

NATIONAL Assessment Centre Services

[Ref: 20-100]

Date In: 13/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/CIT22003424/13	SAS e-filing		
Veh No: SNC94070	E-mail (within 3hrs, AD 2hrs)		
D.O.A: 12/04/22 2053	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: SHA9397X	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 2201000	Invoice Preparation Checklist		Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON:			
	*N5: Courtesy Car / Tp. Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20			
Cal 1:	9) N12: Idno Mobile \$0			
Cal 2 / 3:	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 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. 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	13/04/2022 12:57 (SGT)
Date of Accident	12/04/2022 20:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	9 TAMPINES AVE 2 SHELL PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC9407U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BERNIE ONG ZHAO HUI
NRIC No	SXXXX051Z
Email Address	bozh@hotmail.sg
Mobile Phone No	(Phone) +65-96281139
Alternative Phone No	+65-96281139

VEHICLE PARTICULARS

Manufacturer	BMW
Model	335i
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	2979

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00058382200
Cover Note Number	-

DRIVER

Name of Driver	BERNIE ONG ZHAO HUI
NRIC No	SXXXX051Z

Date Of Birth	28/07/1991
Occupation	Indoor
Date Of Driving Pass	15/12/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96281139
Alt. Phone Number	+65-96281139
Email Address	bozh@hotmail.sg
Address	BLK 520C TAMPINES CENTRAL 8
Address complement	#04-55
Postcode	523520
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 - Opening Door of Vehicle
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	SHAYNA CHEN SHIYI
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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9397X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	-
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.

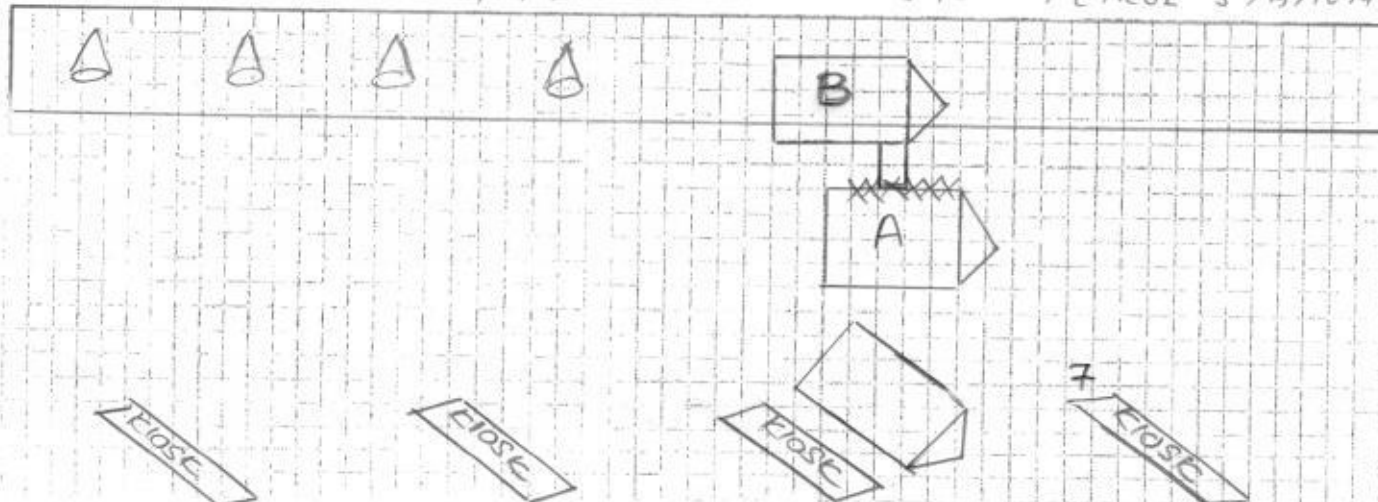
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

9 TAMPINES AVE 2 SHELL PETROL STATION



A - SNC9407L

B - SHIA937X

Describe Circumstances of the Accident

ON 12/04/2022 AT ABOUT 2053HRS, I WAS TRAVELLING ALONG
9 TAMPINES AVENUE 2 SHELL PETROL STATION. I WAS
DRIVING SLOWLY IN THE PETROL STATION. AS I WAS
APPROACHING KIOSK 7, VEHICLE B OPENED HIS DOOR CAUSING
DAMAGES TO MY LEFT HAND PORTION OF MY VEHICLE.

Declaration

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



13/04/22

Witnessed by Reporting Centre
Personnel

VEHICLE NO: SNC9407U

MAKE & MODEL: BMW 335I

AUTO / MANUAL

DATE OF ACCIDENT

12 / 04 / 2022

*C.C. 2979

TIME OF ACCIDENT

2053hrs

AM / PM

LOCATION OF ACCIDENT

9 Tampines Ave 2 Shell Petrol Station.

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

BERNIE ONG

ZHAO HUI

Email: BOZHI@HOTMAIL.SG.

* ALPHABET O

TELP NO

Mobile: 9628 1139 Office: -

Home: -

NRIC

S91270512

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY

YES / NO?

INSURANCE CO.

China Taiping

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

DMPCSNN000583858382200

NAME OF DRIVER

AS ABOVE / IF NO:

BERNIE ONG ZHAO HUI

NRIC

S91270512

DATE OF BIRTH

28 / 07 / 1991.

ANY PASSENGER

YES / NO:

NAME OF PASSENGER

SHAYNA CHEN SHIYI

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

15 / 12 / 2014.

GENDER

Male / Female

CONTACT NO.

Mobile: 9628 1139 Office: -

Home: -

EMAIL

BOZHI@HOTMAIL.SG

ADDRESS

B1K520C Tampines Central 8 #04-56 S(5)3520

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes, Reg No.

INSURER.

RELATIONSHIP

Employee / If No, owner

WEATHER CONDITION

Clear / Raining / Other.

ROAD SURFACE

Dry / Wet / Other.

ANY INJURIES

No / If yes, Who?

CONTACT NO.

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES, WHO?

VEHICLE B NO.

SHA9397X

Any Passenger, NO.

NAME

CONTACT NO.

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 / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO

\$1,772.09

Motor Private Car

MX1E

N SN

AN0695A

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.	DMPCSNW00058382200	Engine No.	08758018N55B30A
		Cha No.	WBA3A96070NN71748
1. Index Mark and Registration Number of Vehicle	SNC9407U	AUTOSAFE	*****
2. Name of Policy Holder	BERNIE ONG ZHAO HUI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/03/2022 (15.33.57)	Named Drivers Ex Sect. I	S\$1,500.00
		Additional Ex Other than Named Drivers:	
4. Date of Expiry of Insurance	28/02/2023	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.: RICARDO CARS PTE 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.

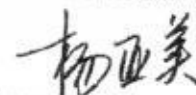
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

TECK WEI CREDIT PTE LTD

 Please see reverse
 Co. Reg. No. 200512300K
 210 Turf Club Road
 The Grandstand, Lot A8
 Singapore 287995
 Tel: 6465 0020 Fax: 6465 0017
 Email: info@teckwei.com.sg

 Issued By: **TECK WEI CREDIT PTE LTD**
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory