

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA70082600**

Date In: 23/9/10-09:09	Job description	Date & Time Completed	Done by
Ref No: 14/C722010186/24	SAS e-filing		
Veh No: JMD541R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/9/10-00:40	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **5J083224** 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: YBS () / 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

	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat 1:	6) TR: Re-inspection \$75		
Pat 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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	23/09/2020 09:09
Date Of Accident	22/09/2020 00:40
Exact Location Of Accident	BUKIT BATOK RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1544R
Insured/Policyholder	
Name Of Registered Owner	LOH CHANG WEI
NRIC No	SXXXX997F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90937934
Alternative Phone No	OFFICE-90937934
Vehicle Particulars	
Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC 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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00000051900
Cover Note Number	

Driver

Name of Driver	LOH CHANG WEI
NRIC No	SXXXX997F
Date Of Birth	26/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90937934
Fax Number	
Contact Number	OFFICE-90937934
Email Address	NOEMAIL

Address	BLK 25 TECK WHYE LANE #03-156
Postcode	680025
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	SJD8322D
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC7275U
-----------------------------	----------

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 LOH CHANG WEI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SMD1544R

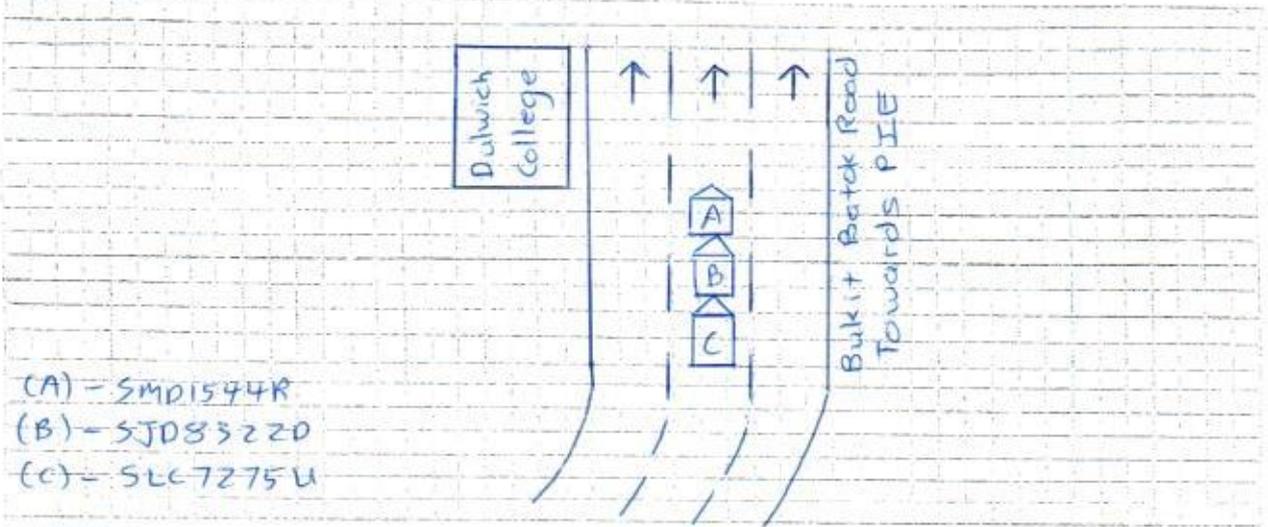
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



(A) - SMP1544R
 (B) - SJD8322D
 (C) - SLC7275U

DETAILED DESCRIPTION OF THE ACCIDENT:

On the 22/09/2020 @ about 0040 HRS, at along Bukit Batok Rd. towards PIE. I was travelling along Lane 2 of the above mentioned road, before Dulwich College. I just exited a bend, and before I could accelerate, I suddenly felt a great impact from the rear. I alighted my vehicle (A), and realised that it was vehicle (B), who hit into the rear portion of my vehicle (A) causing damages to my vehicle. There was a vehicle (C) who has hit into the rear portion of vehicle (B) as well. It was a chain collision of 3 cars in total.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION:

I/We declare the foregoing information to be true and correct.


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Person's Signature
 Name:
 Date/Time:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 22/09/2020	Time: 0040	(hh:mm) 24 hr format
Location Bukit Batak Rd. towards PIE before Dulwich College		
Vehicle Number SMD1544R		
Insured Name Loh Chang Wei		
NRIC/FIN 58835997F	Contact Number 9093 7934	
Make BMW	Model 116D	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMHCSNA00000051900		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC/FIN 58835997F	Contact Number 9093 7934	
Date of Birth 26/09/1988		
Driving Pass Date 24/10/2007		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address		(<input checked="" type="checkbox"/>) NO EMAIL
Address of Driver Blk 25 Teck Whye Lane #03-156 S(680025)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others After Rain		
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Loh Chang wei - neck & back		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SJD83220	
Veh C	SLC7275U	
Veh D		
Veh E		
Veh F		

1 driver only

Motor Hire Car

MZ406L/B

N SN

AN0055A

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. DMHCSNA0000051900

Engine No. 37369363B37D15A
Cha No. WBA1V72090V249859

1. Index Mark and Registration Number of Vehicle SMD1544R

AUTOSAFE

2. Name of Policy Holder LOH CHANG WEI

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29/10/2019

Excess Sect I.	\$1,250.00
Excess Sect I (Outside Singapore)	\$2,500.00
Excess Sect II	\$1,500.00
Excess Sect. II (Outside Singapore)	\$3,000.00
EX ON WINDSCREEN	\$100.00

4. Date of Expiry of Insurance 28/10/2020

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

LOH CHANG WEI

ANY AUTHORISED DRIVER

6. Limitations as to use:

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD 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: _____



Lim Lee Choo
Authorised Officer



Authorised Signatory