NATIONAL Assessment Centre Services. [wef 1 Jan'06] . SN0830CR0003

	Job description	Date &Time Completed	Done by
Date In: 08/12/2020 17.05	SAS e-filling		
Ref No: MSA/C12200/4936/Y	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKD 5453S	I-Motor Claim Form		
D.O.A 26/11/2020 12.10	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/ Hand to Owner/Witsn		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / OW: ( )

TP Particulars: Veh No: SLK 9949M , INC ( ) / Non-INC ( ).

Tel:)

Owner / Driver: ( ) Cover Type: ( ).

Policy No: ( ) Period: ( )

Confirmed by : (Date: Time:

Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

( ) Towing Co: (

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2100029

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)	INC ($30)		
2) DA : Damage Assessment ($100)	$40/$45		
3) TF : Towing Fee	$130		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) (wef 10 Jan 2005) For claims against INC Only	$75		
6) TR : Re-Inspection	$160		
7) NI : Idas DA + SMRT Survey			
8) NIUC Additional Services:			
OD:	$5		
• NS: Courtesy Car / Tpt Allowance	$10		
• N6: Repair Co-ordination	$25		
• N7: Post Repair Inspection	$5		
• N8: DV / Collect Excess Coordination	$20		
TP (NII) : TP (Non INC) against INC	30		
9) NI3: Idas Mobile			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Ref. Ir:

1/2/3

SN0820C80003 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 08/12/2020 12:05 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (08/12/2020 12:05 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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	08/12/2020 12:05 (SGT)
Date of Accident	26/11/2020 12:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE (CHANGI) NEAR ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5453S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW ENG HOCK
NRIC No	SXXXX005Z
Email Address	loweh.vern@gmail.com
Mobile Phone No	(Phone) +65-81810728
Alternative Phone No	+65-81810728

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00051552000
Cover Note Number	-

DRIVER

Name of Driver	LOW ENG HOCK
NRIC No	SXXXX005Z

Date Of Driving Pass	19/06/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81810728
Alt. Phone Number	+65-81810728
Email Address	loweh.vern@gmail.com
Address	8 HOUGANG STREET 92
Address complement	#14-02
Postcode	538686
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	1
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	SLK9954M
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CLARENCE
Contact Number	(Phone) +65-91510121
Address	-
Address complement	-
Postcode	

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

Vehicle No.: SKD5453S

Insurer: China Taiping

Date & time:

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 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.

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 the 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 coolected 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, regualators, 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:

08/12/2020

Reporting Centre Personnel's Signature

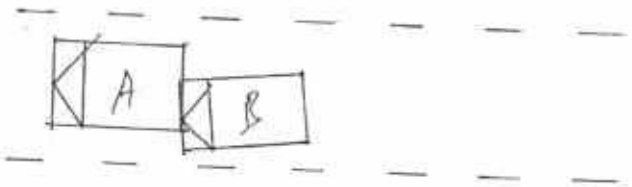
Name:

NRIC/FIN No.:

SKETCH PLAN

Date: 26 Nov 2020 Time: 12:10 PM Location: CTE toward PIE (Changi) near AMK Ave 1 exit

Vehicle A: SKD5453S Vehicle B: SLK9954M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, my car is travelling straight in my lane when the vehicle B hit my car rear

( ) Claim OD / TP (✓) Claim OD / TP at other workshop ( ) Reporting only

Remarks: Please forward a copy of my efile accident report to:

My workshop: **Revol Carz Garage Pte Ltd**

Email address: **enquiry@revol.com.sg**

My name: **Low Eng Hock**

Email address: **loweh.vern@gmail.com**

Note: Please take note that your insurer have **14 days timeframe** for you to submit Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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 08/12/2020
Name:
NRIC/FIN No.:

MRIC

Date:

This is NOT an admission of blame/ liability, but a summary of identities and facts which will speed up the settlement claim. This form is to facilitate the mobile reporting service for E-filing.

Date of the Accident: 26 Nov 2020 Time of the Accident: 12:10 PM

Exact Venue of the Accident: CTE toward PIE (Changi) near AMK Ave 1 exit

Exact purpose of usage: Private / Commerical / Hire & Rewards / Others:

No of people inside the car including driver: 1 Got video: Yes / No

Weather Condition: Clear / Wet / Others: Road Condition: Dry / Wet / Others:

Police Report: Yes / No If yes, which police station:

Notice of Prosecution Given: Yes / No If yes, against whom:

Vehicle Detail

Car Plate No: SKD5453S Car Model: Merc C180 Colour: Red

Owner Name: Low Eng Hock NRIC/FIN/PP: S0772005Z Contact No: 81810728

Address: 8 HOUNGANG STREET 92 #14-02 REGENTVILLE S538686 Email: loweh.vern@gmail.com

Insurance Co: China Taiping Policy No: Policy Type: Comprehensive / 3rd Party, Fire & Theft / 3rd Party

Vehicle Category: Private / Commerical / Hire & Rewards Purpose of report: Reporting only / OD Claim / 3rd Party Claim / Private Settlement

Driver Detail if not the Registered Owner

Driver Name: NRIC/FIN/PP: Contact No:

Date of Birth: Nationality: Gender: Male / Female

Relationship to the owner: Occupation: Indoor / Outdoor

Class of License	Class 2B	Class 2A	Class 2	Class 3A	Class 3	Class 4	Class 5
Pass Date							

License Serial No:

Other vehicle or property involved

Car Plate No: SLK9954M Car Model: Honda JAZZ 1.3L A Colour: Blue

Driver Name: Clarence NRIC/FIN/PP: Contact No: 91510121
Detail of property if not veh:

Car Plate No: Car Model: Colour:

Driver Name: NRIC/FIN/PP: Contact No:
Detail of property if not veh:

Car Plate No: Car Model: Colour:

Driver Name: NRIC/FIN/PP: Contact No:
Detail of property if not veh:

Driver Name: NRIC/FIN/PP: Contact No:
Declaration

We declare that the above particulars & information provided above are true in every aspect.

Registered Owner / Driver Signature

Date / Time

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

N SN

AN0575A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1959
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Singapore)

CERTIFICATE No: BMPCSNW00051552000

Engine No.: 27191031347480

Cha. No.:WDD2040452A601869

1. Make, Model and Registration Number of Vehicle: SKD5453S

AUTOSAFE

2. Name of Policyholder: LOW ENG HOCK

3. Effective date/time (Commencement of insurance for the purposes of the Regulations mentioned or Endorsed): 14/09/2020

4. Date of Expiry of Insurance: 13/09/2021

Named Drivers Ex Sect. I S$500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S$3,000.00

Ex Sect. 1 - Age >= 26 S$500.00

* Age as at date of accident

EX ON WINDSCREEN S$100.00

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. Limitation 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 letting 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. : HONG LEONG FINANCE LTD AS HP OWNER

Limitations required respectively by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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: OH BIM KONG
Authorised Officer

Authorised Signatory