

# NATIONAL Assessment Centre Services

Date In: 22/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/C1321009892/13	SAS e-filing		
Veh No: 5GS1689Z	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 07/09/21 1315	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: FBS25335	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

NA2104022

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) FT: 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 + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile \$30		
	10) N5: Courtesy Car / Tpt Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (N-on INC) against INC \$20		
	15) Invoice date: Fee Charged		
	16) Invoice date: 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	22/09/2021 12:16 (SGT)
Date of Accident	07/09/2021 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING AUTO CITY 6TH FLOOR RAMP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1689Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UNITED SG MOTOR PTE LTD
Company Reg No	2XXXXX141G
Email Address	claims@1ap.com.sg
Mobile Phone No	(Phone) +65-86146767
Alternative Phone No	+65-86146767

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00173252101
Cover Note Number	-

#### DRIVER

Name of Driver	VICTOR WONG WAI LOK
NRIC No	SXXXX065Z



Date Of Birth	26/09/1995
Occupation	Outdoor
Date Of Driving Pass	30/07/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83666503
Alt. Phone Number	-
Email Address	claims@1ap.com.sg
Address	BLK 211A COMPASSVALE LANE
Address complement	#07-190
Postcode	541211
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUB-CON
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	ROY TAN
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

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	FBS2533S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

### IMPORTANT NOTICE

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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 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;
- (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' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

UNITED SG MOTOR PTE LTD

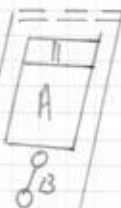
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

6th FLOOR RAMP OF SIN MING AUTO CITY



A: JGS1689Z

B: FBS2533S

**Describe Circumstances of the Accident**

I WAS TRAVELLING IN THE BUILDING OF SIN MING AUTO CITY. I WAS AT THE LEVEL 6 RAMP GOING UPWARDS. AS I REACH
THE TOP OF THE RAMP, THERE WAS AN UNKNOWN <i>object passed</i> BY. HENCE I PROCEED TO STOP BEHIND THE STOPLINE
<i>sure that it is safe to move off.</i>
TO GIVE WAY <i>and make</i> ^ OUT OF SUDDEN, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION. WHEN I GOT DOWN,
I SAW THAT MOTORCYCLE (B) WAS STANDING VERY NEAR TO MY VEHICLE AND HE BEGIN TO SAY THAT I HAD HIT ONTO HIM.
WE THEN MOVED TO A SIDE TO EXCHANGE PARTICULARS. I WISH TO STATE THAT THE RIDER OF MOTORCYCLE (B) IS
PERFECTLY FINE AFTER THE ACCIDENT. HE WAS STANDING UPRIGHT AFTER THE ACCIDENT AND HE STILL HAS 100%
CONTROL OF HIS MOTORCYCLE AS HE DID NOT FELL TO THE GROUND.

## Declaration

We declare the foregoing particulars are true in every respect.

**UNITED SG MOTOR PTE LTD**

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Date of Accident : 07 SEPT 2021 Accident Time: 1315 HRS (24-HR-FORMAT)  
Accident Place : 6TH FLOOR RAMP OF SIN MING AUTO CITY  
Vehicle Reg. No (Car plate No.) : SGS1689Z Vehicle Make/Model: HONDA STREAM  
Insurance Company : CHINA TAIPING Policy No. DMPCSNW00102062000  
Name of Registered Owner : Company / ~~Individual~~ UNITED SG MOTOR PTE LTD  
ID of Registered Owner : Co Reg No: 201810141G Owner's NRIC No: \_\_\_\_\_  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 8614 6767  
DRIVER'S Name : VICTOR WONG WAI LOK DRIVER'S NRIC No: S9572065Z  
DRIVER'S Date of Birth : 26 SEPT 1995 DRIVER'S License Pass Date 30 JULY 2014  
Relationship bet. Owner & Driver : ~~Spouse \ Parents \ Children \ Sibling \ Employee~~ Others: SUB CON  
DRIVER'S Address : BLOCK 211A COMPASSVALE LANE #07-190 SINGAPORE 541211  
DRIVER'S Contact No./ Alt No. : 1) 8366 6503 2) \_\_\_\_\_  
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : CLAIMS@1AP.COM.SG  
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: ROY TAN (M)  
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) \_\_\_\_\_ NIL

Other Party Driver's Particulars (if any)

Vehicle Reg No: FBS2533S	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

20/09/21  
waiting for CI

91883197





Motor Private Car

MX1

R 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.	DMPCSNW00173252101	Engine No.: R18A1710861 Cha. No.: RN61009586
1. Index Mark and Registration Number of Vehicle	SGS1689Z	
2. Name of Policy Holder	UNITED SG MOTOR PTE LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/09/2021 (00:00:00)	
4. Date of Expiry of Insurance	04/09/2022	

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.

\* 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: GREATLINK INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory