

NATIONAL Assessment Centre Services. (part 1 Jan 2005)

SA/08210010007

Date In: 23/12/2020 11:46	Job description	Date & Time Completed	Done by
Ref No: NIA 2100179	SAS e-filing		
Veh No: SC 6900B	E-mail (Vehicle 3hrs, A/C 2hrs)		
D.O.A: 21/12/2020 11:50	I-Motor Claims Form		
OD TP: Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vkstr		

Preferred Wkcp / INC Assgn Wkcp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PC 7051B 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 repolar.

() 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: _____

NIA 2100179	1) All: Accident Reporting (\$30)	INC (\$10)
	3) DA: Damage Assessment (\$100)	\$40/\$43
Driver/Owner:	3) TP: Towing Fee	\$120
Contact No:	4) PT: Follow-Through Survey	\$30
Damaged Portion:	5) PF: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (over 10 Jan 2007)	\$73
Author's Comments:	6) TR: Re-inspection	\$160
Est. It:	7) NI: Issue DA + SMRT Survey	
2/2	8) NTUC Additional Services	
	OD:	\$3
	*NS: Courtesy Car / Tpl Allowance	\$10
	*N6: Repair Coordination	\$23
	*N7: Post Repair Inspection	\$3
	*N8: DV / Collect Excess Coordination	\$15
	TP (NI) / TP (Non-INC) against DRG	\$0
	9) N12: Idas Mobile	
	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 willful 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 Submission	23/12/2020 17:46 (SGT)
Date of Accident	21/12/2020 11:50 (SGT)
Exact Location of Accident	150 Yishun Street 11, Singapore 760150
Additional Location Information	CARPARK LOT 339
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE6900B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ECHAN STUDIO
Company Reg No	5XXXX454D
Email Address	bryanbeng24@gmail.com
Mobile Phone No	(Phone) +65-93883383
Alternative Phone No	+65-88942265

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNW00005292001
Cover Note Number	-

DRIVER

Name of Driver	NG LIN MING
NRIC No	SXXXX101Z

Date Of Driving Pass	03/11/2017
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88942265
Alt. Phone Number	-
Email Address	bryanbeng24@gmail.com
Address	BLK 150 YISHUN STREET 11
Address complement	#07-04
Postcode	760150
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	PC7051B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.

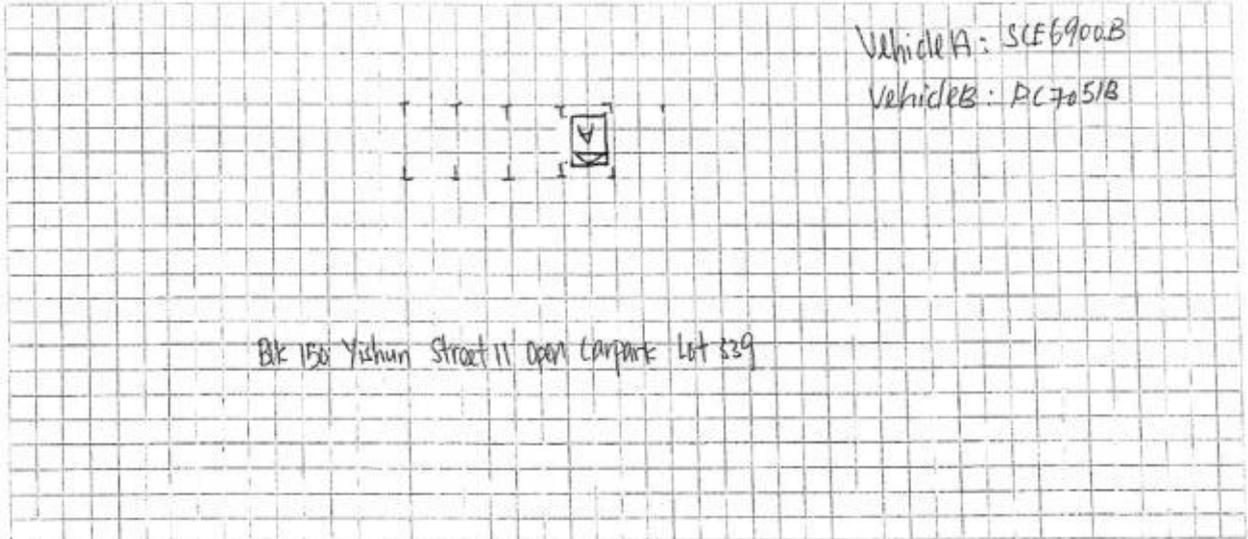


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

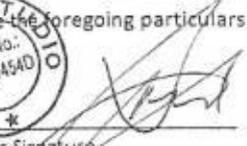


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20/12/2020 @ 2330hrs, I, vehicle A (SCE6900B) was parked at the car park Lot 339 at the stated location. On 21/12/2020 about 1300hrs, I went down to my vehicle and discovered there is a note left on my windscreen. I then realised that vehicle B (PC7051B) collided onto my front portion of my vehicle causing damages.

