

NATIONAL Assessment Centre Services

Date In: 03/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/C9222001031/13	SAS e-filing		
Veh No: SND 2228E	E-mail (within 3hrs. AP: 2hrs)		
D.O.A: 01/02/22 1718	i-Motor Claim Form		
<input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OE: 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: **SG3036R** 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

NA2200999	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) iT : Follow-Through Survey (Resurvey) \$30		
	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:-		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
Auditors' Comments :-	TP (N11) : TP (N-on INC) against INC	\$20	
Cat. 1:	Invoice date/	Fee Charged	
Cat. 2 / 3:	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 12:07 (SGT)
Date of Accident	01/02/2022 17:18 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	AFTER LOR 25A EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2228K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XYRIX ELECTRONICS PTE LTD
Company Reg No	1XXXXX667C
Email Address	irene@xyrix.com.sg
Mobile Phone No	(Phone) +65-98169854
Alternative Phone No	+65-98169854

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00222822100
Cover Note Number	-

DRIVER

Name of Driver	NAH CHAI LEE(LAI CAILI)
NRIC No	SXXXX612D

Date Of Birth	30/11/1976
Occupation	Indoor
Date Of Driving Pass	12/10/1995
Driving experience	26 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97492801
Alt. Phone Number	-
Email Address	irene@xyrix.com.sg
Address	BLK 7 PINE CLOSE
Address complement	#11-119
Postcode	391007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIA PENG KIN
Gender	Male

PASSENGER 2

Name	RAYDEN CHIA JIN YUAN
Gender	Male

PASSENGER 3

Name	RENISE CHIA SHI YING
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG3036R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	YEO AMOO WAH
NRIC No	SXXXX691B
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

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 willful 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.

XYRIX ELECTRONICS PTE LTD
61 KAKI BUKIT AVE 1,
#02-34 SHUN LI INDUSTRIAL PARK,
SINGAPORE 417943
TEL: (65) 6842-6988 FAX: (65) 6842-7866

[Signature]

3 Feb '22

[Signature] 03/02/22

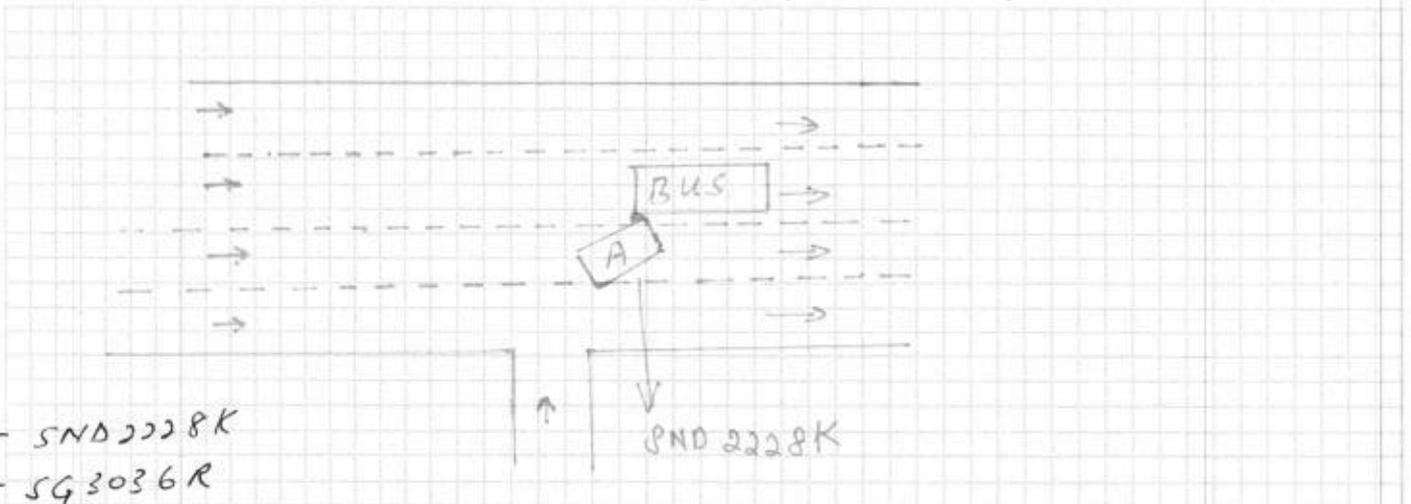
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SIMS AVE ART 2 OR 2SA EXIT



A- SND2228K
B- SG3036R

Date of Accident : 1 Feb 2022	Time of Accident : 5.18 pm	
Exact Location of Accident : Sims Ave. (After Lor 25A exit)		
Purpose Of Reporting : <u>OWN DAMAGE CLAIM</u> / 3RD PARTY CLAIM / JUST REPORTING ONLY		
Weather Condition : Clear / Raining	Wet / <u>Dry</u>	Private Use / <u>Work</u>
Owner's Name : XYRIX ELECTRONICS PTE LTD	NRIC :	HP : 98169854
Driver's Name : NAH CHAI LEE (LAI CAI LI)	NRIC : S7639612/D	HP : 97492801
DOB : 30 Nov 1976	Driving Licence Passing Date : 12/10/1995	Occupation : Indoor / Outdoor
Address : BLK 7 PINE CLOSE #11-119 (391007)		
Relationship Of Driver with Insured : employee	Email : irene@xyrix.com.sg	
Vehicle Number : SNO 2228K	Make & Model : MER GLA 200 (A)	
Insurance Company :	Policy Num :	Coverage :
Any passengers inside vehicle involved (<u>YES</u> / NO) If yes, Vehicle Number & How many pax		
A : 4	B :	C : D :
Vehicle A Passenger Name : CHIA PENG KIM (M) Rayden Chia Jin Yuan (M)		Kenise Chia Shi Ying (F)
Anyone Injured :		
<input checked="" type="radio"/> NO	<input type="radio"/> YES Name / NRIC / Which Vehicle :	
Was The Accident Reported To The Police ?		
<input checked="" type="radio"/> NO	<input type="radio"/> YES Which Police Station :	
Does The Driver Own Any Other Vehicle ?		
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number :	Insurer :
Was Any Foreign Vehicle Involved ?		
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input type="radio"/> YES		

Third Party's Particular

Vehicle B's Number : SG 3036R	Make & Model :	
Driver's Name : YEO AMOO WAH	NRIC : S1390691B	HP :
Vehicle C's Number :	Make & Model :	
Driver's Name :	NRIC :	HP :

Witness's Particular

Name :	NRIC :	HP :
--------	--------	------

Motor Private Car

MX4E

N SN

AN0723A

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, 1969 (Malaysia)

CERTIFICATE No.	DMPCSNW00222822100	Engine No.: 28291480472356	
		Cha. No.: W1N2477512J204507	
1. Index Mark and Registration Number of Vehicle	SND2228K		
2. Name of Policy Holder	XYRIX ELECTRONICS PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment.	25/10/2021 (00:00:00)	Named Drivers Ex Sect. I	SS500.00
		Additional Ex Other than Named Drivers:	
4. Date of Expiry of Insurance	24/10/2022	Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	SS100.00

5. Persons or Classes of Persons entitled to drive*
Any person who is driving on the Policyholder's order or with their 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. : MAYBANK SINGAPORE LIMITED

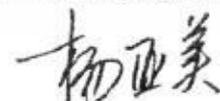
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: _____
SSL & CO PTE LTD
Authorised Officer



Authorised Signatory