

# NATIONAL Assessment Centre Services

Date In: 28/03/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT/22002832/m4	SAS e-filing		
Veh No: SMJ 996U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/03/2022 08:10	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: SDT 663J	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 2200813	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	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			
	5) RT : 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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	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	28/03/2022 16:41 (SGT)
Date of Accident	26/03/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON GARDEN ROUNDABOUT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ996U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SONG PEA
NRIC No	SXXXX609F
Email Address	eddy@line8.com.sg
Mobile Phone No	(Phone) +65-97625445
Alternative Phone No	+65-97625445

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	1991

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00233822100
Cover Note Number	-

### DRIVER

Name of Driver	ONG SONG PEA
NRIC No	SXXXX609F



Date Of Birth	18/10/1956
Occupation	Indoor
Date Of Driving Pass	19/01/1976
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97625445
Alt. Phone Number	+65-97625445
Email Address	eddy@line8.com.sg
Address	3 JALAN CHULEK
Address complement	-
Postcode	557446
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	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)	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	SDT663J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHOO ENG
Contact Number	(Phone) +65-96330436
Address	-
Address complement	-


## IMPORTANT NOTICE

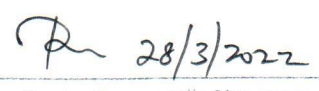
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

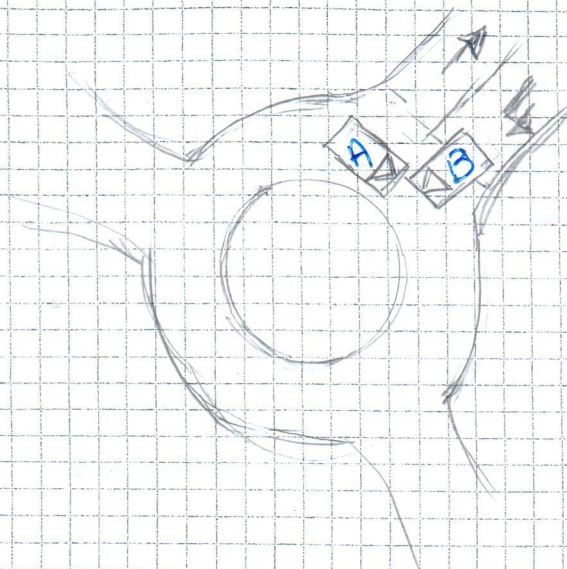
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A = SMJ996U

B = SDT 663J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Serangoon Garden Roundabout on 26/3/2022 at about 08.10 a.m. As I was travelling suddenly vehicle B which was coming out from Serangoon Garden way collided into the front left portion of my vehicle. We alighted to exchange particulars and left the scene after that. That's all.

## DECLARATION

I/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:

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



VEHICLE NO: <u>SMJ 996U</u>		MAKE & MODEL: <u>Merc E200</u>		AUTO <u>MANUAL</u>	
DATE OF ACCIDENT		<u>26 / 03 / 2022</u>		*C.C. <u>2000cc</u> (1991cc)	
TIME OF ACCIDENT		<u>08:10</u> <u>AM</u> / <u>PM</u>			
LOCATION OF ACCIDENT		<u>Serangoon Garden Roundabout.</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE			
NAME OF OWNER		<u>Eng Song Pea</u>			
EMAIL:		<u>eddy@line8.com.sg</u>		Office: MOBILE: <u>97625445</u>	
NRIC		<u>S1218609F</u>			
CLAIM TYPE		<u>OD</u> / <u>THIRD PARTY</u> / <u>REPORTING ONLY</u>			
FLEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		<u>China Insurance</u>			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>DMPCSNW00233822100</u>			
NAME OF DRIVER		<u>AS ABOVE</u> / IF NO:			
NRIC		<u>S1218609F</u>			
DATE OF BIRTH		<u>18 / 10 / 1956</u>			
ANY PASSENGER		YES / NO :			
NAME OF PASSENGER		<u>NIL</u>			
GENDER OF PASSENGER		<u>MALE</u> / FEMALE			
OCCUPATION		<u>Outdoor</u> / <u>Indoor</u>			
DATE OF DRIVING PASS		<u>19 / 01 / 1976</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: <u>97625445</u>		Office: Home:	
EMAIL:		<u>eddy@line8.com.sg</u>			
ADDRESS		<u>3 Jalan Chulak (S) 557446</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No.:		INSURER:	
RELATIONSHIP		<u>Employee</u> / If No: <u>NIL</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		<u>No</u> / If yes, <b>Who?</b>			
CONTACT NO.					
POLICE REPORT		<u>No</u> / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		<u>SDT 663J</u>		Any Passenger: <u>NO</u>	
NAME		<u>Tan Choo Euy</u>			
CONTACT NO.		<u>9633 0436</u>			
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
<b>**WORKSHOP:</b>		<u>Lee Brothers Automotive Pte. Ltd</u>			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>			

Motor Private Car

MX1E

N SN

AN0444A

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.

DMPCSNW00233822100

Engine No.: 27492030419601

Cha. No.:WDD2120342B201030

1. Index Mark and Registration  
Number of Vehicle

SMJ996U

AUTOSAFE  
=====

2. Name of Policy Holder

ONG SONG PEA

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment18/11/2021  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

17/11/2022

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

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.

\* 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

Issued By: META AGENCY PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory