

# NATIONAL Assessment Centre Services

|                                 |   |                       |         |
|---------------------------------|---|-----------------------|---------|
| Date In <b>21/04/21</b>         | Job description                                 | Date & Time Completed | Done by |
| Ref No <b>NA/CTI21003013/13</b> | SAS e-filing                                    |                       |         |
| Veh No <b>SM7 7799Z</b>         | E-mail (within 2hrs. After 2hrs)                |                       |         |
| DOA <b>20/04/21</b> <b>1335</b> | i-Motor Claim Form                              |                       |         |
| OD <b>(1)</b> Reporting Only    | i-Motor W/O (Within 2hrs. TP 4hrs)              |                       |         |
|                                 | i-Photo Uploaded                                |                       |         |
| TP Insurer                      | Assessment/Survey Report                        |                       |         |
|                                 | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> |                       |         |

|  |                         |                       |       |
|--|-------------------------|-----------------------|-------|
| Preferred Wksp / INC Assign Wksp / QW: (   |                         | Tel:                  | Fax:  |
| TP Particulars:  | Veh No: <b>FBE8142X</b> | 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%, F: 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. ( )                            |

|   |                       |         |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

## Injury:

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                  |   |                      |                      |
|----------------------------------|---|----------------------|----------------------|
| <b>Claimant's Particulars :-</b> | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
| Driver/Owner:                    | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Contact No:                      | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Damaged Portion:                 | 3) TP: Towing Fee \$40/\$45                     |                      |                      |
| QC Checked by (Engr-In-Charge):  | 4) FT: Follow-Through Survey \$120              |                      |                      |
|                                  | 5) RT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                  | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|                                  | 6) TR: Re-inspection \$75                       |                      |                      |
|                                  | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                  | 8) NTUC Additional Services:-                   |                      |                      |
|                                  | QD:   |                      |                      |
|                                  | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                  | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                  | *N7: Post Repair Inspection \$25                |                      |                      |
|                                  | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                  | TP (N11): TP (N-n INC) against INC \$20         |                      |                      |
|                                  | 9) N12: Idac Mobile \$10                        |                      |                      |
| Auditors' Comments :-            | Invoice dated                                   | Fee Charged          |                      |
| Cat. 1:                          | Invoice dated                                   | Fee Charged          |                      |
| Cat. 2 / 3:                      |   |                      |                      |

## 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              | 21/04/2021 15:10 (SGT) |
| Date of Accident                | 20/04/2021 13:35 (SGT) |
| Exact Location of Accident      | Mandai Rd, Singapore   |
| Additional Location Information | TOWARDS UPP THOMSON RD |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMT7799Z             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | ENG LEI LEI          |
| NRIC No                     | SXXXX167D            |
| Email Address               | KEE3939@GMAIL.COM    |
| Mobile Phone No             | (Phone) +65-82803869 |
| Alternative Phone No        | +65-82803869         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | Glc250                    |
| 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               |
| Transmission   | Auto                      |
| CC   | 2000                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNA00033292101                            |
| Cover Note Number         | -   |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | HIUW BON CHONG |
| NRIC No        | SXXXX294I      |

|  |                      |
|--|----------------------|
| Date Of Birth  | 25/04/1977           |
| Occupation   | Outdoor              |
| Date Of Driving Pass   | 03/04/2000           |
| Driving experience   | 21 YEARS             |
| Gender   | Male                 |
| Mobile Number  | (Phone) +65-81250066 |
| Alt. Phone Number  | -                    |
| Email Address  | KEE3939@GMAIL.COM    |
| Address  | BLK 1 HAIG ROAD      |
| Address complement   | #05-567              |
| Postcode   | 430001               |
| Is the driver the policyholder?                              | No                   |
| If No, Relationship of the Driver with the Insured           | Spouse               |
| 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   | Chain 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   | 3   |
| 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

PLS REFER TO THE ATTACHED 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 | FBE8142X             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Motorcycle           |
| Name of Driver              | CHNG YEE CHIN        |
| NRIC No                     | SXXXX308A            |
| Contact Number              | (Phone) +65-96749132 |
| Address                     | -                    |

