

NATIONAL Assessment Centre Services [Ref: 1 Jan 05]

Date In: 21/09/19	Job description	Date & Time Completed	Done by
Ref No: NAKTI19018565/13	SAS e-filing		
Veh No: SJP602K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/10/19 1730	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: 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: Veh No: SKW32K3U 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%; F: 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	21/10/2019 14:33
Date Of Accident	18/10/2019 17:30
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP602K
Insured/Policyholder	
Name Of Registered Owner	MR JONG JUN MING
NRIC No	S9123118B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98286713
Alternative Phone No	OFFICE-98286713

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVOLUTION
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	DMPCSN1907921900
Cover Note Number	

Driver

Name of Driver	SONG SIDA
Passport No/FIN	G1565952T
Date Of Birth	12/06/1997
Occupation	INDOOR
Date Of Driving Pass	01/02/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90505155
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	201 JALAN PELIKAT
Postcode	537652
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
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

PLS REFER TO THE ATTACHED 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	SKW3243U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOUNG NICHOLAS JAMES
NRIC/Passport Number	G3144384P
Contact Number	97986167
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

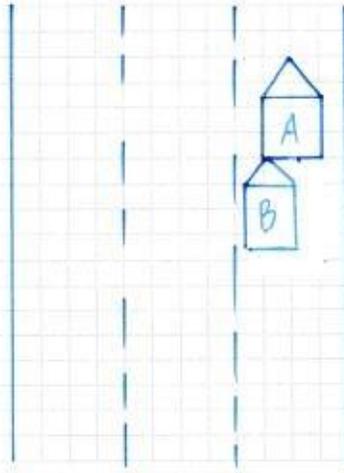
DETAILS OF INJURED PERSON 1

Name	SONG SIDA
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJP602K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

WOODLANDS AVE 13
TOWARDS SLE



vehicle A : SJP 602 K

vehicle B : SKW 3243 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/2019 at 1730, I was stationary at woodlands Ave 13 towards SLE when in front of me was heavy traffic. Suddenly, vehicle B (SKW 3243 U) collided my vehicle rear 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 : admin@accanto.com.sg
Fax : 6702 4202

Date of Accident : 18/10/2019 Accident Time: 1730 (24-HR-FORMAT)
Accident Place : Woodland Ave 12 Towards SLE
Vehicle Reg. No (Car plate No.) : SJP 602 K Vehicle Make/Model: Mitsubishi Evolution
Insurance Company : CHINA TAIPING Policy No. DMPLSN1907921900
Name of Registered Owner : Company / (Individual) JOHGI JUN MING
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S9123118B1
: Co Contact No: - Owner's Contact No: 9828 6713
DRIVER'S Name : SONG SIDA DRIVER'S NRIC No: G1565952T
DRIVER'S Date of Birth : 12/6/1997 DRIVER'S License Pass Date 1/2/2018
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friends
DRIVER'S Address : 201 Jalan Pelikat S'537652
DRIVER'S Contact No./ Alt No. : 1) 90505555 2) 8298 1095
DRIVER'S Occupation : (INDOOR) / OUTDOOR (eg. working inside or outside of an ofc)
Email Address : -
Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance
Number of Passengers (including Driver): 1 person - DRIVER
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKW 3243 U</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>Young Nicholas James</u>	Name DRIVER: _____
IC No. DRIVER: <u>G 3144384 P</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>9798 6167</u>	DRIVER'S Contact & add: _____



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

MX1/BN 5H
AN0592A
Cov.Type: C
AUTOSAFE

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSN1907921900	Engine No : 4B119A5027 Chassis No: C24A0001373
1. Index Mark and Registration Number of Vehicle	SJP602K	
2. Name of Policy Holder	MR JONG JUN HING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 FEBRUARY 2019 (13:22 HOURS)	NAMED DRIVERS EX SECT. 1\$93,500.00 EXCESS SECT. 1 (OUTSIDE SINGAPORE)\$97,000.00 EX ON WINDSCREEN\$5100.00
4. Date of Expiry of Insurance	18 FEBRUARY 2020	
5. Persons or Classes of Persons entitled to drive *	<p>AS PER NAMED DRIVER(S) STATED BELOW.</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> <p>THE INSURED DRIVING ONLY.</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 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.</p> <p>HIRE PURCHASE CO. : SPEEDO CAPITAL PTE LTD AS HP OWNER * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:



Authorized Signatory