

# NATIONAL Assessment Centre Services

Date In: <b>09/12/2021</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA / CTI 21012496/r3</b>	SAS e-filing		
Veh No: <b>SMZ 8887P</b>	E-mail (within 5hrs: AP: 2hrs)		
D.O.A: <b>08/12/2021 14:20</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>STV3636L</b>	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 2104630**

## Invoice Preparation Checklist

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- RT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- 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 \$3
- TP (N11) : TP (Non INC) against INC \$20
- N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

at 1:

at 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	09/12/2021 16:33 (SGT)
Date of Accident	08/12/2021 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG CANAL DRIVE TOWARDS JURONG EAST/WEST AVE 1
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ8887P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOO YAW HUI
NRIC No	SXXXXX756B
Email Address	jay@casaid.com.sg
Mobile Phone No	(Phone) +65-92987888
Alternative Phone No	+65-92987888

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E180
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	1497

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00034392100
Cover Note Number	-

## DRIVER

Name of Driver	CHOO YAW HUI
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NRIC No	SXXXX756B
Date Of Birth	08/06/1990
Occupation	Indoor
Date Of Driving Pass	24/04/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92987888
Alt. Phone Number	+65-92987888
Email Address	jay@casaid.com.sg
Address	BLK 63 KALLANG BAHRU
Address complement	#11-441
Postcode	330063
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	LIM LI PING
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 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	SJV3636L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHAUN ONG JIA WEI
Contact Number	(Phone) +65-94892755
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	LIM LI PING
Gender	Female
Phone No	(Phone) +65-92478985
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ8887P
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' 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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Jurong Canal Drive

Veh A - 6m2887P

Veh B - SJV3636L

Jurong Canal Drive towards Jurong East/West Ave 1

Jurong East Ave 1  
Jurong West Ave 1

### Describe Circumstances of the Accident

As per above date and time, I was driving my veh Smz 8887P along Jureng Canal drive towards Jureng East/West Ave 1 T-Junction. My vehicle was stationary stopped due traffic light ahead. And at sudden, I felt an impact from the rear. As such, I alighted and discovered veh BSSJV3636L collided onto my vehicle rear portion. We exchanged particulars and left the scene.


Veh A - Smz 8887P

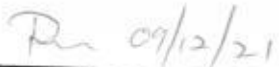
Veh B - SJV 3636L

### 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

 09/12/21  
Witnessed by Reporting Centre Personnel

VEHICLE NO: <u>Sm2 8887 P</u>	MAKE & MODEL: <u>Mercedes Benz E180</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT: <u>08/12/21</u>	CC: <u>1.5 (1497cc)</u>	
TIME OF ACCIDENT: <u>1420</u> HRS		
LOCATION OF ACCIDENT: <u>Jurong Canal Drive towards Jurong East/West Ave 1</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Choo Yaw Hui</u>		
TEL NO: <u>H/P: 9298 7888</u>	OFFICE:	HOME:
NRIC: <u>S9018756B</u>		
ADDRESS: <u>63 Kallang Bahru #11-441 S(330063)</u>		
EMAIL: <u>jay@casaid.com.sg</u>		
CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / NO?</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire &amp; Theft</u>		
POLICY NO: <u>DMP6SNW00034392100</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO:</u>		
NRIC: <u>As above</u>	ANY PASSENGER: <u>1 (Female)</u>	
DATE OF BIRTH: <u>08/06/1990</u>	LICENCE PASSED DATE: <u>25/04/2015</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>	<u>24</u>	
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO: <u>H/P: As above</u>	OFFICE:	HOME:
ADDRESS: <u>As above</u>		
EMAIL: <u>As above</u>		
DOES DRIVER OWNED ANY VEHICLE: <u>NO / IF YES, REG NO:</u>	INSURER:	
RELATIONSHIP: <u>owner</u>		
WEATHER CONDITION: <u>CLEAR / RAINING / OTHERS:</u>		
ROAD SURFACE: <u>DRY / WET / OTHER:</u>		
ANY INJURIES: <u>NO / IF YES, WHO?</u>		
NAME & CONTACT: <u>Lim Li Ping, 9247 8385. (Female, wife)</u>		
NAME & CONTACT: <u>(Slight)</u>		
POLICE REPORT: <u>NO / IF YES, WHERE?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO / IF YES, WHO?</u>		
VEHICLE B REG NO: <u>SJV 3636L</u>	ANY PASSENGERS: <u>N.A.</u>	
NAME OF DRIVER: <u>Shaun Ong Jia Wei</u>	CONTACT NO: <u>9489 2755</u>	
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? <u>YES / NO</u>	<u>with workshop</u>	
WAS THERE ANY AUDIO RECORDED? <u>YES / NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear portion.</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR: <u>N-51 Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Jun Ming</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



Motor Private Car

MX1E

E SN

AN0573A

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.

DMPCSNW00034392100

Engine No.: 26491530290559

Cha. No.: W1K2130762A836211

1. Index Mark and Registration  
Number of Vehicle

SMZ8887P

2. Name of Policy Holder

CHOO YAW HUI

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

26/02/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

09/02/2022

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. 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:

Hao Zhiyi

Authorised Officer

Authorised Signatory