

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

54082/850001

Date In: 05/08/2021 16:47	Job description	Date & Time Completed	Done by:
Ref No: NBR/CTJ2008212/4	SAS e-filing		
Veh No: 8KE 555CB	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 04/08/2021 18:28	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: GBR 2882H	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

<p>192103520</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>U. 1:</p> <p>U. 2/3:</p>	Invoice Preparation Checklist		Ant (\$)	Adm (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*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-in INC) against INC \$20				
9) N12: Idao 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	05/08/2021 16:47 (SGT)
Date of Accident	04/08/2021 18:28 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE KPE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE5555B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG PENG THIAM
NRIC No	SXXXX387B
Email Address	feliciaworkspace@hotmail.com
Mobile Phone No	(Phone) +65-96209262
Alternative Phone No	+65-88581633

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Slk200
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00117242000
Cover Note Number	-

DRIVER

Name of Driver	NG XIN HUI, FELICIA
NRIC No	SXXXX617J

Date Of Birth	29/11/1989
Occupation	Indoor
Date Of Driving Pass	23/08/2012
Driving experience	9 YEARS
Gender	Female
Mobile Number	(Phone) +65-88581633
Alt. Phone Number	-
Email Address	feliciaworkspace@hotmail.com
Address	BLK 231 SIMEI STREET 4 #07-116
Address complement	-
Postcode	520231
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle 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	CHUA JIANG HAO ANDY
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

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	GBE2882H
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA JIANG HAO ANDY
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKE5555B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

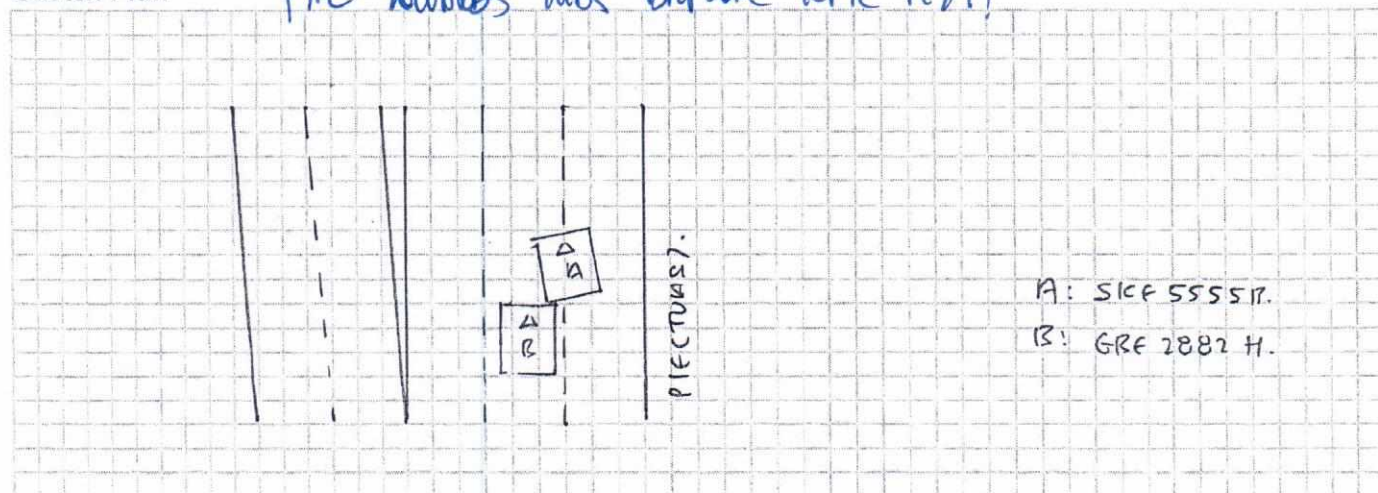
- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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.

Witnessed by Reporting Centre
Personnel

Sketch Plan

PMC numbers for before KPR rx17



ON THE STATED DATE AND TIME, I WAS SWITCHING LANE FROM THE FIRST TO THE SECOND.

WHILE SWITCHING LANE, VEHICLE B HIT INTO MY VEHICLE'S REAR PORTION.

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Witnessed by Reporting Centre Personnel

VEHICLE NO: SKF 5555 B.MAKE & MODEL: MERCS CLK.AUTO / MANUAL

DATE OF ACCIDENT	<u>04 / 08 / 21.</u>		*C.C.
TIME OF ACCIDENT	<u>1828</u> AM / <u>PM</u>		
LOCATION OF ACCIDENT	<u>PICTUAS) BARRAGE KFF EXIT.</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER	<u>NG PENG THAM.</u>		
EMAIL	<u>/</u>	Office:	MOBILE: <u>9620 9262</u>
NRIC	<u>51579387B.</u>		
CLAIM TYPE	<u>OD.</u> / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	<u>YES / NO ?</u>		
INSURANCE CO.	<u>CN TRADING.</u>		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DMPCENW00117242000.</u>		
NAME OF DRIVER	<u>AS ABOVE / IF NO: NG XIN HUI, FELICIA</u>		
NRIC	<u>58942617J.</u>		
DATE OF BIRTH	<u>29 / 11 / 89.</u>		
ANY PASSENGER	<u>YES / NO: 1</u>		
NAME OF PASSENGER	<u>CHUA JIANG HAO ANDY.</u>		
GENDER OF PASSENGER	<u>MALD</u> / FEMALE		
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>		
DATE OF DRIVING PASS	<u>23 / 08 / 12.</u>		
GENDER	<u>Male</u> / <u>Female</u>		
CONTACT NO.	<u>Mobile: 8858 1633</u>		Office: Home:
EMAIL:	<u>FELICIAWORKSPACE@HOTMAIL.COM</u>		
ADDRESS	<u>231 SUME1 ST 4 #07-116 SC520231).</u>		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO.</u> / If yes: Reg No:		INSURER:
RELATIONSHIP	<u>Employee</u> / If No: <u>DAUGHTER.</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No / If YES: Who? PASSENGER.</u>		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?		
VEHICLE B NO.	<u>GRF 2882 H.</u>	Any Passenger: <u>DRIVER ONLY</u>	
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO.</u>		
**WORKSHOP:	<u>REVOLUTION AUTOMOTIVE</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO.</u>		



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

E SN

AN0501A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00117242000

Engine No.: 27186130314639

Chs. No.: WDD1724482F018943

1. Index Mark and Registration
Number of Vehicle

SKE6555B

AUTOSAFE

2. Name of Policy Holder

NG PENG THIAM

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

28/08/2020

Named Drivers Ex Sect. I

SS750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

* Age as at date of accident

EX ON WINDSCREEN.

SS100.00

4. Date of Expiry of Insurance

27/08/2021

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 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., MAYBANK 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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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