

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

19 MAY 20006371

Date Inc: 14/01/2020 16:24	Job description	Date & Time Completed	Done by
Ref No: x/BA/C120000881/4	SAS e-filing		
Veh No: SMH, 79321	E-mail (Sjohla 8hrs, AIC 2hrs)		
D.O.A: 14/01/2020 07:50	I-Motor Claim Form		
OT: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: 810 6566D	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: (

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

Injury: (
Date/Time: (

Client Ref: x/BA2000459	Invoice No: (	Invoice Date: (
Driver/Owner: (	1) AR: Accident Reporting (\$30)	INC (\$10)
Contact No: (	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion: (	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge): (	4) PT: Follow-Through Survey	\$30
Watch/Comments: (	5) PT: Follow-Through Survey (Resurvey)	\$30
Tel: (	For claiming against INC Only (ver 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idao DA + SMRT Survey	
	8) NIUC Additional Services:	
	ON:	
	* N5: Courtesy Car / Tpl Allowance	\$5
	* N6: Repair Co-ordination	\$10
	* N7: Post Repair Inspection	\$25
	* N8: DV / Collect Excess Coordination	\$5
	TE (NI) / TP (Non INC) against INC	\$20
	9) NI2: Idao Mobile	\$0
	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	14/01/2020 16:34
Date Of Accident	14/01/2020 07:50
Exact Location Of Accident	ALONG CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH7932T
Insured/Policyholder	
Name Of Registered Owner	NG WEIXIAN
NRIC No	SXXXX067F
Email Address	WILBERNG88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92717135
Alternative Phone No	OTHERS-92717135
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA180
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO OFFICE
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	DMPCSN3010291900
Cover Note Number	
Driver	
Name of Driver	NG WEIXIAN
NRIC No	SXXXX067F
Date Of Birth	06/01/1988
Occupation	INDOOR
Date Of Driving Pass	28/05/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92717135
Fax Number	
Contact Number	OTHERS-92717135
Email Address	WILBERNG88@GMAIL.COM

Address	10 CHOA CHU KANG GROVE #12-27
Postcode	688207
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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : WIFE 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

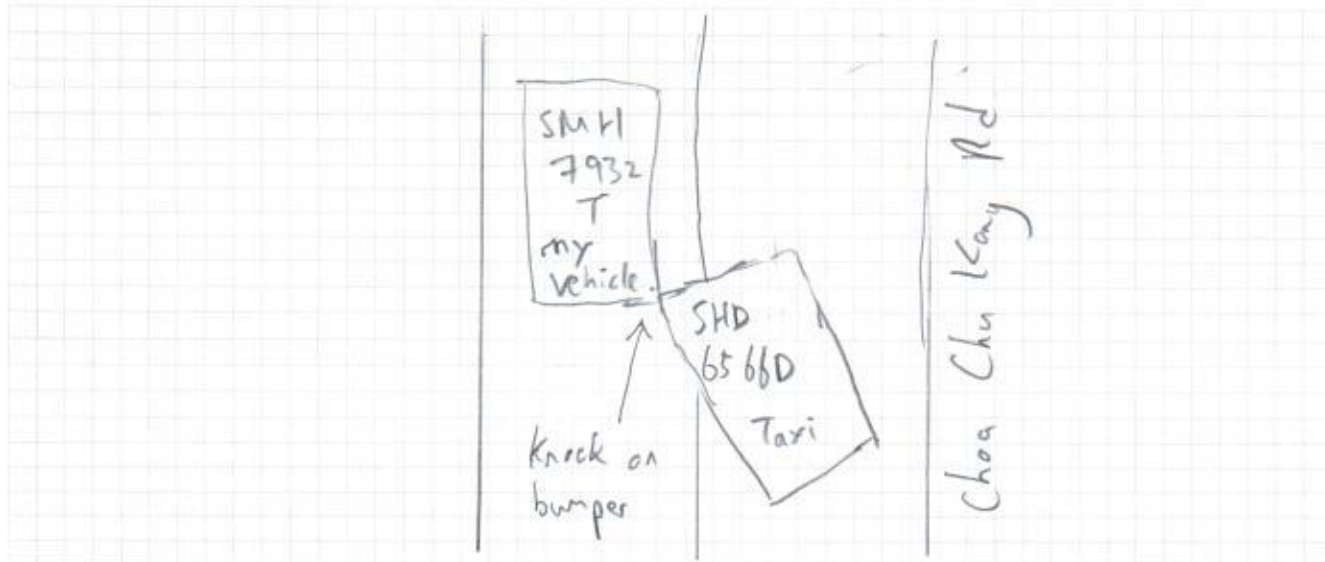
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6566D
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NORMAN BIN ATAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I with vehicle number SMH7932T was driving along Choa Chu Kang Rd commuting to work, a taxi with vehicle number SHD6566D turned out to the left to change lane abruptly leading to knocking of my rear right bumper. Driver of taxi, SHN6566D was Mr Norman Bin Atan.

DECLARATION

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



Policyholder's Signature

Date & Time: 14/01/2020

4.15pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/01/2020

4.15pm

 14/01/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 04/01/2020 (DD/MM/YYYY), TIME: 07:50 (HH:MM)

LOCATION: Along Choa Chu Kong Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH7932T
 b) INSURANCE COMPANY: China Tai Ping
 c) POLICY NUMBER: DMPCSN3010291900
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz GLA180
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Communting to office
 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: NG WEIXIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8800067F CONTACT: 92717135
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Norman Bin Aitan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6926568D 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)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SHD6566D MODEL: Hyundai
 b) DRIVER'S NAME: Norman Bin Aitan
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = wilberng88@gmail.com

VIDEO



MOTOR PRIVATE CAR

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

MX1E
N SN
AN0055A
COMPREHENSIVE

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | tel. 6339 2592
Trivex @ 8 Burn Road #09-09
contactus@cowell.com.sg

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:	DMPCSN3010291800	Engine No: 27091031788172 Chassis No: WDC1569422J573549
1. Index Mark and Registration Number of Vehicle	SMH7932T	
2. Name of Policy Holder	MR NG WEIXIAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 JANUARY 2019 (16:59 HOURS)	NAMED DRIVERS EX SECT. I S\$900.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	30 JANUARY 2020	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 *		

(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\$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. : MAYBANK 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