

# NATIONAL Assessment Centre Services

Date In: 03/11/21	Job description	Done & Time Completed	Done by
Ref No: 109/CT21011234/13	SAS e-filing		
Veh No: SM24808U	E-mail (within 3hrs, AP: 2hrs)		
DOA 02/11/21 1330	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: SKV410D	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

NA2104392	<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		
	5) FT: 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:-		
	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 \$0		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	03/11/2021 15:28 (SGT)
Date of Accident	02/11/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WEST COAST PLACE JUNCTION OF WEST COAST DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ4808U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN WEI CHONG
NRIC No	SXXXX812D
Email Address	xeothomas@gmail.com
Mobile Phone No	(Phone) +65-81236828
Alternative Phone No	+65-81236828

#### VEHICLE PARTICULARS

Manufacturer	BMW
Model	X2
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00103752100
Cover Note Number	-

#### DRIVER

Name of Driver	TAN WEI CHONG
NRIC No	SXXXX812D

Date Of Birth	05/01/1976
Occupation	Indoor
Date Of Driving Pass	16/08/2006
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81236828
Alt. Phone Number	+65-81236828
Email Address	xeothomas@gmail.com
Address	BLK 324 CLEMENTI AVE 5
Address complement	#02-209
Postcode	120324
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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	PASSENGER
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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV410D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LING SUAN TECK
Contact Number	(Phone) +65-96995836
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' 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

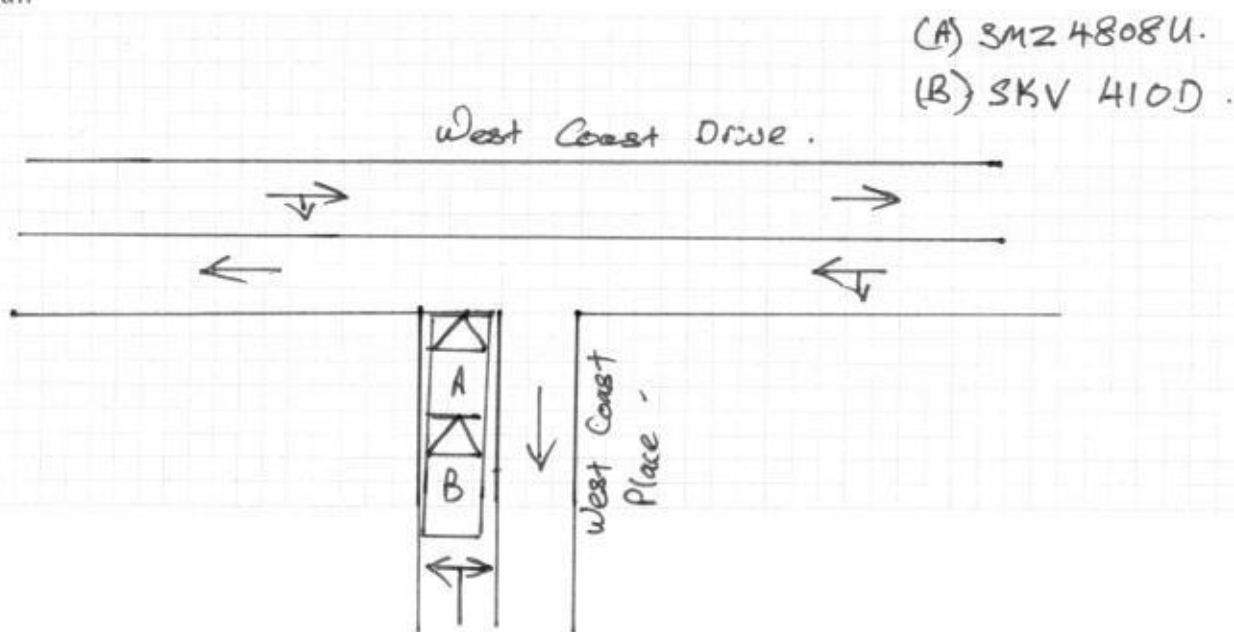
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
TAN WEI CHANG  
Driver's Signature (if driver is not the policyholder) / Date & Time

 03/11/21  
Witnessed by Reporting Centre Personnel

### Sketch Plan




Describe Circumstances of the Accident


On 02/11/2021 at @ 1330 hrs, I stopped my vehicle (3M24808U) along West Coast Place junction West Coast Drive before the stop line to give way to the traffic on the main road and wanted to turn right into West Coast Drive. Suddenly, a car (SKV 410D) from behind collided onto the rear portion of my vehicle.

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

 03/11/21  
Witnessed by Reporting Centre Personnel



VEHICLE NO:	SMZ 4808U	MAKE & MODEL:	Bmw X2	AUTO / MANUAL
DATE OF ACCIDENT:	02/11/2021	CC:	1.6.	
TIME OF ACCIDENT:	1330 HRS			
LOCATION OF ACCIDENT:	WEST COAST PLACE JUNCTION WEST COAST Drive			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE			
NAME OF OWNER:	TAN WEI CHONG.			
TEL NO:	H/P: 803 6828	OFFICE:	HOME:	
NRIC:	S 7600812D.			
ADDRESS:	BLK 324 Clementi Ave 5 #02-209 (S) 120324.			
EMAIL:	xcothomas@gmail.com			
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY			
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
INSURANCE COMPANY:	China Tai Ping			
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / Third Party Fire & Theft			
POLICY NO:	DMPCSNW 00103752100			
NAME OF DRIVER:	<input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NO:			
NRIC:	ANY PASSENGER: 01 (M).			
DATE OF BIRTH:	05/01/1976	LICENCE PASSED DATE: 16/08/2006		
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR			
GENDER:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
CONTACT NO:	H/P:	OFFICE:	HOME:	
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Owner			
WEATHER CONDITION:	CLEAR <input checked="" type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:			
ROAD SURFACE:	DRY / <input checked="" type="checkbox"/> WET <input type="checkbox"/> OTHER:			
ANY INJURIES:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHO?			
VEHICLE B REG NO:	SKV 410D	ANY PASSENGERS: 01 (M).		
NAME OF DRIVER:	LING SUAN TECK.	CONTACT NO: 9699 5836		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT: N.A.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
WAS THERE ANY AUDIO RECORDED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="checkbox"/> NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Private Car

MX1E

N SN

AN0420A

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.

DMPCSNW00103752100

Engine No.: 39265434B38A15A

Cha. No.: WBAYH12020EM92593

1. Index Mark and Registration  
Number of Vehicle

SMZ4808U

2. Name of Policy Holder

TAN WEI CHONG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment22/05/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers.

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 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\$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.: TOKYO CENTURY LEASING (S) 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory