

NATIONWIDE Assessment Centre Services

SN09218H0005

Date In: 17/11/21 17:36	Job description	Date & Time Completed	Done by
Ref No: NA/CTI2601744110	SAS e-filing		
Veh No: SMW44735	E-mail (web@nsws.asn.au)		
DOA: 16/11/21 18:05	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within 48 Hrs / 1P 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: SMH2826	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

NA 2200242

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Int. 1:

Int. 2/3:

Invoice Preparation Checklist

- | | Int Bill | Int Bill |
|---|----------|----------|
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) RT: Follow-Through Survey (Resurvey) \$10 | | |
| 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 - | | |
| Q1: | | |
| 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 | | |

Invoice date:1

Invoice dated

Fee Charged

Fee Charge:1

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	17/11/2021 17:36 (SGT)
Date of Accident	16/11/2021 18:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE BUKIT TIMAH RD EXIT 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW4473S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG JIAN LI KELVIN
NRIC No	SXXXX952H
Email Address	KELVINONG87@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98639817
Alternative Phone No	+65-98639817

VEHICLE PARTICULARS

Manufacturer	Daihatsu
Model	Materia
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00178682000
Cover Note Number	-

DRIVER

Name of Driver	ONG JIAN LI KELVIN
NRIC No	SXXXX952H

Date Of Birth	22/08/1987
Occupation	Outdoor
Date Of Driving Pass	31/07/2006
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98639817
Alt. Phone Number	+65-98639817
Email Address	KELVINONG87@HOTMAIL.COM
Address	215 MARSILING LANE #02-814
Address complement	-
Postcode	730215
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	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	LOO YEN TING
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

REFER TO 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	SMH282G
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	LOO YEN TING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SMW4473S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ONG JIAN LI KELVIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SMW4473S
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.**
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

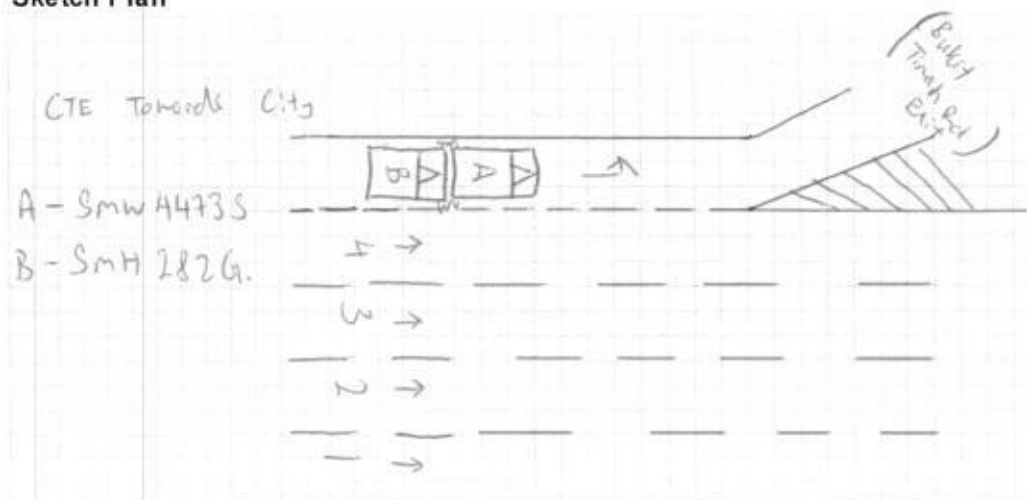
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

✓ 
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

As per above date and time, I was driving my vehicle
BMW 4473S along RTE towards City direction. Somewhere before
Bukit Timah rd exit, vehicles in front of me slowed
down and stopped due to heavy traffic. Therefore, I applied
brake and stopped accordingly. Suddenly, I felt an impact from
the rear. I alighted and discovered VEH (B) SMH 282G front
portion collided onto my vehicle rear portion. We shifted
our vehicles to road shoulders and exchange particulars.

VEH A - BMW 4473S


VEH B - SMH 282G

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:	Smw 44735		MAKE & MODEL:	Daihatsu Materia		AUTO / MANUAL
DATE OF ACCIDENT:	16 / 11 / 2021		CC:	1.5		
TIME OF ACCIDENT:	18:05 HRS					
LOCATION OF ACCIDENT:	CTE Towards City before Bukit Timah Rd Exit (Exit 6)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Dng Jian Li, Kelvin					
TEL NO:	H/P: 9863 9817		OFFICE:	HOME:		
NRIC:	S 8725952H					
ADDRESS:	215 Marsiling Lane #02-814 S(730215)					
EMAIL:	kelvinong87@hotmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Traveler					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPC SNW 0017 868 2000					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:	AS above		ANY PASSENGER:	1 (female) Loo Yen Ting.		
DATE OF BIRTH:	22/08 / 1987		LICENCE PASSED DATE:	31 / 07 / 2006		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: AS above		OFFICE:	HOME:		
ADDRESS:	AS above					
EMAIL:	AS above					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Dng Jian Li, Kelvin 9863 9817					
NAME & CONTACT:	Loo Yen Ting, 9844 7429					
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SMH 2826		ANY PASSENGERS: N.A.			
NAME OF DRIVER:	Yeow Chern EE		CONTACT NO: 9687 1698			
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:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / NO
WORKSHOP PARTICULAR:	Twin Car Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Jin Ming.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



Motor Private Car

MX1F

N SN

AN0667A

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.

DMPCSNW00178682000

Engine No.: 2092788

Cha. No.: JDAM402S001012251

1. Index Mark and Registration

SMW4473S

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

ONG JIAN LI KELVIN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

27/11/2020
(00:00:00)

Named Drivers Ex Sect. I

SS\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

* Age as at date of accident

EX ON WINDSCREEN.

SS\$100.00

4. Date of Expiry of Insurance

22/03/2022

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.

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\$500 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 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: TRILLIUM INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory