

NATIONAL Assessment Centre Services

Date In: 20/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT/21006003/13	SAS e-filing		
Veh No: SFJ9267P	E-mail (within 8hrs. Aft. 2hrs)		
D.O.A: 15/05/21 1440	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4N9721Z	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

NA2102958	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:-		
Cat 1:	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat 2 / 3:	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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 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	20/05/2021 12:03 (SGT)
Date of Accident	15/05/2021 14:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ind Park 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ9267P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOK SHAO HONG
NRIC No	SXXXX812E
Email Address	MOKSHAOHONG@GMAIL.COM
Mobile Phone No	(Phone) +65-93830577
Alternative Phone No	+65-93830577

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00063352100
Cover Note Number	-

DRIVER

Name of Driver	MOK SHAO HONG
NRIC No	SXXXX812E

Date Of Birth	15/01/1988
Occupation	Indoor
Date Of Driving Pass	11/04/2007
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93830577
Alt. Phone Number	+65-93830577
Email Address	MOKSHAOHONG@GMAIL.COM
Address	BLK 303 TAMPINES ST 32
Address complement	#06-56
Postcode	520303
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	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

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	YN9721Z
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)	-

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09JIS K0004 Vehicle Registration No: SLD7977Y
Name(as shown in NRIC) : MOK SHAO HUNG NRIC/FIN/Passport No : SXXXX812E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 303 TAMPINES ST 32 #06-56 Singapore(510303)
Contact (Tel) : _____ Mobile No: : 98830577
Email Address : _____
Date of Accident : 15/05/21 Time of Accident : 1440
Place of Accident : AME INS PARK 2
Insurance Company: CHINA TRIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH NO : SFJ9267P

Policyholder / Driver's Signature
Date:

Shye 20/05/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09DISK0004-01 Vehicle Registration No: SLD7977Y
Name(as shown in NRIC) : MOH CHAO HONG NRIC/FIN/Passport No : SXXXX8126
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 322 TAMMINE ST 32 #06-56 Singapore(520303)
Contact (Tel) : _____ Mobile No.: 93830577
Email Address : _____
Date of Accident : 15/05/21 Time of Accident : 1440
Place of Accident : AME INS PARK 2
Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND VEH NO AT SKETCH PLAN
SFI9267P

Policyholder / Driver's Signature
Date:

slg 20/05/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

20/05/21
on my
table

Date of Accident : 15/05/21 Accident Time: 1443 (24-HR-FORMAT)
Accident Place : ANG MO KIO INDUSTRIAL PARK 2.
Vehicle Reg. No (Car plate No.) : SFJ9267H Vehicle Make/Model: LEADS ES250
Insurance Company : CN TAMPING Policy No. _____
Name of Registered Owner : Company / Individual MOK SHIAU HONG (MO SHIAU HONG)
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8801812 E
: Co Contact No: _____ Owner's Contact No: 93890577
DRIVER'S Name : _____ DRIVER'S NRIC No: _____
DRIVER'S Date of Birth : 15/01/88 DRIVER'S License Pass Date 11/04/07
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: SELF.
DRIVER'S Address : 203 CAMPINES ST #06-56 S(520303).
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : MOK SHIAU HONG @ 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 Name & Gender: _____
Was the accident reported to the police? YES \ NO
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 injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: YN9721Z	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: _____

zoomautowerks@gmail.com

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.

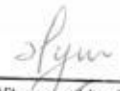
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

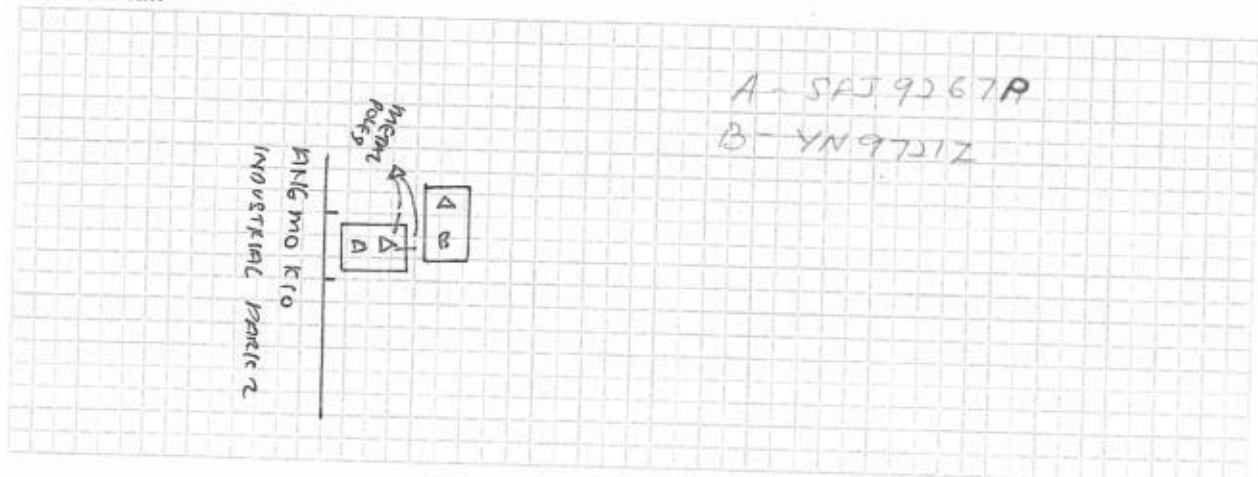
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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

 20/05/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I ~~WAS~~ PARKED MY VEHICLE AND LEFT THE SCENE.


WHEN I RETURNED TO MY VEHICLE, I SAW DAMAGES TO THE FRONT PORTION OF MY VEHICLE AND FRONT LEFT SIDE.

I SAW A NOTE ON MY WINDSCREEN TELLING ME TO CALL A MR POH HOU LAM.

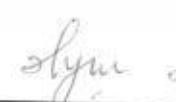
WE INITIALLY WANTED TO PRIVATE SETTLE BUT COULD NOT AGREE TO THE AMOUNT, THUS THE LATE REPORT.

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

 20/05/21
Witnessed by Reporting Centre Personnel

Thank You!

You have successfully replaced vehicle number SLD7977Y with SFJ9267P.
You are required to change the physical number plates on your vehicle to display the newly assigned vehicle number by 24 Apr 2021. Please print and produce this page at the workshop when you change your vehicle number plates.

Vehicle Details After Replacement

Vehicle No:

SFJ9267P

Model:

LEXUS ES250 A/T S/R

Chassis No.:

JTHBJ1GG502092675

Engine No.:

2ARF213001

Printed on 21 Apr 2021 19:53:24

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Motor Private Car

MX1E

E SN

AN0674A

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.

DMPCSNW00063352100

Engine No.: 2ARF213001

Cha. No.: JTHBJ1GG502092675

1. Index Mark and Registration
Number of Vehicle

SLD7977Y

AUTOSAFE
=====

2. Name of Policy Holder

MOK SHAO HONG

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

25/03/2021
(13:03:47)

Named Drivers Ex Sect. I SS1
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 SS

Ex Sect. I - Age >= 26 SS

4. Date of Expiry of Insurance

24/03/2022

* Age as at date of accident

EX ON WINDSCREEN. SS

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.: HONG LEONG FINANCE LTD

* 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)

Red By:

Zhong YueQiang

Authorised Officer

Authorised Signa