

NATIONAL Assessment Centre Services.

(over 1 Jan 2020)

MA20102791

Date In: 19/11/2020 15:56	Job description	Date & Time Completed	Done by
Ref No: N88/C7220012775/Y	SAS e-Milling		
Veh No: SMP 18133T	E-mail (Vehicle sheet, AIC sheet)		
D.O.A: 19/11/2020 12:25	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Principal/Ins:	Veh No: SL7 8893P	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

() 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$42543
Damage Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey	\$20
	5) PT: Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$160
	7) NI: (Inc DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	\$3
	* NS: Courtesy Car / Tpl Allowance	\$10
	* NS: Repairs Coordination	\$25
	* NS: Post Repair Inspection	\$3
	* NS: DV / Collect Licenses Coordination	\$20
	TE (NI) / TP (Non INC) against INC	\$0
	9) NIS: Idas Mobile	
	Invoice dated	Fax Charged
	Invoice dated	Fax 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	19/11/2020 15:56
Date Of Accident	19/11/2020 12:25
Exact Location Of Accident	SLIP ROAD FROM PIE (JALAN BAHAR) TOWARDS BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8133J
Insured/Policyholder	
Name Of Registered Owner	NG YONG SOON
NRIC No	SXXXX397B
Email Address	JASONNG@VITASDESIGNSG.COM
Mobile Phone No	(LOCAL) +65-92710595
Alternative Phone No	OTHERS-92710595

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00077882000
Cover Note Number	

Driver

Name of Driver	NG YONG SOON
NRIC No	SXXXX397B
Date Of Birth	16/08/1970
Occupation	INDOOR
Date Of Driving Pass	15/12/1989
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92710595
Fax Number	
Contact Number	OTHERS-92710595

Address	BLK 178A RIVERVALE CRESCENT #10-455
Postcode	541178
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)	2
Passenger 1	NAME: : TAN KWA YORK HONG 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT8893P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG YONG SOON
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMP8133J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN KWA YORK HONG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SMP8133J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

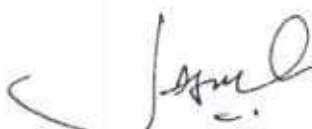
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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:

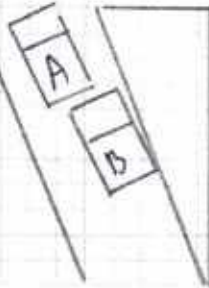


19/11/2022

Reporting Centre Personnel's Signature
Name: Redi
NRIC/FIN No.: 900103

SKETCH PLAN

Jalan Bahar



PIE

(A) smf 9153J

(B) SLT 8893P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.11.2020 at about 12:25hrs, I was travelling along Slip Rd from PIE (Jln Bahar) Towards PIE. Upon reaching the junction, I slow down & stop while waiting for the main road to clear, all of a sudden I felt an hard impact from the rear. Then I realised SLT 8893P had collided onto my rear. That's all.

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.:

Jason P11010

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY ()

DATE OF ACCIDENT : 19-11-2020 TIME : 12:25 hrs
LOCATION : Slip Road from PIE (Jln Bahru) Towards Boon Lay

VEHICLE NUMBER : SMP 8133J MAKE / MODEL Mercedes Benz C180 Avantgarde (R17)
OWNER INSURED : NG YONG SOON
NRIC NO. : S70283978 CONTACT NUMBER: 92710595
INSURANCE COMP: China Taiping POLICY NUMBER: DMP(CSN)W000T7892000
TYPE OF INSURANCE: COMPREHENSIVE () TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: ()

DRIVER NAME : NRIC NO.:

ADDRESS: 178A RIVERSIDE Crescent #10-455 POSTAL: 541176
CONTACT: 92710595 EMAIL: jasonng@vitasdesignsg.com GENDER: M
DOB: 16-06-70 DATE OF PASS: 15-12-1969

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES (☒) NO

IF NO, RELATION OF DRIVER WITH INSURED:

☒ OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS

WEATHER CONDITION: ☒ CLEAR () RAINING () DRIZZLING

ROAD SURFACE: ☒ DRY () WET () SLIPPERY

WAS ANYBODY INJURED: ☒ YES () NO INJURIES SUSTAINED : Neck Back Pain (Both pax & driver)

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:
() YES (☒) NO POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: ☒ YES () NO CONVEY BY AMBULANCE () YES (☒) NO

NUMBER OF PASSENGER INCLUDE DRIVER:

PARTICULAR OF PASSENGER : Tan Kwa Yock HONG () MALE (☒) FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B	SLJ 8893P	NAME / NRIC:	CONTACT:
VEHICLE C		NAME / NRIC:	CONTACT:
VEHICLE D		NAME / NRIC:	CONTACT:
VEHICLE E		NAME / NRIC:	CONTACT:
VEHICLE F		NAME / NRIC:	CONTACT:
VEHICLE G		NAME / NRIC:	CONTACT:

WITNESS (IF ANY)

NAME: HP NO. : NRIC:

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*

Motor Private Car

MX1E

N SN

AN0595A

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.

DMPCSNW00077882000

Engine No.: 27491031219942

Cha. No.: WDD2050402R358652

1. Index Mark and Registration
Number of Vehicle

SMP8133J

2. Name of Policy Holder

NG YONG SOON

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

03/07/2020

Named Drivers Ex Sect. I \$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

02/07/2021

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).

TECK WEI CREDIT PTE LTD

Please see reverse

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

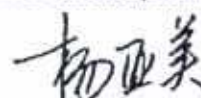
Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 397B

Vehicle Details

Vehicle No.: SMP8133J
Vehicle to be Exported: No
Intended Deregistration Date: 30 Nov 2020
Vehicle Make: MERCEDES BENZ
Vehicle Model: C180 AVANTGARDE (R17 LED)
Primary Colour: Silver
Manufacturing Year: 2017
Engine No.: 27491031219942
Chassis No.: WDD2050402R358652
Maximum Power Output: 115.0 kW (154 bhp)
Open Market Value: \$37,239.00
Original Registration Date: 22 Feb 2018
First Registration Date: 22 Feb 2018
Transfer Count: 1
Actual ARF Paid: \$44,135.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 21 Feb 2028
PARF Rebate Amount: \$33,101.00

Intended COE Rebate Details

COE Expiry Date: 21 Feb 2028
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$42,661.00
COE Rebate Amount: \$30,831.00
Total Rebate Amount: \$63,932.00

The information contained herein is correct as at 19 Nov 2020

OK