

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT2300744/d4	SAS e-filing		
Yeh No: SMN 2923X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/07/2023 11:15	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA 6020E	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

NA2302281	Invoice Preparation Checklist	Amf (\$)	An
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Ad
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):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors Comments:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	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 14:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/07/2023 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM JALAN EUNOS TOWARDS EUNOS CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2923X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEE CHING PENG
NRIC No	SXXXX864E
Email Address	kaimotor@gmail.com
Mobile Phone No	(Phone) +65-90025372
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW0001142303

DRIVER

Name of Driver	TEE CHING PENG
NRIC No	SXXXX864E
Date Of Birth	27/08/1975
Occupation	Outdoor

Date Of Driving Pass	31/08/1998
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90025372
Alt. Phone Number	-
Email Address	kaimotor@gmail.com
Address	APT BLK 635B SENJA ROAD
Address complement	# 10-263
Postcode	672635
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	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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA6020E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP KOK WAH
NRIC No	SXXXX887D
Contact Number	(Phone) +65-91256383
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-88999516
Email	-

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

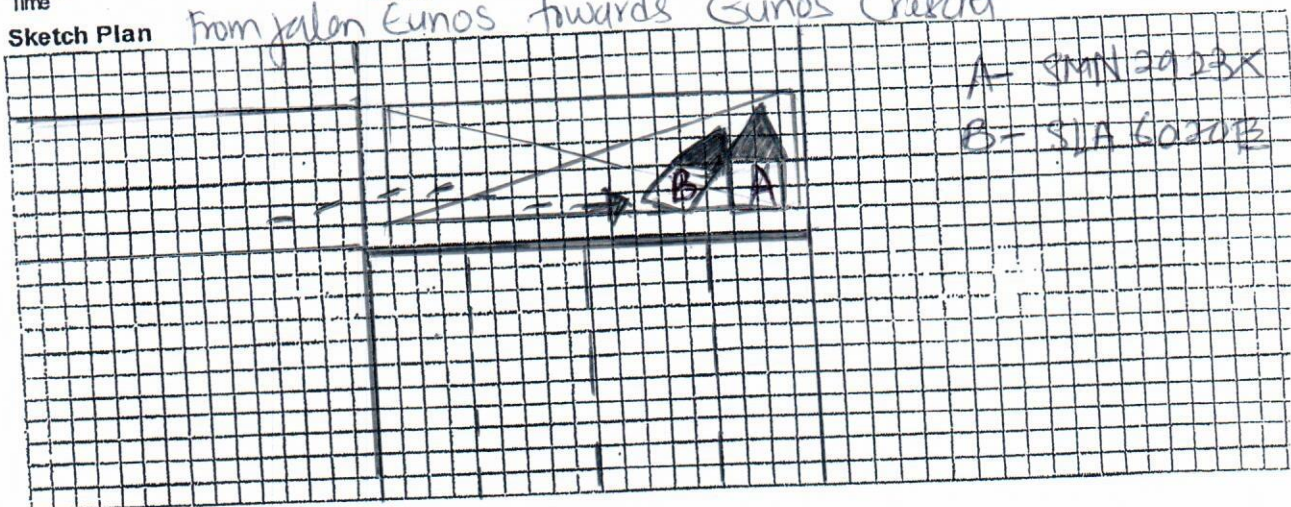
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

From Jalan Eunos towards Eunos Crescent



A - SMN 2903X

B - SIA 6020B

Describe the Circumstance of the Accident


On the above stated date and time, I was travelling from Jalan Eunus towards Eunus Crescent and I was on the extreme right lane which is on the first lane. As I was driving straight, suddenly vehicle B came from my left hand side and hit the front left side of my vehicle. According to my video footage, he was exiting from Jalan Awang and drive straight to the first lane where he collided to my vehicle.

Declaration

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

 31/7/23
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: <u>20/07/2023</u>	TIME OF ACCIDENT: <u>11:15 am</u>
VEHICLE NO: <u>SMN 2923 X</u>	TRANSMISSION: <u>AUTO</u> / MANUAL
MAKE & MODEL: <u>toyota prius</u>	LOCATION: <u>from jalan Eunos towards Eunos Crescent</u>
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	CLAIM TYPE: <u>3</u> OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY: <u>China Taiping</u>	POLICY NO: <u>DMHCSNW0001142303</u>
TYPE OF COVERAGE: <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE
NAME OF OWNER: <u>Tee ching Peng</u>	NRIC: _____
ADDRESS: _____	CONTACT NO: <u>9002 5372</u>
EMAIL ADDRESS: <u>kaimotor@gmail.com</u>	VIDEO RECORDING: <u>YES</u> / NO
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO: _____	NRIC: <u>S7570864E</u> CONTACT NO: <u>90025372</u>
DRIVER OWNER RELATIONSHIP: <u>owner</u>	PASSENGER: <u>(3)</u> MALE (<u>1</u>) FEMALE (<u>1</u>)
DATE OF BIRTH: <u>27 / 08 / 1975</u>	DRIVING PASSING DATE: <u>31 / 08 / 1998</u>
OCCUPATION: INDOOR / <u>OUTDOOR</u>	ADDRESS: <u>Ap BIK 635 B Senja Road # 10-263, S 672635</u>
ANY INJURIES: <u>NO</u> / IF YES: _____	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: <u>SLA 6020E</u>	VEHICLE C REG NO: _____
DRIVER NAME: <u>Yap kok wah</u>	DRIVER NAME: _____
NRIC: <u>S 0255887D</u>	NRIC: _____
CONTACT: <u>91256383</u>	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? NO, IF YES: _____
DRIVER NAME: _____	NAME: <u>unknown</u>
NRIC: _____	CONTACT: <u>8899 9516</u>
CONTACT: _____	WERE SEAT BELTS WORN? <u>YES</u> / NO
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM: _____	WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	HANDLING INSURER: _____
VEHICLE NUMBER: _____	



Motor Hire Car

MZ406L/B

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)

R SN

AN0478A

Cov. Type:C

CERTIFICATE No. DMHCSNW00001142303

Engine No.: 2ZR0D43441
Cha. No.:JTDZS3EU80J040111

1. Index Mark and Registration
Number of Vehicle

SMN2923X

AUTOSAFE
=====

2. Name of Policy Holder

TEE CHING PENG

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

31/01/2023

Excess Sect I .	SS\$1,250.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,250.00
Excess Sect.II (Outside Singapore).	SS\$2,500.00
EX ON WINDSCREEN .	SS\$100.00

4. Date of Expiry of Insurance

30/01/2024

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.

TEE CHING PENG

ANY AUTHORISED DRIVER

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. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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.

Agent Assistance (IH)
Hotline: 6287 7077

Issued By: INSURE HUB PTE LTD
Authorised Officer

Authorised Signatory

China 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