

NATIONAL Assessment Centre Services.

SMOP2/260002

Date In: 16/02/2020 12:43	Job description	Date & Time Completed	Done by
Ref No: NBA/C1210021774	SAS e-Milling		
Veh No: SJT 24267	E-mail (Job site, A/C site)		
D.O.A: 13/02/2021 19:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (winder: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VVRSN		

Yols

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TP Identification: Vch No: GB-434E, INC(,)/Non-INC(,).

Tel:

Policy No: () Period: () Cover Type: ()

Date,

· *Thinner*

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 rep/rlr.

() '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 :

NA 210/172

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Anchor's Comments

211111

2/3

1) All Accident Reporting (530)

3) DA: Dəmyatın Ağırlaşması! (5100)

5) 47, Towling Ave

1) PT: Follow-Through Survey

For planning and use only, (w)

6) The suspension

7) NI: ID10 DA + EMRT Survey

4) NTUC Additional Services

on

NS; Courtesy Car / Tpl Allowance

*NGP Repair Coordination
*NGP Repair Inspection

W.D. / Collect. Use of Court

TYPE (NUMBER) TYPE (RATING) 1.12

7) Nizi I dan Mobile

Involved dated

Invoice dated

Fee charged

Pre Charge

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	16/02/2021 12:43 (SGT)
Date of Accident	13/02/2021 19:30 (SGT)
Exact Location of Accident	713 Yishun Street 71, Singapore 760713
Additional Location Information	CARPARK LOT 420
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2426T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG LEE LING (HUANG LILING)
NRIC No	SXXXX251G
Email Address	ivyng146@gmail.com
Mobile Phone No	(Phone) +65-96920092
Alternative Phone No	+65-96920092

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	DMPCSNA00128032001
Cover Note Number	-

DRIVER

Name of Driver	NG LEE LING (HUANG LILING)
NRIC No	SXXXX251G

Date Of Driving Pass	10/02/1998
Driving experience	23 YEARS
Gender	Female
Mobile Number	(Phone) +65-96920092
Alt. Phone Number	+65-96920092
Email Address	ivyng146@gmail.com
Address	BLK 713 YISHUN STREET 71 #02-208
Address complement	-
Postcode	760713
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 on collision
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	GBJ434E
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

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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)**

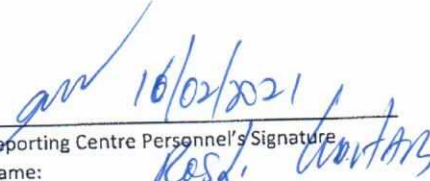
I understand, acknowledge, agree and consent that:

- (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.



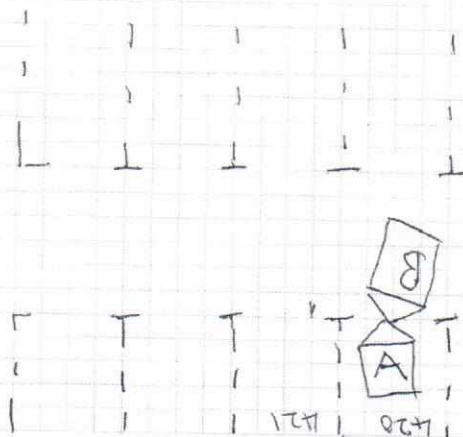
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A - SJT 2426T

B - GBJ 434E

Carport Lot 420 of Blk 713 Yishun St 71

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date, time and location, My vehicle 'A' was stationary parked inside LOT 420. Vehicle 'B' head ended my vehicle 'A' causing damages to ~~my~~ the front portion of my vehicle 'A'

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.:

16/02/2021

Kesha

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 02 / 2021 (dd/mm/yy) Time of Accident: 19:30 (24-HR-FORMAT)
Vehicle No.: SST2426T Vehicle Make & Model: Hyundai Avante
*Transmission: ☐ Manual ☒ Auto *C.c.: 1.6
Exact location of Accident: Carpark lot 420 of Bk 713 Yishun St 71
Policyholder's Name: Ng Lee Ling NRIC/FIN/REG No.: S7313251G
*Policyholder's email address: ivyng146@gmail.com
Driver's Name: As above NRIC/FIN/REG No.: S7313251G
*Driver's email address: ivyng146@gmail.com
Driver's Contact No.: 9692 0092 Company Contact No (If any): -
Date of birth: 20/04/1973 Driving Pass Date: 10/02/1998
Driver's Address: Bk 713 Yishun St 71 #02-208 (S760713)
Insurance Company: China Taiping
Policy No.: DMPCNA00128037001 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -
What do you wish to claim? (Please **TICK** one only)
☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other Head to Head
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): -
*Passanger Name: - Gender: Male / Female
*Passanger Name: - Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -
Was there any video captured by your car Car camera? ☒ Yes / ☐ No
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: -
Injuries Sustain: - Injured Person in Which Vehicle: -
Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBJ 434E
Driver's Contact No: _____ Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____

Motor Private Car

MX1F

R SN

AN0420A

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.	DMPCSNA00128032001	Engine No.: G4FC9U721993	
		Cha. No.: KMHDU41BMAU861895	
1. Index Mark and Registration Number of Vehicle	SJT2426T	AUTOSAFE	=====
2. Name of Policy Holder	NG LEE LING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/09/2020	Named Drivers Ex Sect. I	SS\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN ,	SS\$100.00
4. Date of Expiry of Insurance	29/09/2021		
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 SS\$500 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. : SWEE SENG CREDIT 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 reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
Tan Minglie
Authorised Officer

_____ 
Authorised Signatory