

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAN 119 1005 53**

Date In: <b>18/12/06</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/072190369574</b>	SAS e-filing		
Veh No: <b>SLB 722MB</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>2/8/19-18/12</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLB 722MB</b>	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

<b>HA 1905793</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> In Bill	<b>Amt (\$)</b> Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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 : Idac 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		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac 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 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	05/08/2019 16:06
Date Of Accident	03/08/2019 18:10
Exact Location Of Accident	TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB2212B
Insured/Policyholder	
Name Of Registered Owner	TAI CHEE WEI
NRIC No	S7177332I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90103938
Alternative Phone No	OFFICE-90103938
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	DMPCSN3048941900
Cover Note Number	
Driver	
Name of Driver	TAI CHEE WEI
NRIC No	S7177332I
Date Of Birth	19/10/1971
Occupation	INDOOR
Date Of Driving Pass	01/02/1997
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90103938
Fax Number	
Contact Number	OFFICE-90103938
Email Address	NOEMAIL

Address	66 ELIAS ROAD #13-09
Postcode	519941
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 (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)	5
Passenger 1	NAME: : LIAN MEI YUET GENDER: : FEMALE
Passenger 2	NAME: : TAI HAO QING GENDER: : MALE
Passenger 3	NAME: : TAI JING LIN GENDER: : FEMALE
Passenger 4	NAME: : KOK MENG TENG 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

REFER TO STATEMENT.

#### 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	SKN6812E
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	SIOW KEE MENG IVAN
NRIC/Passport Number	
Contact Number	92994796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :



## SKETCH PLAN

### 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. 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 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:

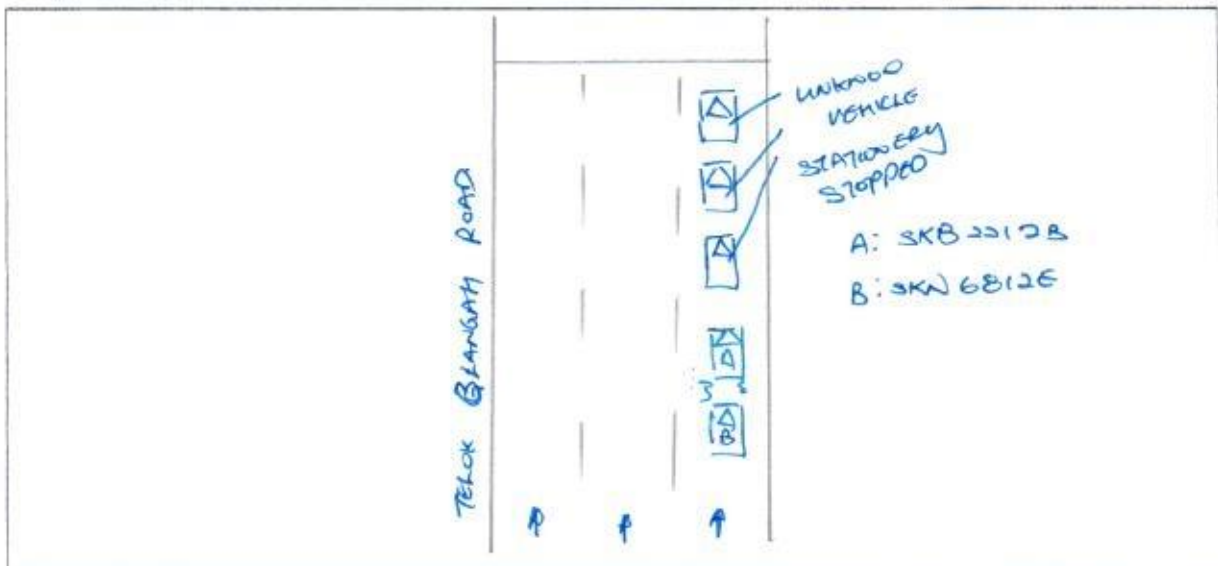
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE RIGHT MOST LANE OF 3 LANES ALONG TELOK BLANGAH ROAD WHEN I CAME TO A STOP BEHIND SOME UNKNOWN VEHICLES DUE TO TRAFFIC RED LIGHT AHEAD. WHEN MY VEHICLE HAD STATIONARY STOPPED, ONE M/CAR SKN 6812E CAME FROM MY REAR AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

## 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.:



VEHICLE NO: SKB 2212B

MAKE &amp; MODEL: MERCEDES C180

DATE OF ACCIDENT	03 / 08 / 2019
TIME OF ACCIDENT	6.10 AM/PM
LOCATION OF ACCIDENT	TEKOK BLAGAH ROAD
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY FOR DINNER
<b>NAME OF OWNER</b>	TAI CHEE WEI
TEL NO	
NRIC	S7177 3321
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE CO	CHINA TAI PING
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSN 3048941900
<b>NAME OF DRIVER</b>	<u>As Above</u> / If No:
NRIC	
DATE OF BIRTH	17 / 10 / 1971
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	01 / 02 / 1997
GENDER	<u>Male</u> / Female
CONTACT NO.	9010 3438
ADDRESS	66 CHAS ROAD #13-09 SC519941
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: <u>Other</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIEES	<u>No</u> / If yes: Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes: Where?
VEHICLE B NO.	SKN 681DE
NAME	SION KEE MENG IUAN
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<b>IN-CAR CAMERA</b>	YES / <u>NO</u>
PARTICULAR WORKSHOP	SM AUTOMOTIVE 1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit Singapore 417883 TEL: 6747 9241 Reena / Sukyi FAX: 6741 7276 reena@nhtmotor.com admin@nhtmotor.com

Licence Number: **S71773321**

Name:

**TAI CHEE WEI****For LKK/NAC Use Only**Birth Date: **19 Oct 1971**Issue Date: **26 Jan 2004****YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	01 Feb 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Feb 1997

**For LKK/NAC Use Only**

NP 428A





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7177332I



Name

TAI CHEE WEI

戴志伟

Race

CHINESE

Date of birth

19-10-1971

Sex

M

S7177332I

Country of birth

MALAYSIA

For LKK/NAC Use Only

9138892



NRIC No. S7177332I

Nationality

MALAYSIAN

Date of issue

23-09-2011

For LKK/NAC Use Only

66 ELIAS ROAD #13-09  
SINGAPORE 519941

NRIC No: S7177332I

Date: 15/04/2012

No: 7033408

## 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.	DMPCSN3048941900	Engine No :27491031076541 Chassis No:WDD2050402R314652
1. Index Mark and Registration Number of Vehicle	SKB22128	
2. Name of Policy Holder	TAI CHEE WEI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	3 JULY 2019	NAMED DRIVERS EX SECT. 1 .....S\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25.....S\$3,000.00 EX SECT. 1 - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	1 JULY 2020	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 RACE-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\$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.	
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.

Countersigned By:

Authorised Officer

Authorised Signatory