

NATIONAL Assessment Centre Services. Part 1 Jobs. SM 092128 000G

Date In: 8/2/21 14:52	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 21001827/h4	SAS e-filing		
Veh No: SKZ 4184 J	E-mail (within 2hrs, AIC 2hrs)		
DDA: 6/2/21 16:50	I-Motor Claim Form		
IP: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

IP Particulars:	Veh No: YQ 8877 Z	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Completed 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 ()		

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Damage: _____

NA2101573	Invoice dated	Fee Charged
Driver/Owner:	Invoice dated	Fee Charged
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Additional Comments:		
Call 1:		
Call 2:		

1) AR: Accident Reporting (\$30);	30
2) DA: Damage Assessment (\$100); INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (w/c 10 Jan 2009)	
6) TR: Re-inspection \$75	
7) NI: Idan DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
*NS: Courtesy Car / Tpt Allowance	\$3
*NG: Repair Co-ordination	\$10
*NJ: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$3
*TP (N11): TP (N-n INC) against INC	\$20
9) NI2: Idan Mobile	\$0

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 Submission	08/02/2021 14:52 (SGT)
Date of Accident	06/02/2021 16:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4184J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO WAI CHEONG
NRIC No	SXXXX085G
Email Address	STEVENKHOO1919@GMAIL.COM
Mobile Phone No	(Phone) +65-96314883
Alternative Phone No	+65-96314883

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
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	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00074212001
Cover Note Number	-

DRIVER

Name of Driver	KHOO WAI CHEONG
NRIC No	SXXXX085G
Date Of Birth	15/08/1967
Occupation	Indoor

Date Of Driving Pass 20/08/1992
 Driving experience 28 YEARS AND 6 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96314883
 Alt. Phone Number +65-96314883
 Email Address STEVENKHOO1919@GMAIL.COM
 Address BLK 219 AMK AVE 1 #07-827
 Address complement -
 Postcode 560219
 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 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name YUEN LAI LENG
 Gender Female

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

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 YQ8877Z
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YUEN LAI LENG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SKZ4184J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person KHOO WAI CHEONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SKZ4184J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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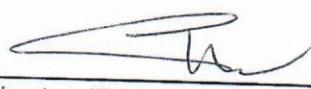
8. Consent under the Personal Data Protection Act (PDPA)

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.



Policyholder's Signature / Date & Time

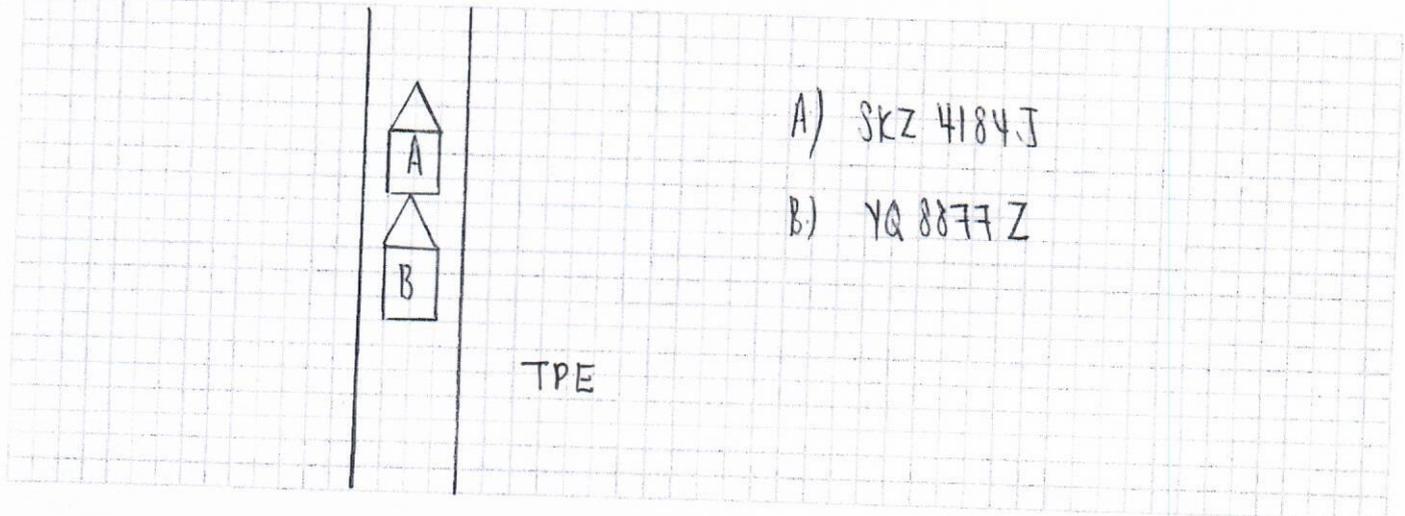


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 06.02.2021 at about 4.50pm, I was travelling along TPE Exit
Towards Punggol Road. I was stationary due to front traffic. Suddenly
Vehicle B hit on my vehicle.

Declaration

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



Witnessed by Reporting Centre Personnel

Motor Private Car

MX1E
R SN
AN0218A
Gov. 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. DMPCSNNW0074212001

Engine No. B4154T51435853
Cha. No. YV1MV28H0G2314138

1. Index Mark and Registration Number of Vehicle SKZ4184J

AUTOSAFE

2. Name of Policy Holder KHOO WAI CHEONG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21/07/2020

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 20/07/2021

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 \$51,000 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

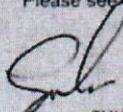
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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).

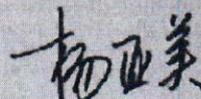
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



SHUANG HUP AGENCY
Authorised Officer



Authorised Signatory

Date of Accident : 06.02.2021 Accident Time: 4.50 pm (24-HR-Format)
 Accident Place : TPE Exit Towards Punggol Road.
 Vehicle No. (Car Plate No.) : SKZ 4184J Make/Model: Volvo V40.
 Insurance Company : China Taiping Policy No: DMPCSMW00074212001.
 Owner or Company Name / IC No. : Khoo Wai cheong (818220856)
 Owner or Company Contact No. : 96314883 Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 15.09.1967 DRIVER'S License Pass Date 20.08.1992
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : Blk 219 Ang Mo Kio Avenue 1 #07-827 (S) 560219.
 DRIVER'S Contact No./ Alt No. : 1) - 2) -
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : Stevenkhoo1919@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): 1 Driver / 1 passenger.
 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: <u>YQ 8877Z</u>	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:

Yuen Lai Leng - Female.

