

NATIONAL Assessment Centre Services. [ver 1 Jan 05] MMA 119055420

Date In: 29/4/19 17:18	Job description: SAS e-Billing	Date & Time Completed:	Done by:
Ref No: MA/CTZ19007519/h4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SBK 1085	I-Motor Claim Form		
D.O.A: 28/4/19 18:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 4732	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 6016)	Checked and complete 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

<p>Comments Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Call:</p> <p>2 / 3:</p>	<p>MA1903187</p> <p>Invoice Breakdown:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$10)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$10)</td> <td>30.00</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (w/c 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$73</td> </tr> <tr> <td>7) NI: Idan DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance</td> <td>\$3</td> </tr> <tr> <td>*NG: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*NI: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*NB: DV / Collect Excess Coordination</td> <td>\$3</td> </tr> <tr> <td>TP (Nil): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) NI2: Idan Mobile</td> <td>\$0</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$10)		2) DA: Damage Assessment (\$100); INC (\$10)	30.00	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) RT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (w/c 10 Jan 2005)		6) TR: Re-Inspection	\$73	7) NI: Idan DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpt Allowance	\$3	*NG: Repair Co-ordination	\$10	*NI: Post Repair Inspection	\$25	*NB: DV / Collect Excess Coordination	\$3	TP (Nil): TP (Non INC) against INC	\$20	9) NI2: Idan Mobile	\$0	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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	29/04/2019 17:18
Date Of Accident	28/04/2019 18:00
Exact Location Of Accident	JLN PELATOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBK108S
Insured/Policyholder	
Name Of Registered Owner	NG SWEE LEONG
NRIC No	S1431867D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94513555
Alternative Phone No	OFFICE-94513555

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE-2.0 (A)
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	REPORTING ONLY
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	DMPCSN1605141903
Cover Note Number	-

Driver

Name of Driver	NG SWEE LEONG
NRIC No	S1431867D
Date Of Birth	01/10/1960
Occupation	INDOOR
Date Of Driving Pass	12/04/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94513555
Fax Number	
Contact Number	OFFICE-94513555
Email Address	NOEMAIL

Address	108 SOPHIA RD #03-01
Postcode	228173
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : HO CHEE LANG
	GENDER: : FEMALE

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

WHILE OVERTAKE A PARKED VEH FROM THE RIGHT SIDE, MY VEH MISJUDGED GRAZED ONTO THE PARKED VEH RIGHT FRONT PORTION.

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	SMC473Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN

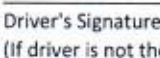
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


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.:

SKETCH PLAN

A = SBK 1085
B = SMC 4732

Jln Pelatok

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1431867D



Name

NG SWEE LEONG

黄瑞隆

Race

CHINESE

Date of birth

01-10-1960

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING

Licence Number S1431867D

Name

NG SWEE LEONG

Exp. Date 01 Oct 1960

Issue Date 26 Mar 2003



5657864

NRIC No. S1431867D



Date of issue

08-10-2016

Address

108 SOPHIA ROAD
#03-01
SINGAPORE 228173

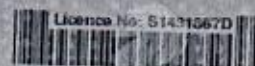
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE

12 Apr 1979

NP 426A



MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCEMotor 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.

DMPCSN1605141903

Engine No : PE30733556

ChaNo: JM6CC1071F0107141

1. Index Mark and Registration
Number of Vehicle

SBK108S

2. Name of Policy Holder

NG SWEET LEONG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

24 February 2019

Named Drivers Ex Sect. I S\$600.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

4. Date of Expiry of Insurance

23 February 2020

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*

(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 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.

* 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:

Authorised Officer

Authorised Signatory