

NATIONAL Assessment Centre Services

Date In: 08/09/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/0221009461/13	E-mail (within 3hrs. AP: 2hrs)		
Veh No: SLM894B	i-Motor Claim Form		
DOA: 07/09/21 1750	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
OD: (IP) Reporting Only	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: Vch No: 4P4673D 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) rT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date / 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	08/09/2021 14:35 (SGT)
Date of Accident	07/09/2021 17:50 (SGT)
Exact Location of Accident	Choa Chu Kang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM894B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ALEX NG HEOK LOON
NRIC No	SXXXX040G
Email Address	lexgin23@gmail.com
Mobile Phone No	(Phone) +65-98899297
Alternative Phone No	+65-98899297

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	DMPCSNW00133412000
Cover Note Number	-

DRIVER

Name of Driver	ALEX NG HEOK LOON
NRIC No	SXXXX040G

Date Of Birth	26/03/1991
Occupation	Indoor
Date Of Driving Pass	17/04/2015
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98899297
Alt. Phone Number	+65-98899297
Email Address	lexgin23@gmail.com
Address	BLK 677C JURONG WEST STREET 64
Address complement	#15-293
Postcode	643677
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	YP4672D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-84177744
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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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

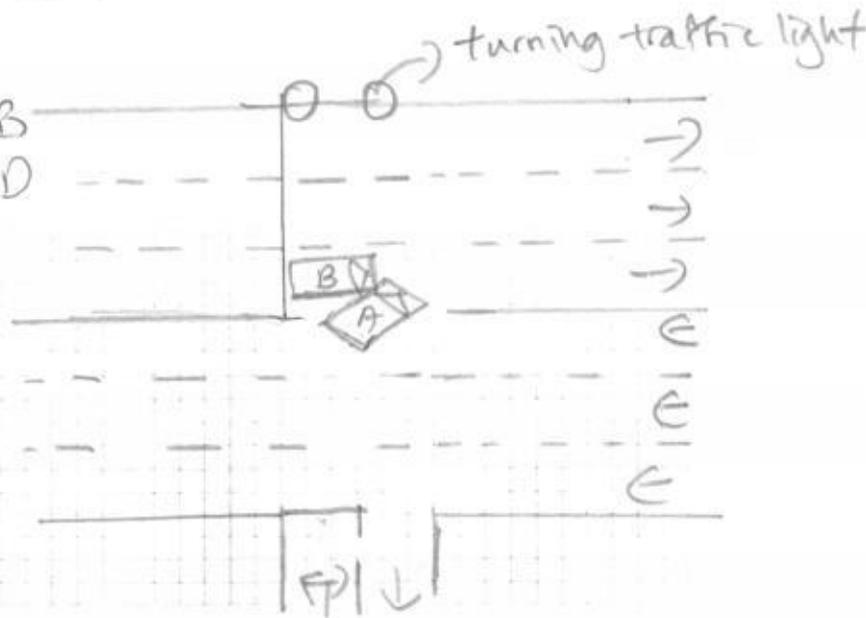
8 sept 2021 11:55am
Policyholder's Signature
Date & Time:

8 sept 2021 11:55am
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: SLM894B
 B: YP4672D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/9/2021 at about 5.50pm, my vehicle A (SLM894B) was stationary at the exit of Kranji Camp 3 waiting for the right turn arrow to turn green. When the right turn traffic turns green. I proceeded to Choa Chukang way. When I completed the turning, vehicle B (YP4672D) suddenly beat the red traffic and hit into the front left side of my vehicle A.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 8 Sept 2021 11:55am
 Policyholder's Signature
 Date & Time:

[Signature]
 8 Sept 2021 11:55am
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 08/09/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

From : Premium Carz Services Pte Ltd
Tel : 6636 9100 Fax : 6636 9113

Please email the accident report to -> Email : aunteng@premiumcarz.com.sg

ACCIDENT STATEMENT

Date	7/9/2021
Time	5.50PM
Location	Choa Chu Kang way
VEHICLE (A)	SLM894B MODEL: Toyota Altis
Name of owner	Alex Ng Heek Loon
NRIC no	S9111040G
Date of birth	26/3/1991
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	HP: 98849297 Tel: Fax:
Address	Blk 677C Jurong West St 64, #15-243, S(643677)
Driving Passed date	17/4/2015
Email Address	lexgin23@gmail.com.com
Type of claim	* Own Damaged / Third Party / Reporting Only
Insurance Company	Chima Tai Ping
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	
Name of driver	Alex Ng Heek Loon
NRIC no	S9111040G
Date of birth	
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	
Address	
Driving Passed date	
Email Address	
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle	No / if Yes : Vehicle no: Ins. Co:
Type of Collision	
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others:
Any Police Report lodged	No / Yes : Where?
Notice of Intended Prosecution Given?	No / Yes : Against who?
Anybody injured in the accident ?	No / Yes : Who / Vehicle no?
Any other material or property damaged?	No / Yes
Any foreign vehicle involved ?	No / Yes : Vehicle no:
Any video captured by car camera ?	No / Yes
Number of passengers (including driver)	F : - M : -
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICLE (B) - THIRD PARTY	YP4672D
Name of driver	
NRIC / FIN no. / Passport number	8477744 / 88766949 (Boss)
Contact	
Number of passengers (including driver)	
Exact Purpose Use	Private Car / Commercial / Hire & Reward
Insurance Company	
Details of Witness	Name : HP : Email : / /
Other Vehicles	(C) (D)
Number of passengers (including driver)	/ /

Motor Private Car

MX1F

N SN

AN0411A

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. DMPCSNW00133412000

Engine No.: 1ZRY328313

Cha. No.:MR053REH104556834

1. Index Mark and Registration Number of Vehicle SLM894B

AUTOSAFE
=====

2. Name of Policy Holder ALEX NG HEOK LOON

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 23/09/2020

Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 22/09/2021

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

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\$500 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

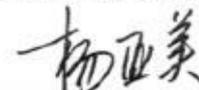
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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) PTE. LTD.

Issued By: ALLEGIANCE PTE LTD
Authorised Officer



Authorised Signatory