

**NATIONAL ASSURANCE & COMPENSATION SOLUTIONS** SNC21B7002

Date In: 29 Jul 2021 17:48  
 Ref No: NGA/C121012021/319  
 Job No: ST-8326B  
 Date: 29 Jul 2021 18:48

Job description	Unit & Time Completed	Done by
SAS e-illing		
E-mail (by email, 10/10/11)		
1-Motor Claim Review		
1-Motor W/O (W/1000000, 10/10/11)		
1-Photo Uploaded		
Assessment Survey Report		
Assessment Report by Fax / Email to Owner/Driver		

(1) TP / Reporting Only

TP Insured

Preferred Where/Who Available With/Who ( )  
 TP Insured/Who ( )  
 Owner/Driver ( )  
 Policy No ( )  
 Period ( )  
 Cover Type ( )  
 Insured/Driver Liability ( )  
 Year of Registration ( )  
 License ( )  
 Loading \$1,000 ( ) / \$2,000 ( )  
 ( ) Written Guarantee / Customer Information Policy Confidential & Policy No for of report  
 ( ) Total Loss Case / to e-mail Insurer Immediately  
 Driver ( ) / Towed ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QO Check / Post Repair Inspection  
 3) Upload Recovery Photo (Repair Costs > \$3,000)

Injury ( )

**NA2104561**

Item	Unit	Amount
1) All Additional Services (QO)	QO	\$100.00
2) QO Check / Post Repair Inspection	QO	\$100.00
3) TP Fee (by 1)	TP	\$100.00
4) TP / Yellow Tag / 10/10/11	TP	\$100.00
5) TP / Yellow Tag / 10/10/11	TP	\$100.00
6) TP / Yellow Tag / 10/10/11	TP	\$100.00
7) TP / Yellow Tag / 10/10/11	TP	\$100.00
8) TP / Yellow Tag / 10/10/11	TP	\$100.00
9) TP / Yellow Tag / 10/10/11	TP	\$100.00
10) TP / Yellow Tag / 10/10/11	TP	\$100.00
11) TP / Yellow Tag / 10/10/11	TP	\$100.00
12) TP / Yellow Tag / 10/10/11	TP	\$100.00
13) TP / Yellow Tag / 10/10/11	TP	\$100.00
14) TP / Yellow Tag / 10/10/11	TP	\$100.00
15) TP / Yellow Tag / 10/10/11	TP	\$100.00
16) TP / Yellow Tag / 10/10/11	TP	\$100.00
17) TP / Yellow Tag / 10/10/11	TP	\$100.00
18) TP / Yellow Tag / 10/10/11	TP	\$100.00
19) TP / Yellow Tag / 10/10/11	TP	\$100.00
20) TP / Yellow Tag / 10/10/11	TP	\$100.00

QO Checked by (Engineer - Churcho)



# 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	29/11/2021 17:45 (SGT)
Date of Accident	27/11/2021 18:45 (SGT)
Exact Location of Accident	1 Woodlands Square, Singapore 738099
Additional Location Information	CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8326B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG SOON HUAT
NRIC No	SXXXX991I
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-97254442
Alternative Phone No	+65-97254442

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1799

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00187642000
Cover Note Number	-

## DRIVER

Name of Driver	DERRICK NG CHOW LONG
NRIC No	TXXXX909D

Date Of Birth	26/07/2000
Occupation	Indoor
Date Of Driving Pass	14/01/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97254442
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 423 YISHUN AVENUE 11 #05-550
Address complement	-
Postcode	760423
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	WIFE
Gender	Female

#### PASSENGER 2

Name	DAUGHTER
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2049C
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)	-



## SKETCH PLAN


### IMPORTANT NOTICE


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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**.
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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.

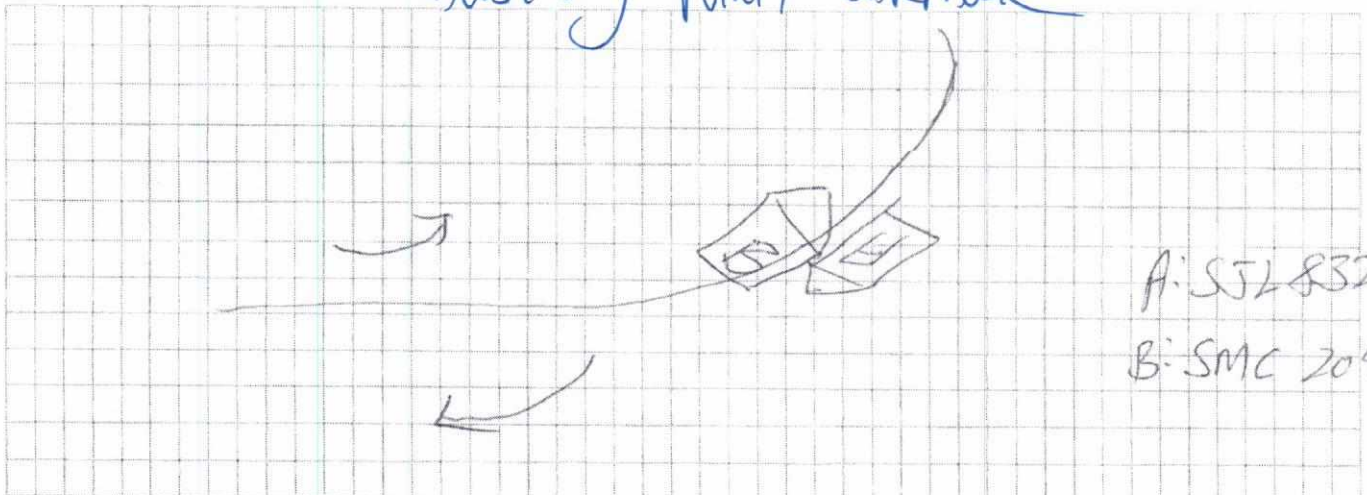
  
Policyholder's Signature Date  
& Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

CAUSEWAY POINT CARPARK



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At mentioned Date and Time, I was driving along CAUSEWAY Point coming down from car park, suddenly vehicle (B) came into my line and I stop my vehicle and vehicle (B) boby<sup>hit</sup> into my front right portion.

A: SJL 8326B


B: SMC 2049C


## DECLARATION

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

  
Policyholder's Signature Date  
& Time:

GIARMC SketchPlanForm\_V3

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Email: [sm@idac.com.sg](mailto: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.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 11 / 2021 (dd/mm/yy) Time of Accident: 18 45 (24-HR-FORMAT)

Vehicle No.: 55L 83263 Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Crossway Point Car Park

Policyholder's Name / IC No.: Ng Sean Huat 569349912

Driver's Name / IC No.: Ng Chow Long 970025909D (As Above) ☐

Driver's Contact No.: 97254442 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: fullstop423@gmail.com Insurance Company: NTUC China Insurance

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): 03 wife, daughter

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female \*Passenger  
Name: \_\_\_\_\_ Gender: Male / Female

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

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

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

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SMC 2049C

Driver's Contact No: \_\_\_\_\_ 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: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Private Car

MX1F

N SN

AN0498A

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.

DMPCSNW00187642000

Engine No. R16A14004930

Cha. No.:JHMF016309S200843

 1. Index Mark and Registration  
Number of Vehicle

SJL83268

 AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

NG SOCN HUAT

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

 13/12/2020  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

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

4. Date of Expiry of Insurance

12/12/2021

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: NEO & COMPANY INSURANCE AGENCY  
 Authorised Officer

  
 Authorised Signatory