

NATIONAL Assessment Centre Services.

(Ref 1 Jan 08)

NNA 48160380

Date In: 12/12/2008 14:13	Job description	Date & Time Completed	Done by
Ref No: NNA/CIT/18023359/Y	SAS e-filing		
Vch No: SKU 2690 Y	E-mail (w/tdia 5hrs, AIC 2hrs)		
D.O.A: 12/12/2008 11:35	I-Motor Claim Form		
ON: TP: Reporting Only	I-Motor W/O (Withia: 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:	Vch No: SHC 8000L	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 repaler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC: 18023359) Date: 12/12/2008 Completed by: [Signature]

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

Injury: _____

Date/Time	Actions

NNA 1808174

Client Particulars:	Invoice/Transaction	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ref 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance 35		
	*N6: Repairs Co-ordination 110		
	*N7: Post Repair Inspection 25		
	*N8: DV / Collect Excess Coordination 35		
	TP (N11): TP (N-in INC) against INC 220		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref 1:

2 / 3

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 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 Report	12/12/2018 14:13
Date Of Accident	12/12/2018 11:35
Exact Location Of Accident	EVERTON ROAD (INFRONT OF EVERTON COURT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3690Y
Insured/Policyholder	
Name Of Registered Owner	LOW SAM CHEE
NRIC No	S1481661E
Email Address	TECHSYST@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91883012
Alternative Phone No	OTHERS-91883012

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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?	YES
If No, Please state action to be taken	
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	DMPCSN3064871800
Cover Note Number	

Driver

Name of Driver	LOW SAM CHEE
NRIC No	S1481661E
Date Of Birth	13/12/1961
Occupation	INDOOR
Date Of Driving Pass	17/08/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91883012
Fax Number	
Contact Number	OTHERS-91883012
EMail Address	TECHSYST@SINGNET.COM.SG

Address	BLK 654 SENJA ROAD #13-256
Postcode	670654
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 - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

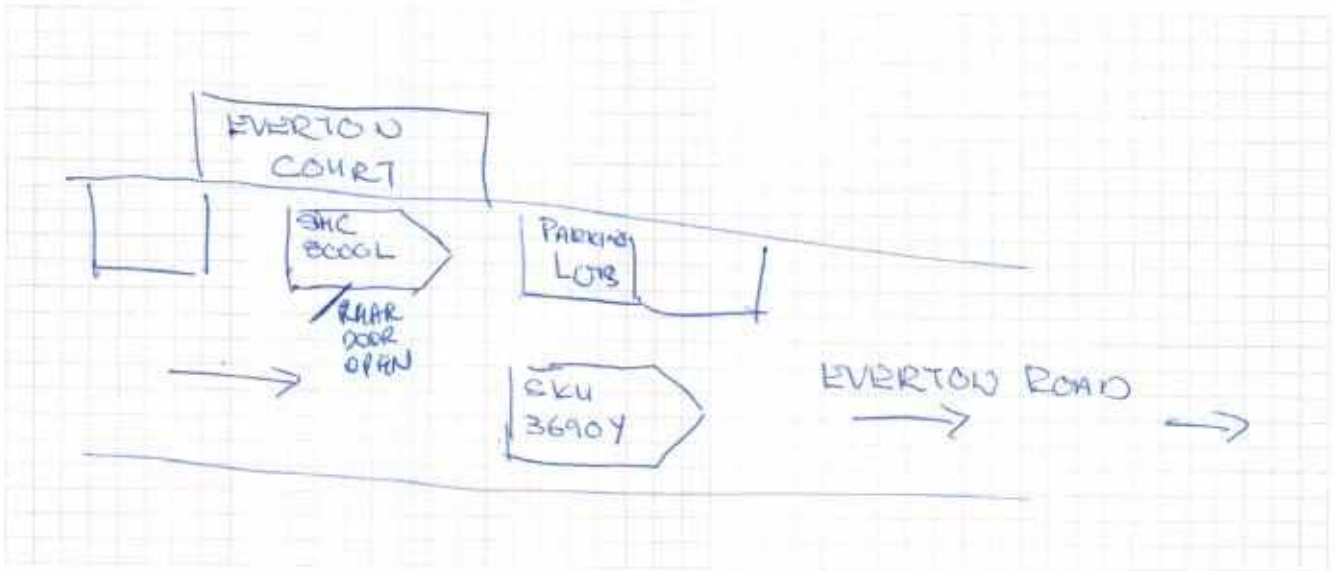
Vehicle Registration Number	SHC8000L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAMLI
NRIC/Passport Number	
Contact Number	96659437
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: ;
	GENDER: ;

