

# NATIONAL Assessment Centre Services

Date In: 12/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTE 30003376/13	SAS e-filing		
Veh No: GX5952K	E-mail (within 2hrs, AP 2hrs)		
D.O.A: 11/04/22	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: SMH8744M	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

NA2000994

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) 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:-			
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:		

**Claimant's Particulars :-**

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

**Auditors' Comments :-**

Cat 1:

Cat 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	12/04/2022 16:21 (SGT)
Date of Accident	11/04/2022 14:50 (SGT)
Exact Location of Accident	Grove Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5952K
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG AH SOON
NRIC No	SXXXX583G
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-90680713
Alternative Phone No	+65-90680713

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2986

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCVSNW00072782101
Cover Note Number	-

#### DRIVER

Name of Driver	NG AH SOON
NRIC No	SXXXX583G

Date Of Birth .....	27/05/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	20/07/1979
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90680713
Alt. Phone Number .....	+65-90680713
Email Address .....	jmartauto@gmail.com
Address .....	BLK 414 TAMPINES ST 41
Address complement .....	#08-305
Postcode .....	520414
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 - 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### 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 .....	SMH8744M
Vehicle Manufacturer .....	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YONG HARN DARRELL
NRIC No	SXXXX740J
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 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

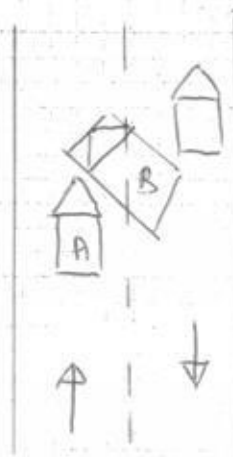
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

x                       
Policyholder's Signature / Date &  
Time

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

                     12/04/22  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



JCA: 11/4/22  
A: GX 5952K  
B: SMH 8744M

Grove Drive

**Describe Circumstances of the Accident**

I was driving straight along Grove Drive, suddenly, veh B from the opposite road cut into my lane & ~~with~~ collided onto my veh at RH portion of my lorry.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

X

*Qing*

Policyholder's Signature / Date & Time

X

*Qing*

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

*Sym 12/04/22*

Witnessed by Reporting Centre Personnel



Date of Accident : 11/4/2022		Time of Accident : 2.50 pm	
Exact Location of Accident : Grove Drive			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Wet / Dry Private Use / Work	
Owner's Name : Ng Ah Soon		NRIC : 513835836	HP : 90680713
Driver's Name : "		NRIC : "	HP : "
DOB : 27/5/1959	Driving Licence Passing Date : 20/7/1979		Occupation : Indoor / Outdoor
Address : 414 Tampines st 41 #08-305 (S20414)			
Relationship Of Driver with Insured : Owner		Email : jmartauto@gmail.com	
Vehicle Number : GX 595 2XK		Make & Model :	
Insurance Company : China Taiping		Policy Num :	Coverage :
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax A : 1 + 2 B : 1 + 0 C : D :			
Vehicle A Passenger Name : man			
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 : SMH 8744M		Make & Model :	
Driver's Name : Tan Yong Hain Darrell		NRIC : 584037407	HP :
Vehicle C 's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

### Witness 's Particular



Motor Commercial

MZ300P

R SN

AN0450A

Gov. Type F

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1990  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

Engine No.: 5L5440813

Cha. No.: JTFUF34Y603002536

CERTIFICATE No. DMCVSNW00072782101

1. Index Mark and Registration Number of Vehicle GX5952K

2. Name of Policy Holder NG AH SOON

3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment 16/07/2021 (00:00:00)

4. Date of Expiry of Insurance 15/07/2022

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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNION MOTOR TRADING CO PTE LTD AS HP OWNER

\* 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 SIGNATURE

PLEASE SIGNATURE

Signature

INXPIRE N SOLUTIONS

Authorized Officer

Authorized Signature