

NATIONAL Assessment Centre Services (with 2000) **XINA 48058458**

Date In: **04/05/2018 16:58**
 Ref No: **NBA/C12/18008220/Y**
 Veh No: **SKD 9181 A**
 D.O.A: **03/05/2018 16:00**
 OD **(TP) Reporting Only**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (write sup, AIC etc)		
1-Motor Claim Form		
1-Motor VVO (written off status)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Box/Hand to Owner/Whse		

Preferred Wksp (INC Assign Wksp / OW):
 TP Particulars: **Yell No: SL 66410** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: B/L Status (WO): NI 0.20%; PI 21.79%; PI 30.100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$3,000 ()

General Remarks:
 () Work-in-Customer | Customer's information strictly Confidential & strictly NO refer of repair.
 () Total Loss Case | to e-mail Insurer URGENTLY.
 Drive-in () / Towed-in () | Invoice: YES () / NO () | Towing Co: ()

Remarks	INC/Non-INC	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____
 Date of Injury: _____

Condition Particulars	Invoice Preparation Checklist	Met/B
Driver/Owner	1) ARI: Accidental Reporting (300)	11
Contract No:	2) DA: Damage Assessed (3100)	INC (210)
Approved Person:	3) TP: Towing Fee	210/100
C. Checked by (Ingr-In-Charge):	4) PT: Follow Through Survey	110
Vehicle Company:	5) PT: Follow Through Survey (Re-survey)	110
	6) TR: Asst. In-Von	211
	7) NI: DA & SMART Survey	1100
	8) NTUC Additional Services	
	9) NI: Courtesy Car / Tpl Allowance	11
	10) NI: Repair Coordination	110
	11) NI: Post Repair Inspection	110
	12) NI: DV / Collision / Loss / Coordination	11
	13) NI: 1-TP (in INC) Technical INC	110
	14) NI: 1-TP (in INC) Technical INC	10
	15) NI: 1-TP (in INC) Technical INC	10
	16) NI: 1-TP (in INC) Technical INC	10

X/A/1802920

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 Authorised 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 ability.
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 Report	04/05/2018 16:58
Date Of Accident	03/05/2018 16:00
Exact Location Of Accident	BLK 102 LORONG AH SOO OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9181A
Insured/Policyholder	
Name Of Registered Owner	NEO MING SIONG (LIANG MINGXIONG)
NRIC No	S7416697J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82224853
Alternative Phone No	OTHERS-82224853

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3010781800
Cover Note Number	

Driver

Name of Driver	NEO MING SIONG (LIANG MINGXIONG)
NRIC No	S7416697J
Date Of Birth	28/05/1974
Occupation	INDOOR
Date Of Driving Pass	01/03/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82224853
Fax Number	
Contact Number	OTHERS-82224853
Email Address	NOEMAIL

Address	33 PUNGGOL FIELD #16-17
Postcode	828817
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

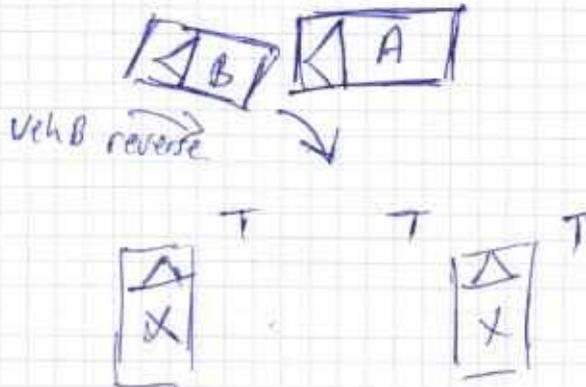
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL6641D
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEI SHENG
NRIC/Passport Number	S9240560E
Contact Number	91387825
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

BLK 102 W/ROUN 4th 800 OPEN CARPARK



A) SKD 9118A

B) SJL 6641D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

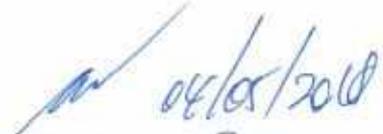
On mentioned plate and time I was travelling at the said carpark driveway behind veh B. When veh B stop, I stop accordingly behind veh B. Suddenly veh B reverse without checking behind wanted to reverse into the parking lot and collided onto my vehicle front portion.

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 & Time:


 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03/05/2018 (dd/mm/yy) Time of Accident: 16:00 (24-HR-FORMAT)
Vehicle No.: SKD9181A Vehicle Make & Model: Volvo XC60
Exact location of Accident: Blk 102 Lorong Ah 500 Open Carpark ✓
Policyholder's Name / IC No.: _____
Driver's Name / IC No.: _____ (As Above)
Driver's Contact No.: 8222 4853 Company Contact No.: _____
Driver's Address: _____
Insurance Company: _____ Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

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

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 1

Passenger Name : _____
Passenger Name : _____

Gender : Male / Female
Gender : Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Lim Wei sheng / S9240560E Vehicle No.: SJL664DID

Driver's Contact No.: 91387825 Insurance Company (If any): _____

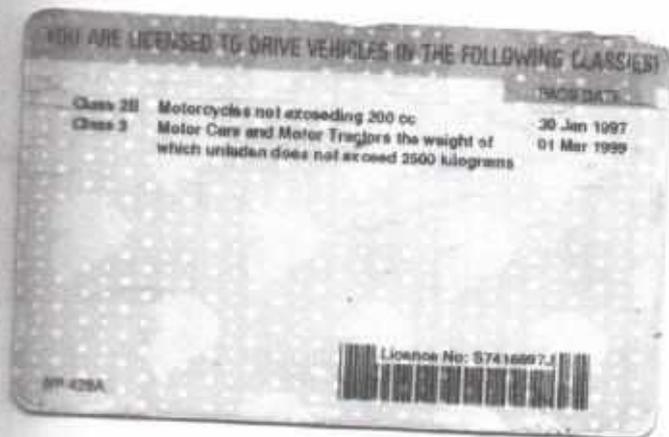
2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



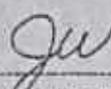
CERTIFICATE OF INSURANCE

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.	DMPCSN3010781800	Engine No : B4204T6198660 Chassis No: YV1DZ445BB2147107
1. Index Mark and Registration Number of Vehicle	SKD9181A	
2. Name of Policy Holder	MR NEO MING SIONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 MARCH 2018	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	28 FEBRUARY 2019	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 *		
<p>(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p>		
6. Limitations as to use: *	<p>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.</p> <p>EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.</p> <p>ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.</p>	
<p>HIRE PURCHASE CO. : OCBC BANK LTD 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.</p>		

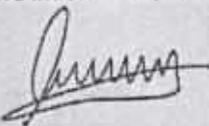
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:



Authorised Officer





Authorised Signatory