

# NATIONAL Assessment Centre Services

Part 1 (Jan 03)

MMA 1200 54803

Date In: 26/6/20 17:05	Job description	Date & Time Completed	Done by
Ref No: MA/C72 2000 6731/44	SAS e-filing		
Veh No: SDS 36A	E-mail (within 3hrs, A/C 2hrs)		
IP: 26/6/20 15:00	I-Motor Claim Form		
<input checked="" type="checkbox"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SHD 6556 H.	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 ( ) / Non-INC ( )	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	Done by

MA 200 3390

Client's Particulars:	Invoice Preparation Checklist	Amount (\$)	Remarks (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bugr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (5-in INC) against INC \$20		
	9) N12: 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	26/06/2020 17:05
Date Of Accident	26/06/2020 15:00
Exact Location Of Accident	CHANGI RD TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS36A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHUN KIAT JUSTIN (HUANG JUNJIE)
NRIC No	SXXXX296C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91511636
Alternative Phone No	OFFICE-91511636

### Vehicle Particulars

Manufacturer	BMW
Model	-
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	DMPCSN1817951901
Cover Note Number	

### Driver

Name of Driver	NG CHUN KIAT JUSTIN (HUANG JUNJIE)
NRIC No	SXXXX296C
Date Of Birth	20/10/1978
Occupation	INDOOR
Date Of Driving Pass	22/07/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91511636
Fax Number	
Contact Number	OFFICE-91511636
Email Address	NOEMAIL

Address	16 JLN BAIDURI
Postcode	428386
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?	
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

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	SHD6556H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

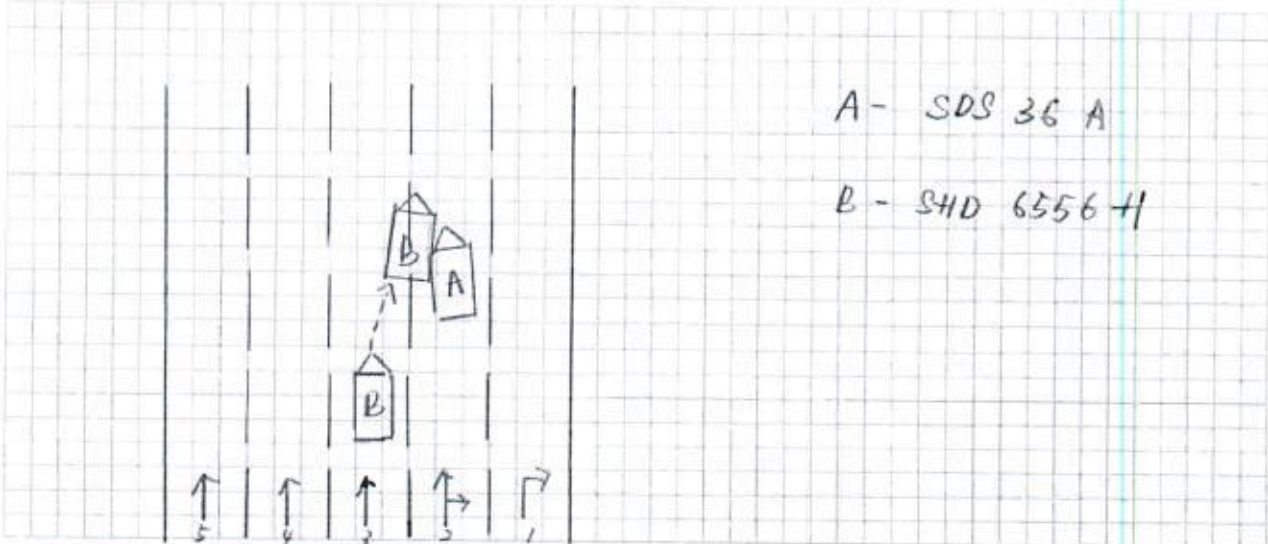
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

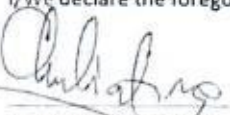
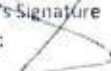


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Changi Road on the 2nd lane.  
Taxi B (SHD 6556 H) from 3rd lane swerve into 2nd lane  
and collided onto the LH side of my car.

## 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.:



### Accident Report Information

Accident Date	26.06.2020	Accident Time	3p.m
Location Of Accident	Changi Road toward Geylang Road		
Vehicle Registration No	SDS 36 A		

### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	NG Chun Kiat Justin		
NRIC No/ ROC No	S 7831 296 C		
Mobile Phone No	9151 1636	Email Address	

### VEHICLE INFORMATION

Manufacturer/ Model	BMW		
Exact Purpose for which vehicle was being used at time of accident	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Reporting Only
Vehicle Category	<input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> MOTOR TRADE	<input type="checkbox"/> TANKER <input type="checkbox"/> PRIVATE HIRER <input type="checkbox"/> GOVERNMENT

### INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	China	Fleet Policy	Yes / No
Policy Number	Dmpcsn 1817951901	Type Of Coverage	<input type="checkbox"/> Comprehensive
Cover Note Number			<input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft

### DRIVER IDENTIFICATION

Driver Name	NG Chun Kiat Justin	Driver NRIC	S 7831 296 C
Date Of Birth	20-10-1978	Occupation	Indoor / Outdoor
Driving Date Pass	22.07.1997	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Mobile Phone No	9151 1636	Email Address	
Address	16 Jalan Baiduri Singapore 428386 Postcode		
Relationship	Employee <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Hirer <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other : <input type="checkbox"/>		

### GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident	Side		
Weather Condition	Clear / Raining / Others:	Road Surface	Dry / Wet / Others:



OTHER INFORMATION			
Injured	<u>No</u> / Yes	Was there any other vehicle or property damaged?	<u>No</u> / Yes
Was any injured conveyed to hospital by ambulance?	<u>No</u> / Yes	Was any foreign vehicle involved in this accident?	<u>No</u> / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<u>No</u> / Yes		
Number of Passengers (Including Driver)	1		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		
DETAILS OF OTHER VEHICLE 1			
Vehicle Registration No	Q4D 6556 H		
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF OTHER VEHICLE 2			
Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF OTHER VEHICLE 3			
Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	
DETAILS OF WITNESS			
Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MX1E  
R SN  
OR0432A  
Cov.Type: C

MOTOR PRIVATE CAR

### 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)

ORIGINAL

CERTIFICATE No.	DMPCSN1817951901	Engine No :A0361101N20B20A ChaN0:WBAWY92040LE00906
1. Index Mark and Registration Number of Vehicle	SDS36A	
2. Name of Policy Holder	NG CHUN KIAT JUSTIN (HUANG JUNJIE)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 June 2019	Named Drivers Ex Sect. I ..... S\$1,150.00 Additional Ex Other than Named Drivers: 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
4. Date of Expiry of Insurance	29 June 2020	
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.	

\* 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