

NATIONAL ASSOCIATION OF COMPENSATION SURVEILLORS

Date: 15/11/2021 16:48
 Ref No: NAB/0712/011621/4
 Sub No: 332-1171
 DOA: 14/11/2021 17:03

Job Description	Days & Time Completed	Done by
SAS calling		
Trained by/with/for/after		
Motor Claims Exam		
Motor W/O (Windsor 001117, 17/11/21)		
Police Uploaded		
Assessment Survey Report		
Final Report by Tax/Hand to Owner/Driver		

(1) TP Reporting Only

TP Insurer

Preferred Wksp / HMO / Aetna / Wksp / QW /
 TP Insurer / Veli No: SHD 14835, INC, / Non-INC, /
 Owner / Driver /
 Policy No: / Period: / Cover Type: /
 Completed by: / Date: / Time:

Insured/Driver License (/) (Not-Get Status (WO) N10-2011, P121-791, P180-1001)
 Year of Registration (/) Worked YES (/) NO (/)
 License (/) Loading: \$1,000 (/) \$2,000 (/)

(/) Walker/Chiropractor / Customer Information Privacy Confidential & Strictly NO for or of report
 (/) Total Loss Case / to e-mail Insurer URGENTLY
 Driver-In (/) Towed-In (/) Involves VRS (/) NO (/) Towing Cost (/)

- 1) Apply for Transport Allowance (/) / Courtesy Car (/)
- 2) QC Check / Pay Repair Inspection (/)
- 3) Upload Recovery Photo (Repair Costs > \$3,000) (/)

Injury:

NAB/0712/011621/4

Driver/Owner

Company No:

During Good Portion

QC Checked by (Wenger-Chirugol)

1) All Accident Insurance (QO)	
2) All Driver Insurance (QO)	
3) All Towing	
4) All Towing/Repair/Insurance	
5) All Towing/Repair/Insurance (Heavy)	
6) All Towing/Repair/Insurance (Light)	
7) All Towing/Repair/Insurance (Heavy)	
8) All Towing/Repair/Insurance (Light)	
9) All Towing/Repair/Insurance (Heavy)	
10) All Towing/Repair/Insurance (Light)	
11) All Towing/Repair/Insurance (Heavy)	
12) All Towing/Repair/Insurance (Light)	
13) All Towing/Repair/Insurance (Heavy)	
14) All Towing/Repair/Insurance (Light)	
15) All Towing/Repair/Insurance (Heavy)	
16) All Towing/Repair/Insurance (Light)	
17) All Towing/Repair/Insurance (Heavy)	
18) All Towing/Repair/Insurance (Light)	
19) All Towing/Repair/Insurance (Heavy)	
20) All Towing/Repair/Insurance (Light)	

Per Owner
 Per Driver

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	15/11/2021 16:48 (SGT)
Date of Accident	14/11/2021 17:03 (SGT)
Exact Location of Accident	Tampines Ave 1, Singapore
Additional Location Information	CARPARK EXIT OF WATERVIEW CONDOMINIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ1177G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BAY CHEE FENG
NRIC No	SXXXX548D
Email Address	bryangohzp@hotmail.com
Mobile Phone No	(Phone) +65-91888255
Alternative Phone No	+65-91888004

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2353

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00186332002
Cover Note Number	-

DRIVER

Name of Driver	GOH PENG THIONG
NRIC No	SXXXX731C

Date Of Birth	28/03/1964
Occupation	Indoor
Date Of Driving Pass	17/10/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91888004
Alt. Phone Number	-
Email Address	bryangohzp@hotmail.com
Address	75 TAMPINES AVENUE 1 #15-05
Address complement	-
Postcode	529781
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	BAY CHEE FENG
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1483S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	CHIA YONG KIM
NRIC No	SXXXX232F
Contact Number	(Phone) +65-97638786
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	BAY CHEE FENG
Gender	Female
Phone No	(Phone) +65-91888255
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SBZ1177G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOH PENG THIONG
Gender	Male
Phone No	(Phone) +65-91888004
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SBZ1177G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : alphacarservices@hotmail.com

IMPORTANT NOTICE

Signature : _____ X

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. 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.

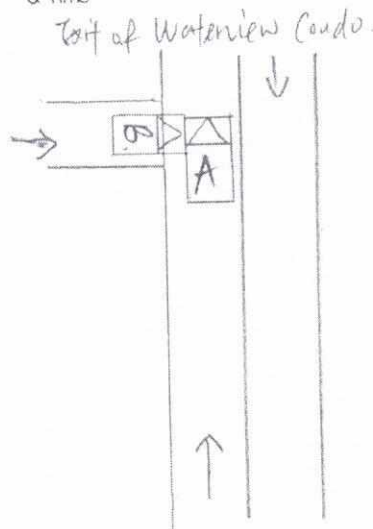
X

Policyholder's Signature / Date & Time

Sketch Plan

X

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



Witnessed by Reporting Centre Personnel

Vehicle A: SBZ 1177A.

Vehicle B: SHD 1483S

Describe Circumstances of the Accident

On the stated and time, I was travelling along the stated venue on my vehicle A. As I was going straight to exit the condominium, I suddenly felt a hard impact from my vehicle front left portion. When I alighted to check, I realised vehicle B had ignored the stop line and collided into my vehicle front left portion with its vehicle front portion.

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X



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

 15/11/2021
Witnessed by Reporting Centre Personnel

M

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 14/11/2021 (dd/mm/yy) Time of Accident: 17:03 (24-HR-FORMAT)

Vehicle No.: SBZ 1177A Vehicle Make & Model / Engine (cc): HONDA ODYSSEY 2.4 L Private Hire: (Y/N) (N)

Exact location of Accident: Carpark Exit of Waterview Condo.

Policyholder's Name / IC No.: BAY CHEE FENG ROC/UEN (Company): S16825480

Driver's Name / IC No.: GOH PENG THIONG (S1673731C) (As Above) ☐

Driver's Contact No.: 9188 8004 Company Contact No / Owner Contact No: 9188 8255

Driver's Address: 75 Tampines Ave 1 # 15-05 (S) 529781

Owner Email address: bryangohzp@hotmail.com Insurance Company: China Taiping

Driver Email address: bryangohzp@hotmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: BAY CHEE FENG

Gender: Male / (Female x)

*Passenger Name: _____

Gender: Male / (Female x)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: BAY CHEE FENG & GOH PENG THIONG

Injuries Sustain: _____ Injured Person in Which Vehicle: (2 Days MC) SBZ 1177A

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: CHIA YONG LIM S2566232F Vehicle No.: S40 1483S

Driver's Contact No.: 9763 8786 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376

Motor Private Car

MX1F

R SN

AN0478A

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)

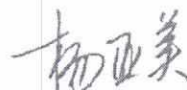
CERTIFICATE No.	DMPCSNW00186332002	Engine No. : K24221302262	Chas. No.: JHMRB38509C202257
1. Index Mark and Registration Number of Vehicle	SBZ1177G	AUTOSAFE	*****
2. Name of Policy Holder	BAY CHEE FENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/12/2020 (00:00:00)	Named Drivers Ex Sect. I	\$S1,000.00
4. Date of Expiry of Insurance	15/12/2021	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$S100.00
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 \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 35 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: INSURE HUB PTE LTD
Authorised Officer


Authorised Signatory