Passenger 2

NAME: 1

GENDER: 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/12/2018 AT ABOUT 11:25AM, I WAS DRIVING ALONG
 EVERTON ROAD WHEN I HEARD A LOUD CRASHING SOUND &
 REALIZED THAT MY LEFT SIDE MIRROR WAS DAMAGED.
 I ALIGHT & INVESTIGATE & FOUND THAT THE PASSENGER
 OF SHC 8000 L HAD OPENED THE RIGHT REAR DOOR
 WHILE MY CAR SKU 3690 Y WAS PASSING.
 THE TAXI DRIVER OF SHC 8000 L TOOK DOWN THE
 PASSENGER DETAILS & HP.

DECLARATION

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

Policyholder's Signature
 Date & Time: 12/12/2018

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/12/2018

Reporting Centre Personnel's Signature
 Name: Rep. 1
 NRIC/FIN No.: 12/12/2018

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 2018) (DD/MM/YYYY). TIME: (11 : 35) (HH:MM)

LOCATION: EVERTON ROAD (INFRONT OF EVERTON COURT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 3690Y
b) INSURANCE COMPANY: CHINA TRADING INS (S) PTE LTD
c) POLICY NUMBER: DMPCSH 3064871800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LOW SAM CHEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1481661E CONTACT: 9188 3012
c) ADDRESS: BLK 654 #13-256 SERVA RD
S 670 654

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) own car
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8000 L MODEL: HYUNDAI
b) DRIVER'S NAME: RAMLI
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96659437

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____


* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(3)


* No of passengers
(including driver)
()

email = techgyst@singnet.com.sg
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1481661E



Name
LOW SAM CHEE



Race
CHINESE

Date of Birth
13-12-1961

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1481661E

Name: LOW SAM CHEE



Birth Date: 13 Dec 1961

Issue Date: 09 Dec 2003

001043479C

1855233



NRIC No: S1481661E



Blood Group: B+

Date of issue: 03-06-1994

APT BLK 654 SENJA ROAD #13-256
SINGAPORE 670654

NRIC No: S1481661E Date: 08/08/2008 No: 0040312

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 17 Aug 1982

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S1481661E



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.	DMPUSH3064671802	Engine No: 27091030704107
Index Mark and Registration Number of Vehicle	SK93690Y	Chassis No: WDD1173422K238011
Name of Policy Holder	MR LOW SAM CHEE	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 OCTOBER 2018 (11:31 HOURS)	NAMED DRIVERS EX SNOT.\$2300.00 IN ADDITION TO NAMED DRIVERS EX:
Date of Expiry of Insurance	02 OCTOBER 2019	EX SNOT. 1 - AGE <= 25.....\$1800.00 EX SNOT. 1 - AGE > 26.....\$2500.00 * AGE AS AT DATE OF ACCIDENT
Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....\$2000.00

- (A) THE POLICYHOLDER;
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS 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 \$31,000 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. & TOKYO CENTURY LEASING (SI) PTE 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.

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA48160380 Vehicle Registration No: SK43690Y

Name (as shown in NRIC) : Law Sam Chik NRIC/FIN/Passport No : S1481661E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91883012

Email Address : _____

Date of Accident : 12/12/2018 Time of Accident : 11:35

Place of Accident : EVERETT ROAD (IN FRONT OF EVERETT COURT)

Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE FROM REPORTING TO MAKE DAMAGE CLAIMS.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rohi Upthorpe
NRIC/FIN No.:
Date: 12/12/2018