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                    |
|---|--------------------|
| Vehicle Registration Number             | GBF1509M           |
| Vehicle Manufacturer                    | -                  |
| Vehicle Model                           | -                  |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | -                  |
| Vehicle Category                        | Commercial vehicle |
| Name of Driver                          | CHAN SIEW WAH      |
| NRIC No                                 | SXXXX386E          |
| Contact Number                          | -                  |
| Address                                 | -                  |
| Address complement                      | -                  |
| Postcode                                | -                  |
| Insurance Company Name                  | -                  |
| Nature Of Damage                        | -                  |
| Details of property damaged in accident | -                  |
| No. Of Passenger (Including Driver)     | -                  |

**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 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.:

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop  
Yi Heng Motor Workshop via email : [yihengmotorworkshop@yahoo.com.sg](mailto:yihengmotorworkshop@yahoo.com.sg)

Signature : \_\_\_\_\_

SEMPANG ROAD

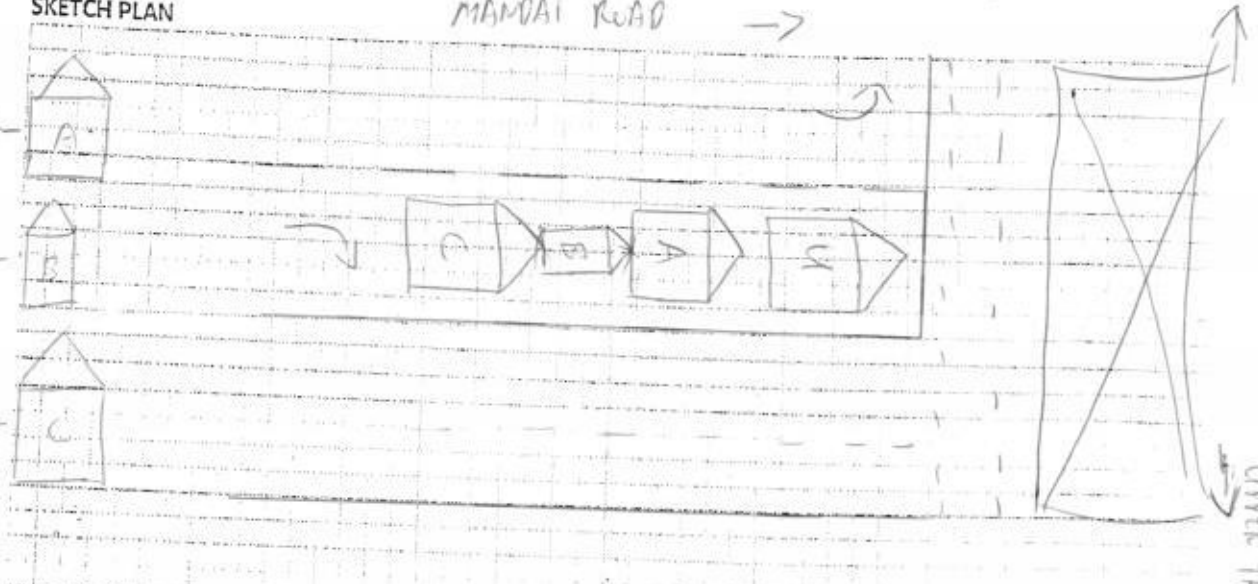
SKETCH PLAN

MANDAI ROAD →

SMT7799Z

FBE8142X

G6F1509M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE SMT7799Z

ON 20/04/2021 AT ABOUT 1.35PM, I WAS DRIVING ALONG MANDAI ROAD TOWARDS UPPER THOMSON ROAD. AS THE TRAFFIC LIGHT WAS RED, I STOPPED TO WAIT FOR GREEN LIGHT. SUDDENLY I FELT AN IMPACT ON THE REAR OF MY VEHICLE. AFTER ALIGHTING, I SAW VEHICLE FBE8142X HAD COLLIDED TO MY REAR & VEHICLE G6F1509M HAD COLLIDED TO THE REAR OF FBE8142X. IT WAS A CHAIN COLLISION. WE TOOK SOME PHOTOS & EXCHANGE OUR PARTICULARS THATS 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.:



