

# NATIONAL Assessment Centre Services

Date In: 06/09/21	Job description	Date & Time Completed	Done by
Ref No: NM/CT/21009329/13	SAS e-filing		
Veh No: SKD 13192	E-mail (within 3hrs, AIC 2hrs)		
DOA: 03/09/21 1839	i-Motor Claim Form		
OD: (P) 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: 4NS746D	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
	MOBILE REPORTING

NA2103888	NA2103889	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:		6) TR : Re-inspection \$75		
Cat 2 / 3:		7) N1 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*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 (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	06/09/2021 12:11 (SGT)
Date of Accident	03/09/2021 18:39 (SGT)
Exact Location of Accident	Pasir Ris Dr 8, Singapore
Additional Location Information	JUNCTION OF PASIR RIS DR 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD1319Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WING LIAN ENGINEERING CONSTRUCTION
Company Reg No	5XXXX600E
Email Address	seahchonghek@gmail.com
Mobile Phone No	(Phone) +65-97128096
Alternative Phone No	+65-97128096

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1796

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00078342100
Cover Note Number	-

#### DRIVER

Name of Driver	BOWEN LOW
NRIC No	TXXXX259Z

Date Of Birth	06/02/2001
Occupation	Indoor
Date Of Driving Pass	16/02/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93678009
Alt. Phone Number	-
Email Address	bowenlow40@gmail.com
Address	BLK 31 PASIR RIS LINK
Address complement	#05-25
Postcode	518153
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR SON
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 - Head to Rear
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)	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	YN5746D
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	BOWEN LOW
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKD1319Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 Authorized Driver.
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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 insurers 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.

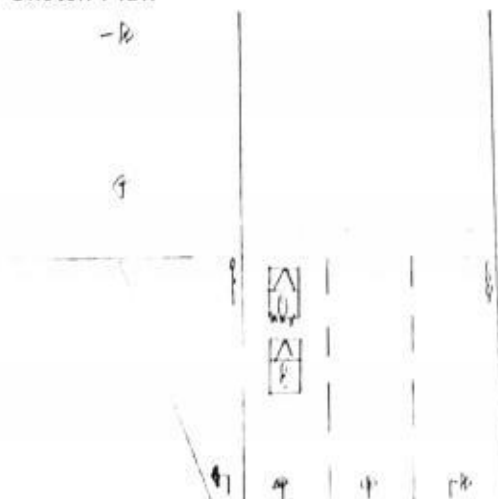


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - SKD 1319Z  
B - XN 5746D

PASIR RIS DR 8 X PASIR RIS DR 1  
PASIR RIS DR 8 X PASIR RIS DR 1

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

was stopped stationary at Pasir Ris Dr 8 X Pasir Ris Dr 1 at the extreme LH lane of 3 lanes due to the traffic light being red.

Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused damage.

Initially, veh "b" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims

**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: SKD13197

MAKE &amp; MODEL: May E200C67

[AUTO] MANUAL

DATE OF ACCIDENT	03 / 09 / 2017	TIME OF ACCIDENT	18:39 AM / PM
LOCATION OF ACCIDENT	Pasir Ris Dr 8 X Pasir Ris Dr 1		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Wing Lian Engineering Construction Email: SEAHCHONGHEK.C@gmail.com		
TELEPHONE NO.	Mobile: 9712-8096 Office: Home:		
NRIC	51238600E		
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.	DMPCSNW00078342167		
NAME OF DRIVER	AS ABOVE / IF NO: Bowen Low		
NRIC	T01032597		
DATE OF BIRTH	06 / 02 / 2001		
ANY PASSENGER	YES / NO?		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	16 / 02 / 2011		
GENDER	Male / Female		
CONTACT NO.	Mobile: 9364-8009 Office: Home:		
EMAIL	BOWENLOW4@gmail.com		
ADDRESS	Blk 31 Pasir Ris Link #05-25 S(518153)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:		
RELATIONSHIP	Employee / If No, Director son		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes, Who? Bowen Low (M)		
CONTACT NO.			
POLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B NO.	YN5346D Any Passenger, Insure		
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 / 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			

NEW HOCK TECK MOTOR PTE LTD

Email admin@nhtmotor.com / yunli@nhtmotor.com

Tel: 6747 9241



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

\* Original will  
submit to the LAI

NAME

11 8H

AN0132A

Car Type: C

(This is  
photocopy for  
internal)

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1987  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPQSNW00078342100

Engine No.: 271M030192863

Chassis No.: YDD02120482A391798

1. Index Mark and Registration  
Number of Vehicle

SKD13187

AUTOSAFE

2. Name of Policy Holder

WING LIAN ENGINEERING CONSTRUCTION

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

16/04/2021  
(00.00.00)

Named Drivers Ex Sect. 1 S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

Ex Sect. 1 - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN: S\$100.00

4. Date of Expiry of Insurance

24/04/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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.: LAKE VIEW CREDIT PTE 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



Issued By:

LAKE VIEW AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨西美

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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