

NATIONAL Assessment Centre Services

Date In: 01/11/21	Job description	Date & Time Completed	Done by
Ref No: NA/C712104136/K3	SAS e-filing		
Veh No: SMD 4153R	E-mail (within 2hrs. AD 2hrs)		
DOA: 30/10/21 1800	i-Motor Claim Form		
OD: TP: <u>Reporting Only</u>	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: SKZ3354S	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

NA2104370	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments :-	9) N12: Idac Mobile 30		
Cat. 1:	Invoice date:	Fee Charged	
Cat. 2 / 3:			

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	01/11/2021 15:41 (SGT)
Date of Accident	30/10/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWDS MANDAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4153R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH SIEW CHENG
NRIC No	SXXXX524J
Email Address	goh_siew_cheng@hotmail.com
Mobile Phone No	(Phone) +65-81820548
Alternative Phone No	+65-81820548

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00013552100
Cover Note Number	-

DRIVER

Name of Driver	ZHUO HUIDE
NRIC No	SXXXX844F

Date Of Birth	26/11/1986
Occupation	Outdoor
Date Of Driving Pass	10/10/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-81820548
Alt. Phone Number	-
Email Address	goh_siew_cheng@hotmail.com
Address	BLK 424 ANG MO KIO AVE 3
Address complement	#10-2408
Postcode	560424
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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	SKZ3354S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG YEOW KEONG
NRIC No	SXXXX546Z
Contact Number	(Phone) +65-90492239
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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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

SLE TWO5 MANDAI



SKZ3354S

SMD4153R

Describe Circumstances of the Accident

Driving along SLE towards Mandai on 30/10/21

@ 18:00 The car in front brake d also but not on time and hit the front car.

Declaration

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

Policyholder's Signature / Date & Time

1/11/21 @ 12:30pm

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

1/11/21 @ 12:30pm

Witnessed by Reporting Centre Personnel

1/11/21

ACCIDENT STATEMENT

Date of accident: 30/10/2021 Time: 6pm
 location of accident: SLE towards Mandai

Details of Own Vehicle

Vehicle Number: SMD 4153R Make/Model: F19 Forte
 Insurer: China Tai Ping Insurance (S) P.Eng. cc & Transmission: 1600
 Policy No: DMPC3NW00013552100 Policy Type: C/TPFT/TPO

Policyholder

Name: Goh Siew Cheup NRIC/FIN no.: 8182054J
 Email: goh_siew_cheup@hotmail.com Contact no.: 81820548

Driver

Name: Zhuo Huide NRIC/FIN no.: 88634844F
 Email: _____ Contact no.: _____
 Occupation: Indoor / Outdoor D.O.B: 26/11/1986

Address: 81K 424 Ang Mo Kio Ave 3 # 10-2408
 Driving pass date: 10/10/2011 Relationship with Policyholder: _____

General Information

Weather conditions: Clear / Raining Road surface: Dry / Wet
 Police report: Yes / No Video Footage: Yes / No
 Prosecution Letter: Yes / No If Yes against whom: _____

Passenger (incl. Driver): 1 Please provide **ALL** passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:-
 Witness 1

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes / No	Yes / No
		Yes / No	Yes / No

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SKZ 3354S</u>	
Driver name:	<u>Ng Yeow Keong</u>	
NRIC/ FIN no.:	<u>874055462</u>	
Contact no.:	<u>90492239</u>	
Insurance Co.:		
Remarks:		
(Make/Model, Passenger, property info & etc)		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: _____

Policyholder/

driver:

Signature: [Signature]

Motor Private Car

MX1

N SN

AN0055A

Car 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.	DMPCSNW00013552100	Engine No.: G4FC9H541261
		Chas. No.: KNAFW411MAS174563
1. Index Mark and Registration Number of Vehicle	SND416JR	
2. Name of Policy Holder	GOH SIEW CHENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	08/02/2021 (00:00:00)	
4. Date of Expiry of Insurance	07/02/2022	

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:  KAT
COWELL INSURANCE (AGENCY) PTE. LTD.
Authorised Officer


Authorised Signatory