

NATIONAL Assessment Centre Services: (part 1 Jan'09) MMA 120 061331

Date In: 2/17/20 10:03	Job description	Date & Time Completed	Done by
Ref No: NAJ C73 2000 7495164	SAS e-filing		
Veh No: SKD 759 T	E-mail (within 3hrs, ATC 2hrs)		
DEFA: 20/7/20 18:45.	I-Motor Claim Form		
(1) <input checked="" type="radio"/> 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: SFU 6252 T.	INC () / Non-INC ()	
Owner / Driver: (		Tel:	
Policy No: (	)	Period: ()
Confirmed by: (		Date:	
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 401111 6748 4616)			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: _____			
Date Entry:	Revision:		

Client's Particulars :-		Invoice Description Checklist		Amount (Rs.)	Remarks
Driver/Owner:		1) AR : Accident Reporting (530);		30.00	
Contact No:		2) DA : Damage Assessment (5100); INC (538)			
Damaged Portion:		3) TP : Towing Fee 540/543			
QC Checked by (Bugs-In-Charge):		4) FT : Follow-Through Survey 5120			
		5) FT : Follow-Through Survey (Re-survey) 530			
		For claiming against INC Only (wef 10 Jan 2022)			
		6) TR : Re-inspection 575			
		7) NI : Idao DA + SMRT Survey 5160			
		8) NTUC Additional Services:-			
		NI:			
		*N5: Courtesy Car / Tpt Allowance 55			
		*N6: Repair Co-ordination 510			
		*N7: Post Repair Inspection 525			
		*N8: DV / Collect Excess Coordination 55			
		TP (N11) : TP (Non INC) against INC 520			
		5) N12: Idao 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	21/07/2020 10:03
Date Of Accident	20/07/2020 18:45
Exact Location Of Accident	BOON LAY WAY TWDS JURONG EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD759T
Insured/Policyholder	
Name Of Registered Owner	ONG CHING YONG
NRIC No	SXXXX763C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96968477
Alternative Phone No	OFFICE-96968477
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	DMPCSN30622119000
Cover Note Number	
Driver	
Name of Driver	ONG CHING YONG
NRIC No	SXXXX763C
Date Of Birth	25/09/1977
Occupation	INDOOR
Date Of Driving Pass	19/08/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96968477
Fax Number	
Contact Number	OFFICE-96968477
Email Address	NOEMAIL

Address	BLK 113 JURONG EAST ST 13 #04-430
Postcode	600113
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?	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

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	SFU6252T
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)	

DETAILS OF INJURED PERSON 1

Name	ONG CHING YONG
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD759T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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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:

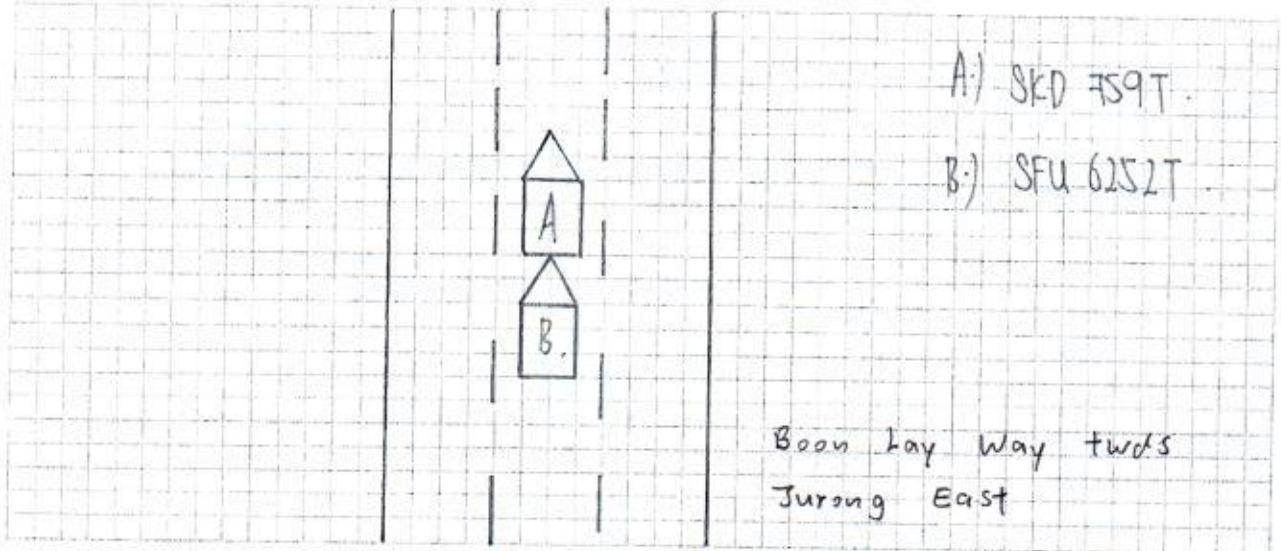
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.07.2020 at about 6.45 pm. I was travelling along Boon Lay Way
 Towards Jurong East. In front the vehicle slow down and stopped, I follow
 Suddenly vehicle B hit on 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.:



中国太平
CHINA TAIPING

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

Motor Private Car

MX1E

E SN

AN0083A

Cov. Type:C

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.

DMPCSN30622119000

Engine No.: 27186030324294

Cha. No.: WDD2120482A506688

1. Index Mark and Registration
Number of Vehicle

SKD759T

AUTOSAFE

=====

2. Name of Policy Holder

ONG CHING YONG

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

16/08/2019

Named Drivers Ex Sect. I

S\$750.00

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

27/10/2020

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.

HIRE PURCHASE CO. : MAYBANK SINGAPORE 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.

Issued By: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Date of Accident : 20.07.2020 Accident Time: 6.45pm (24-HR-Format)
Accident Place : Boon Lay Way Towards Jurong East
Vehicle. No. (Car Plate No.) : SKD 759T Make/Model: Mercedes E200
Insurance Company : China Taiping Policy No: DMPCSN 30622119000
Owner or Company Name /IC No. : Ong Ching Yong (S7727763C.)
Owner or Company Contact No. : 9896 8477 Owner's Hp — Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 25.09.1977 DRIVER'S License Pass Date 19.08.1998
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 113 Jurong East Street 13 #04-430 (S) 600113
DRIVER'S Contact No./ Alt No. : 1) — 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
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 Driver
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
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No:	SFU 6252T	Vehicle. No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No. Driver/Contact:		IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

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