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.:

Date of Accident : 21/12/2020 Accident Time: 1150hrs (24-HR-FORMAT)

Accident Place : Blk 150 Yishun Street 11 Open Carpark Lot 339

Vehicle Reg. No (Car plate No.) : SKE69008 Vehicle Make/Model: Mitsubishi Lancer

Insurance Company : China Taiping Policy No. DMH(CSNW00005292001)

Name of Registered Owner : Company / Individual Echan Studio

ID of Registered Owner : Co Reg No: 532424540 Owner's NRIC No: -
 Co Contact No: 93863383 Owner's Contact No: -

DRIVER'S Name : Ng Lin Ming DRIVER'S NRIC No: S88321012

DRIVER'S Date of Birth : 10-09-1988 DRIVER'S License Pass Date 03 Nov 2017

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer

DRIVER'S Address : APT Blk 150 Yishun Street 11 #07-04 Singapore 760150

DRIVER'S Contact No / Alt No. : 1) 88942265 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : bryanbang24@gmail.com

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): 0 Passenger Name: _____ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>PC 751B</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



P CHAN STUDIO

21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609
TEL: 93883383 / 86853000 ROC: 53243454D

Date: 8/7/20

S/N: _____

Car Rental Agreement

HIRER / COMPANY PARTICULARS

Name (as per NRIC): 767 EXPRESS ENTERPRISE PTE LTD License Pass Date: _____
NRIC No: 2017766267 DOB: _____
Address: 879B TAMPINES AVE 8 #09-57 S(522879
Contact No. (1): 90575820 Contact No. (2): _____

RELIEF / GUARANTOR PARTICULARS

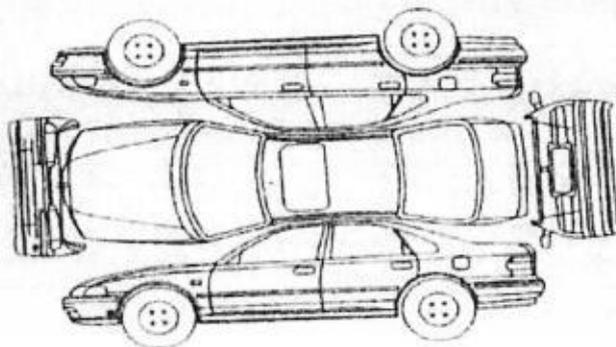
Name (as per NRIC): NG LINMING License Pass Date: _____
NRIC No: S(88331012 DOB: _____
Address: 150 Yishun ST 11 #07-04 S(760150)
Contact No. (1): _____ Contact No. (2): _____

VEHICLE DETAILS

Make & Model: MIT LANCER. 6.6A
Vehicle Registration Number: SCE6900E Contract Period: _____
Date/Time Collection: 8/7/2020 11.45am
Date/Time Return: _____
Mileage Out (KM): _____ Mileage In (KM): _____
Fuel Level Out: _____ Fuel Level In: _____

PRE RENTAL CHECKLIST

Identify areas of damage on the diagram and include comments within the remarks below.



REMARKS:

Everyday driver must check radiator water and engine oil, driver must ensure that it is always at sufficient level

S\$3000 Excess is applicable for driver who is 22 years old (or older) or with minimum 2 years driving experience

S\$6000 Excess is applicable for driver who is 21 year old or with minimum 1 years driving experience.

S\$9000 Excess is applicable for driver who is below 20 year old or with less than 1 years driving experience

PAYMENT

Rental Amount: _____ (Day/Week/Month) Deposit Amount: _____
Refund Deposit: _____ (Signature/Date)

Authorized Staff Signature & Date: _____

Motor Hire Car

MZ406LB

R SN

AN0420A

Cov. Type:T

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.	DMHCSNW00005292001	Engine No.:	4A910128014
		Cha. No.:	JMYSRCY2AAU000382
1. Index Mark and Registration Number of Vehicle	SCE6900B		
2. Name of Policy Holder	ECHAN STUDIO		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/09/2020	Excess Sect. II	SS1,500.00
		Excess Sect.II (Outside Singapore).	SS3,000.00
4. Date of Expiry of Insurance	25/08/2021		
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.			
ANY EMPLOYEE OF THE COMPANY OR		ANY AUTHORISED HIRER/DRIVER ONLY	
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. : LIAN HONG PTE 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



Issued By INXPRES INSURANCE AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Authorised Signatory