

NATIONAL Assessment Centre Services

SV092 15000F

Date In: 31/5/21 18:12	Job description	Date & Time Completed	Done by
Ref No: NA10121006274/V	SAS e-filing		
Veh No: SMW6745U	E-mail (within 8hrs, M-F 2hrs)		
D.O.A: 28/5/21 09:40	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: SKX3778M	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

NA2103014	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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		
Driver/Owner:	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Contact No:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Damaged Portion:	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
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	31/05/2021 18:12 (SGT)
Date of Accident	28/05/2021 09:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TUAS BFR KALLANG BAHRU EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6745U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	1ST AUTO PRO PTE LTD
Company Reg No	-
Email Address	KEITH_KER@LIVE.COM
Mobile Phone No	(Phone) +65-97240353
Alternative Phone No	+65-97240353

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNW00008302000
Cover Note Number	-

DRIVER

Name of Driver	KER SHUN QI KEITH
NRIC No	SXXXX645B

Date Of Birth	10/06/1988
Occupation	Outdoor
Date Of Driving Pass	04/10/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97240353
Alt. Phone Number	-
Email Address	KEITH_KER@LIVE.COM
Address	BLK 261A PUNGGOL WAY #10-353
Address complement	-
Postcode	821261
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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	JEFFREY TAN BOON TECK
Gender	Male

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	SKX3778M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	KER SHUN QI KEITH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMW6745U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	JEFFREY TAN BOON TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMW6745U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 28/05/21 Accident Time: 09:40 (24-HR-FORMAT)
Accident Place : PIE (TUAS) before Kallang bahrui Exit
Vehicle Reg. No (Car plate No.) : SMW 6745U Vehicle Make/Model: Honda Civic
Insurance Company : China Taiping Policy No. OMHCENW00008302000
Name of Registered Owner : Company / Individual 1st Auto 1st Rte Hotel
ID of Registered Owner : Co Reg No: 201702200K Owner's NRIC No: _____
Co Contact No: _____ Owner's Contact No: _____

DRIVER'S Name : Ker Shun Qi Keith DRIVER'S NRIC No: S8820645B

DRIVER'S Date of Birth : 10/06/88 DRIVER'S License Pass Date 04/10/2010

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hirer

DRIVER'S Address : 261A, Ponggol Way #10-353 (821261)

DRIVER'S Contact No./ Alt No. : 1) 9724 0353 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Keith_Ker@live.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): 2 Name & Gender: Jeffrey Tan Boon Teck, male

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) Ker Shun Qi Keith & Jeffrey Tan Boon Teck

Other Party Driver's Particulars (if any)

Vehicle Reg No: SKX 3778 M

Vehicle Reg No: _____

Vehicle Make/Model: Nissan Qashqair

Vehicle Make/Model: _____

Name DRIVER: Kim Cheong Sheng

Name DRIVER: _____

IC No. DRIVER: S7180947A

IC No. DRIVER: _____

DRIVER'S Contact & add: 9108 6091

DRIVER'S Contact & add: _____

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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;

(iii) 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' law yers/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 law vers/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

A = SMW 6745U

B = SKX 3778M.



DIE (Tum) before lallang
Bahru Exit

Describe Circumstances of the Accident


On 28 May 2021, around 9:40am. I was travelling at PIE (Tuas) and got into an accident before Kallang Bahru Exit. I was at Lane 4, going straight on my lane, there was a vehicle (B) suddenly cut into my lane and I was unable to react and bang onto the left portion of that vehicle. My vehicle (A) ^{front} right portion was damaged pretty badly.


you can refer to the accident video footage for more details.

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 Hire Car

MZ406

E SN

AN0661A

Cov. Type:T

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.

DMHCSNW00008302000

Engine No.: R18A11026968

Cha. No.:JHMF0163065207980

1. Index Mark and Registration
Number of Vehicle

SMW6745U

2. Name of Policy Holder

1ST AUTO PRO PTE LTD

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

30/11/2020
(00:00:00)

Excess Sect. II

\$S\$2,000.00

Excess Sect.II (Outside Singapore).

\$S\$4,000.00

4. Date of Expiry of Insurance

23/11/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with the Policyholder's 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:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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:

Hao Zhiyi

Authorised Officer



Authorised Signatory