

NATIONAL Assessment Centre Services

Date In: 27/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21009012/13	SAS e-filing		
Veh No: SME59996	E-mail (within Mon. AM 2hrs)		
D.O.A: 26/08/21 1120	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: SLK1511K	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

NA2103812	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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 JNC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat 1:	9) N12: Idac Mobile 30			
Cat 2 / 3:	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	27/08/2021 09:19 (SGT)
Date of Accident	26/08/2021 11:20 (SGT)
Exact Location of Accident	339 Thomson Rd, Singapore 307677
Additional Location Information	THOMSON MEDICAL CLINIC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5999E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JIE XIAN,WAYNE
NRIC No	SXXXX068E
Email Address	waynegohjiexian@gmail.com
Mobile Phone No	(Phone) +65-97897066
Alternative Phone No	+65-97897066

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00125482000
Cover Note Number	-

DRIVER

Name of Driver	GOH JIE XIAN,WAYNE
NRIC No	SXXXX068E

Date Of Birth	08/11/1988
Occupation	Indoor
Date Of Driving Pass	10/03/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97897066
Alt. Phone Number	+65-97897066
Email Address	waynegohjiexian@gmail.com
Address	BLK 83B CIRCUIT RD
Address complement	#09-16
Postcode	372083
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	Side Swipe
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 vehicle 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	SLK1511K
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)	-

SKETCH PLAN

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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' 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

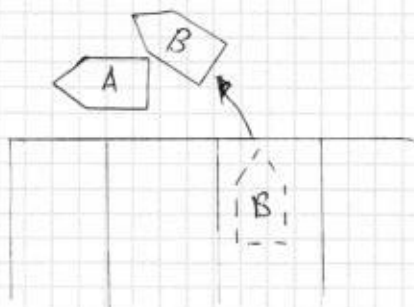

Witnessed by Reporting Centre
Personnel

Sketch Plan

THOMSON MEDICAL CLINIC

A: SME5999E

B: SLK1511R




Describe Circumstances of the Accident

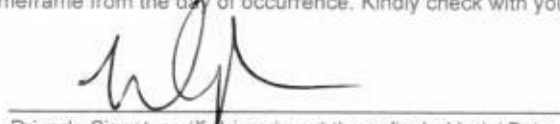
I WAS PARKED ALONG THOMSON MEDICAL CLINIC. VEHICLE B TURNED OUT OF HER PARKING LOT AND GRAZED THE REAR RIGHT SIDE OF MY BUMPER.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date &
Time


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


Witnessed by Reporting Centre
Personnel

Accident Reporting Draft

VEHICLE NO: SME5999E

MODEL: BMW 316I

AUTO/MANUAL

DATE OF ACCIDENT	26/8/2021	C.C: 1,598
TIME OF ACCIDENT	1120	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	THOMSON MEDICAL CLINIC	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	GOH JIE XIAN, WAYNE	
CONTACT NO.	97897066	EMAIL: WAYNEGOHJIEXIAN@GMAIL.COM
NRIC	S8846068E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: GOH JIE XIAN, WAYNE	
NRIC	S8846068E	ANY PASSENGER: 0
DATE OF BIRTH	8/11/1988	
OCCUPATION	OUTDOOR / <u>INDOOR</u>	
DATE OF DRIVING PASS	10/3/2009	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	97897066	EMAIL: WAYNEGOHJIEXIAN@GMAIL.COM
ADDRESS	APT BLK 83B CIRCUIT ROAD #09-16 S(372083)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE / IF <u>NO</u> : OWNER	
WEATHER CONDITION	<u>CLEAR</u> / RAINY / OTHER: RAINY CLEAR	
ROAD SURFACE	<u>DRY</u> / WET / OTHER: WET DRY	
ANY INJURIES	<u>NO</u> / IF YES: NO	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES:	NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	SLK1511K	ANY PASSENGER:
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.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? <u>NO</u> / YES		



Motor Private Car

MX1E

N SN

AN0567A

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.

DMPCSNW00125482000

Engine No.: A900J552N13B16A

Cha. No.: WBA3A12080J721249

1. Index Mark and Registration
Number of Vehicle

SME5999E

AUTOSAFE

=====

2. Name of Policy Holder

GOH JIE XIAN WAYNE

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

24/09/2020

Named Drivers Ex Sect. I S\$500.00

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

4. Date of Expiry of Insurance

23/09/2021

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 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.

* 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:

AUTOSHIELD PTE LTD

Authorised Officer

Authorised Signatory