VEHICLE NO: SMT 7799Z


MAKE &amp; MODEL : MERCEDES GLC 250

AUTO/MANUAL

|  |  |            |
|--|--|------------|
| DATE OF ACCIDENT   | 20 / 4 / 2011  | *C.C. 2000 |
| TIME OF ACCIDENT   | 1.35 AM / PM   |            |
| LOCATION OF ACCIDENT   | MANDAI ROAD TOWARDS UPPER THOMSON ROAD               |            |
| EXACT PURPOSE USED AT TIME OF ACCIDENT   | EMPLOYMENT (PRIVATE USE) PRIVATE HIRE                |            |
| <b>NAME OF OWNER</b>   | ENG LEI LEI Email: kee3939@gmail.com                 |            |
| TELP NO  | Mobile: 82803869 Office: Home:                       |            |
| NRIC   | 57579167D  |            |
| CLAIM TYPE   | OD (THIRD PARTY) REPORTING ONLY                      |            |
| FLEET POLICY   | YES / NO?  |            |
| INSURANCE CO.  | CHINA TAIPING  |            |
| TYPE OF COVERAGE   | Comprehensive Third Party / Third Party Fire & Theft |            |
| POLICY NO.   | DMPCSNA00033292101                                   |            |
| <b>NAME OF DRIVER</b>  | AS ABOVE / IF NO: HUIW BON CHONG                     |            |
| NRIC   | 57776294Z  |            |
| DATE OF BIRTH  | 25 / 04 / 1977                                       |            |
| ANY PASSENGER  | YES (NO)   |            |
| NAME OF PASSENGER  | -NIL-  |            |
| GENDER OF PASSENGER  | MALE / FEMALE -NIL-                                  |            |
| OCCUPATION   | Outdoor Indoor                                       |            |
| DATE OF DRIVING PASS   | 03 / 04 / 2000                                       |            |
| GENDER   | Male Female  |            |
| CONTACT NO.  | Mobile: 81250066 Office: Home:                       |            |
| EMAIL  | kee3939@gmail.com                                    |            |
| ADDRESS  | BLK 1 HAIG ROAD #05-567 51436001                     |            |
| DOES DRIVER OWN OTHER VEHICLES?  | NO If yes, Reg No.                                   |            |
| RELATIONSHIP   | Employee / If No: SPOUSE                             |            |
| WEATHER CONDITION  | Clear Raining / Other:                               |            |
| ROAD SURFACE   | Dry / Wet / Other:                                   |            |
| ANY INJURIES   | No If yes: Who?                                      |            |
| CONTACT NO.  |  |            |
| POLICE REPORT  | No If yes: Where?                                    |            |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO IF YES, WHO?                                      |            |
| VEHICLE B NO.  | FBE 8142X Any Passenger: -NIL-                       |            |
| NAME   | CHNG YEE CHIN (52576308A)                            |            |
| CONTACT NO.  | 96749132   |            |
| VEHICLE C NO.  | G1BF1509M Any Passenger: -NIL- DRIVER CHAN SIEW WAH  |            |
| VEHICLE D NO.  | Any Passenger: (50143386E)                           |            |
| VEHICLE E NO.  | Any Passenger:                                       |            |
| VEHICLE F NO.  | Any Passenger:                                       |            |
| ANY WITNESS  | -NIL-  |            |
| WITNESS CONTACT NO.  |  |            |
| WAS THERE ANY VIDEO CAPTURE?   | YES / NO   |            |
| WAS THERE ANY AUDIO RECORDED?  | YES / NO   |            |
| SCENE ACCIDENT PHOTOS TAKEN?   | YES / NO   |            |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO   |            |

PLEASE EMAIL THE GIA REPORT TO : yihengmotorworkshop@yahoo.com.sg

AUTHORISE BY OWNER :





Motor Private Car

MX1E

R SN

AN0083A

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.

DMPCSNA00033292101

Engine No.: 27492031446468

Cha. No.: WDC2533462F434483

1. Index Mark and Registration  
Number of Vehicle

SMT7799Z

AUTOSAFE  
=====

2. Name of Policy Holder

ENG LEI LEI

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

27/03/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers;

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

Ex Sect. I - 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. 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.: HUI HUA 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

KCB AGENCY

Co Reg No. 531165520

200 Jalan Sultan

#02-365 Textile Centre

Singapore 129018

Tel: 6391 3813 Fax: 6391 3810

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By:

Chua Suat Lay Sally

Authorised Officer