

# NATIONAL Assessment Centre Services

Date In: 03/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT22001027/13	SAs e-filing		
Veh No: 5DQ9779R	E-mail (within 5 hrs. A/C 2hrs)		
D.O.A: 31/01/22 1100	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: GBC4695D	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

NA2200300	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	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 \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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	03/02/2022 11:11 (SGT)
Date of Accident	31/01/2022 11:00 (SGT)
Exact Location of Accident	Anchorvale Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ9779R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG GIM SENG
NRIC No	SXXXX608G
Email Address	zhimaxpeng@gmail.com
Mobile Phone No	(Phone) +65-98456346
Alternative Phone No	+65-98456346

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1796

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00196142106
Cover Note Number	-

#### DRIVER

Name of Driver	CHENG YONG QUAN
NRIC No	SXXXX312G

Date Of Birth	17/05/1999
Occupation	Indoor
Date Of Driving Pass	21/08/2018
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82549279
Alt. Phone Number	-
Email Address	yongquan.cheng9779@gmail.com
Address	BLK 486A TAMPINES AVE 9
Address complement	#08-112
Postcode	520486
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MAISIE CHONG
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

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 DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4695D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	LOW SIONG KOON
NRIC No	SXXXX812J
Contact Number	(Phone) +65-96360457
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

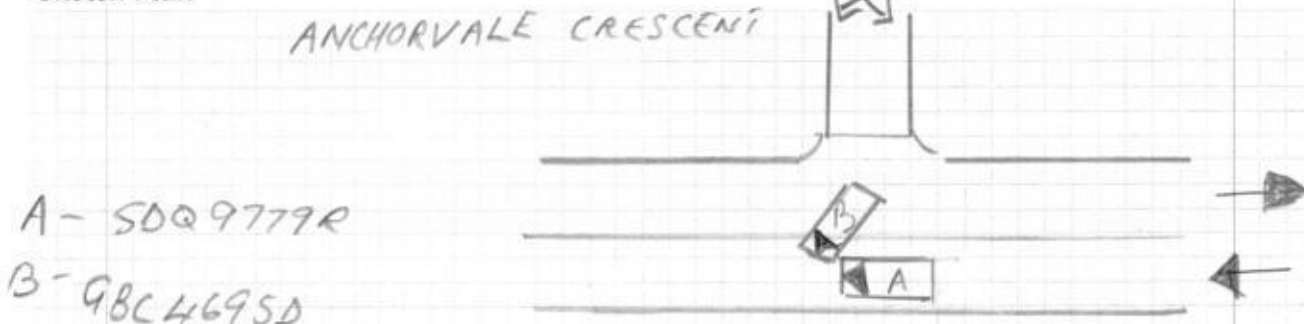
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan




**Describe Circumstances of the Accident**

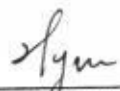
I was travelling straight along Anchorvale Crescent  
suddenly veh B came out from the carpark without  
looking for oncoming veh and collided onto my veh.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

 03/02/2022  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 03/02/22  
Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 31/01/22 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: ANCHORAGE CRESCENT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDQ9779R  
 b) INSURANCE COMPANY: CHINA  
 c) POLICY NUMBER: DMPCSNAB0196142106  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MERC C200 Auto/Manual  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: CHENG JIM SENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S6924608G CONTACT: 98456346  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: CHENG YONIG QUAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9916312G CONTACT: 82549279  
 c) ADDRESS: BLK 486D TAMPAKUS AVE 9  
#08-712 (S20486)

\*d) DATE OF BIRTH: 17/05/1999 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 21/08/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 4695D MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: LOW SIONG KOON  
 c) NRIC/FIN/PASSPORT: S1347812J CONTACT: 96360457

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)  
(2)

MAISIE CHONG  
(-F)

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

Email = zhimaxpeng@gmail.com  
Yongquan.cheng9779@gmail.com  
 Fax = \_\_\_\_\_

VIDEO = yes, with driver



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0412A

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.

DMPCSN00196142106

Engine No.: 27195031106024

Cha. No.: WDD2040412A191563

1. Index Mark and Registration  
Number of Vehicle

SOQ9779R

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CHENG GIM SENG

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

24/09/2021  
(00:00:00)

Named Drivers Ex Sect. I  
Additional Ex Other than Named Drivers:

\$S750.00

4. Date of Expiry of Insurance

23/09/2022

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 \$S1,000 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: Chua Suat Lay Sally  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com