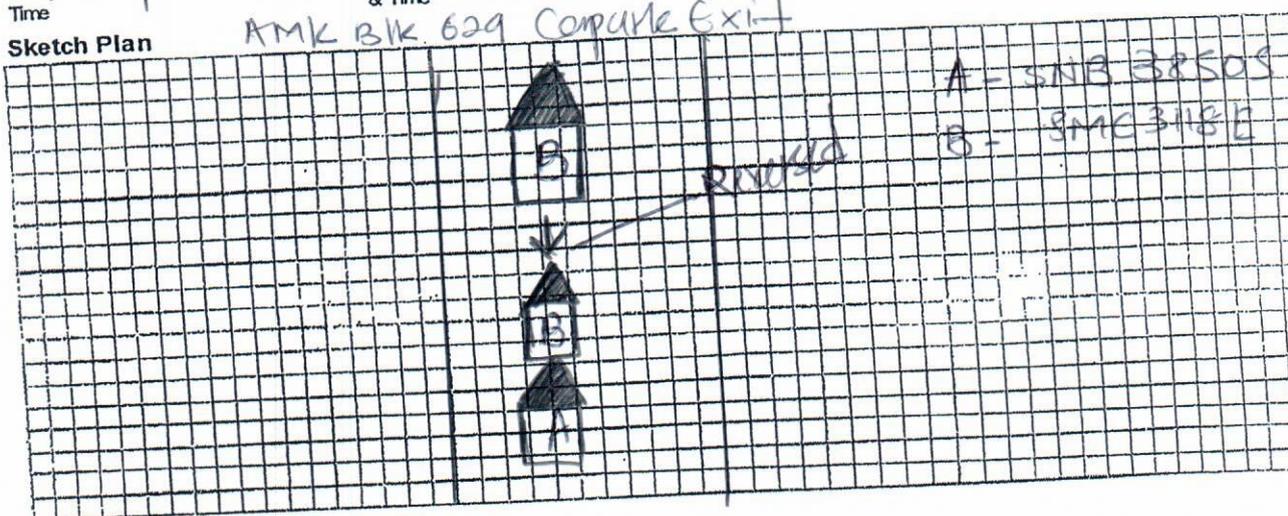
 31/07/2023
Policyholder's Signature / Date & Time

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

 31/7/23
Witnessed by Reporting Centre Personnel

Sketch Plan

AMK BIK 629 COMPACT EXIT



Describe Circumstance of the Accident

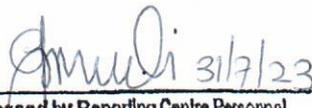
On the above stated date and time, I was driving along AMK Blk 629 Carpark. Upon reaching the exit of the Carpark vehicle B was driving in front of me. He slowed down and I also slowed down and stop. Suddenly he reversed without indicating any signal. I honned to alert him, but by that time he already reversed and bang the front portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

 31/07/2023
Policyholder's Signature / Date & Time

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

 31/7/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/07/2023	TIME OF ACCIDENT : 13:05 pm
VEHICLE NO : SNB3850S	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Toyota Noah	LOCATION : AMK Blk 629 Carpark Exit
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	CLAIM TYPE: <u>OD / THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMHCSNW00012962200
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Theo Thiam Soon	NRIC : S1636632C
ADDRESS : Apt Blk 318B Yishun Ave 9 #15-138, S762318	CONTACT NO :
EMAIL ADDRESS :	VIDEO RECORDING : <u>YES</u> / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : <u>0</u> MALE () FEMALE ()
DATE OF BIRTH : 09/01/1964	DRIVING PASSING DATE : 20/07/1983
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES: <u>NO</u> , IF YES : Neck & Back.	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : SMC 3118F DRIVER NAME : Lee Kong Sun NRIC : S1107633E CONTACT : 97566017	VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	ANY WITNESS? <u>NO</u> , IF YES : NAME : _____ CONTACT : _____
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:

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)

E SN

AN0695A

Cov. Type:C

CERTIFICATE No.	DMHCSNW00012962200	Engine No.: 2ZR2M66305	
		Cha. No.: ZWR800503495	
1. Index Mark and Registration Number of Vehicle	SNB3850S	AUTOSAFE	*****
2. Name of Policy Holder	TEO THIAM SOON		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19/08/2022 (00:00:00)	Excess Sect. I .	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	18/08/2023	Excess Sect. II (Outside Singapore).	SS\$2,500.00
		EX ON WINDSCREEN .	SS\$100.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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.		
	TEO THIAM SOON	LUM WEI QUN, JAIME	
6. Limitations as to use *	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. 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. : JUPITER ENTERPRISE 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: Tan Xin Yi Josephine
Authorised Officer



Authorised Signatory