

NATIONAL Assessment Centre Services

Date In: 21/02/2022 11:16	Job description	Date & Time Completed	Done by
Ref No: NA/CT1 22001626/m4	SAS e-filing		
Veh No: SLA 2941 Z	E-mail (w/In 8hrs, AIC 2hrs)		
D.O.A: 18/02/2022 17:45	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: Unknown (truck) 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 2200488

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

- | | Amt (\$) | Amt (\$) |
|---|----------|----------|
| | 1st Bill | Add Bill |
| 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:- | | |
| OP: | | |
| *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 dated

Invoice dated

Fee Charged

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	21/02/2022 11:16 (SGT)
Date of Accident	18/02/2022 17:45 (SGT)
Exact Location of Accident	Jln Jurong Kechil & Jln Anak Bukit, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2941Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG LI JING
NRIC No	SXXXX936D
Email Address	jing.ngli@gmail.com
Mobile Phone No	(Phone) +65-93207996
Alternative Phone No	+65-93207996

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1969

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00053042100
Cover Note Number	-

DRIVER

Name of Driver	NG GUA NANG
NRIC No	SXXXX858J



Date Of Birth	02/01/1939
Occupation	Outdoor
Date Of Driving Pass	14/10/1966
Driving experience	55 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93207996
Alt. Phone Number	-
Email Address	jing.ngli@gmail.com
Address	BLK 333 SERANGOON AVENUE 3
Address complement	#07-279
Postcode	550333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


21/02/2022
1050 HRS

Policyholder's Signature / Date & Time


21/02/2022
1050 HRS

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


21/02/22

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLA 2941Z

B = unknown (truck).

Junction between Jln Jurong Kechil
& Jln anak Bukit.

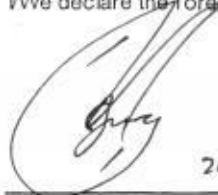


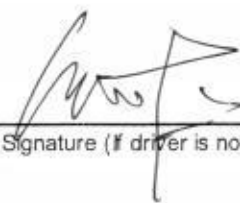
Describe Circumstances of the Accident

MY ~~VEHICLE~~ CAR SLA 2941 Z WAS TRAVELING ALONG
JLN JURONG KECIL AT THE JUNCTION WITH JLN ANAK BUKIT
TOWARDS PIE ON 18/02/2022 AROUND 1745HRS. AS I WAS
HEADING STRAIGHT ~~ON~~ ONTO PIE TOWARDS CHANGI, A VEHICLE
ON MY LEFT MADE A RIGHT TURN INTO JALAN ANAK BUKIT
TOWARDS CLEMENTI RD. THE VEHICLE HIT MY CAR'S LEFT FRONT
FENDER AND CONTINUED TOWARD CLEMENTI RD. AS I WAS IN
THE MIDDLE OF THE JUNCTION, I HAD TO MAKE A ROUND TO COME
BACK AND EXCHANGE PARTICULARS, BUT WHEN I RETURN TO
THE JUNCTION, I COULD NOT FIND THE OTHER VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.


21/02/2022
1050HRS
Policyholder's Signature / Date &
Time


21/02/2022
1030 HRS
Driver's Signature (if driver is not the policyholder) / Date
& Time


21/2/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT (5:45pm)

ACCIDENT DATE: 18 / 02 / 2022 (DD/MM/YYYY), TIME: 17 : 45 (HH:MM)

LOCATION: Junction between Jln Jurong Kechil & Jln Anak Bukit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 2941Z
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMACSNW00053042100
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Volvo V40 Auto 1969cc
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Ng Li Jing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9107936D CONTACT: 9320 7996
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Gua Nang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 0358858J CONTACT: 9320 7996
 c) ADDRESS: Blk 333 Serangoon Avenue 3 # 07-279 (S) 550333

* d) DATE OF BIRTH: 02 / 01 / 1939 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14/10/1966

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: father

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: Unknown MODEL: truck
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = jing.ngli@gmail.com

fax = _____

VIDEO = NO

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Motor Private Car

MX1E

N SN

AN0650A

Cov. Type: C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00053042100

Engine No.: B4204T111416868

Cha. No.: YV1MZ40HCG2100527

1. Index Mark and Registration
Number of Vehicle

SLA2941Z

AUTOSAFE

2. Name of Policy Holder

NG LI JING

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment14/03/2021
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

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

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.: DBS BANK 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: BELL AUTO PTE LTD
Authorised Officer

Authorised Signatory