

NATIONAL Assessment Centre Services

Date In: 23/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CR21009923/13	SAS e-filing		
Veh No: SLK 8793S	E-mail (within 8hrs. APC 2hrs)		
DOA: 23/09/21 0900	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: SMH1228H 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

NA2104029	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QI* *N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$10		
Cat. 2 / 3:	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	23/09/2021 14:16 (SGT)
Date of Accident	23/09/2021 09:00 (SGT)
Exact Location of Accident	Nicoll Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8793S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BAK YONG
NRIC No	SXXXX477A
Email Address	tdanny039@gmail.com
Mobile Phone No	(Phone) +65-96398363
Alternative Phone No	+65-96398363

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00123152103
Cover Note Number	-

DRIVER

Name of Driver	TAN BAK YONG
NRIC No	SXXXX477A

Date Of Birth	14/09/1958
Occupation	Indoor
Date Of Driving Pass	25/01/1979
Driving experience	42 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96398363
Alt. Phone Number	+65-96398363
Email Address	tdanny039@gmail.com
Address	29 FLORA ROAD
Address complement	#07-02
Postcode	509742
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	SMH1228H
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SML1975M
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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLC6465U
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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SCH1183X
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN BAK YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLK8793S
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 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.**
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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

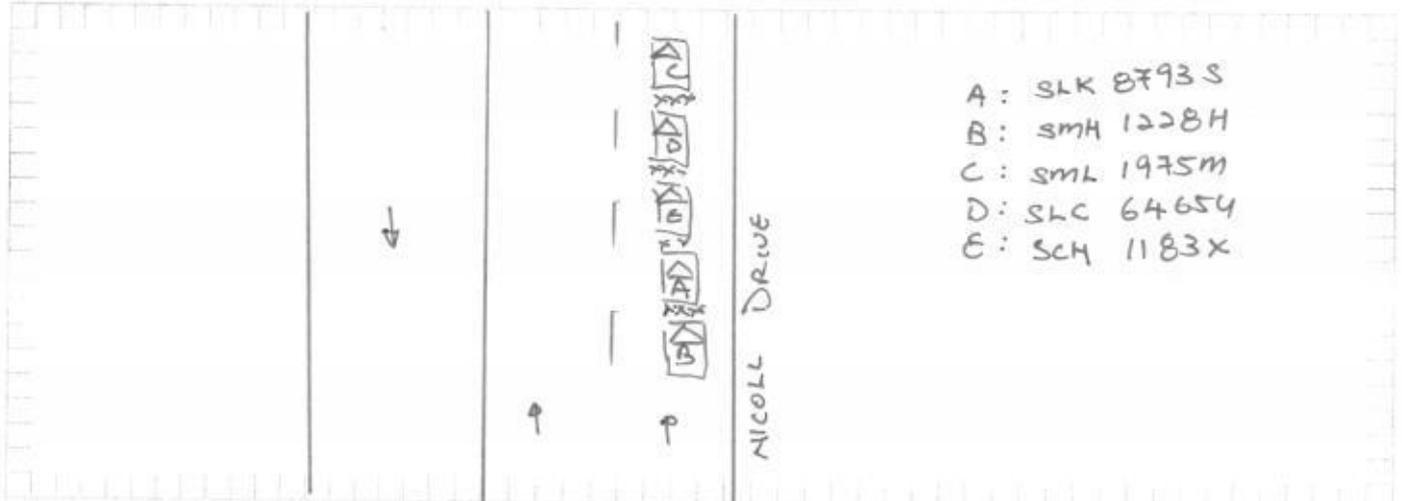


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

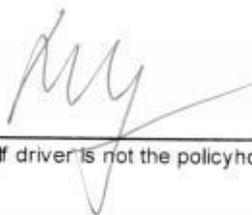
I WAS TRAVELLING ALONG THE RIGHT LADE OF 2 LANES ALONG NICOLL
DAVE , AS I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT BRAKE AND
STOP. I ALSO APPLIED MY BRAKE TO STOP, WHEN SUDDENLY ONE M/CAR
SMH 1228H CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION
OF MY VEHICLE. DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO
SURGE FORWARD AND COLLIDED ONTO M/CAR SCH 1183X IN FRONT OF
ME. AFTER THE COLLISION, I CAME OUT OF MY VEHICLE AND REALISED A
TOTAL OF 5 VEHICLES INVOLVED IN A CHAIN COLLISION.

Declaration

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



Witnessed by Reporting Centre
Personnel

VEHICLE NO: SLK 87933

MAKE & MODEL: TOYOTA Camry

[AUTO] MANUAL

DATE OF ACCIDENT	23 / 09 / 2021	*C.C. 3500
TIME OF ACCIDENT	9.00 AM / PM	
LOCATION OF ACCIDENT	NICOLL DRIVE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / [PRIVATE USE] / PRIVATE HIRE	
NAME OF OWNER	TAN BAK YONG	Email: TDANNY 039 @ GMAIL.COM
TELP NO	Mobile: 96398363	Office: Home:
NRIC	S1292477A	
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.	DMPCSN 200123152103	
NAME OF DRIVER	[AS ABOVE] / IF NO.	
NRIC		
DATE OF BIRTH	14 / 09 / 1958	
ANY PASSENGER	YES // [NO] :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / [Indoor]	
DATE OF DRIVING PASS	25 / 01 / 1979	
GENDER	[Male] / Female	
CONTACT NO.	Mobile: 96398363	Office: Home:
EMAIL	TDANNY 039 @ GMAIL.COM	
ADDRESS	29 FLORA ROAD #07-02 S(509742)	
DOES DRIVER OWN OTHER VEHICLES?	[NO] / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No. OWNER	
WEATHER CONDITION	[Clear] / Raining / Other:	
ROAD SURFACE	[Dry] / Wet / Other:	
ANY INJURIES	No / If yes, Who? TAN BAK YONG	
CONTACT NO.	96398363	
POLICE REPORT	[No] / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	[NO] / IF YES, WHO?	
VEHICLE B NO.	SMH1228H	Any Passenger: NO
NAME		
CONTACT NO.		
VEHICLE C NO.	3ML1975M	Any Passenger: NO
VEHICLE D NO.	SLC 64654	Any Passenger: NO
VEHICLE E NO.	SCH 1183X	Any Passenger: NO
VEHICLE F NO.		Any Passenger: NO
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]	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

