NATIONAL Assessment Centre Services

	Job description	Date & Time Completed	Done by
Date In: 01/06/22			
Ref No: NA/CTD2005193/13	SAS e-filing		
Veh No: SMT8879Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/05/22 1011	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: SLK659A 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

NA2201561

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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) FT : 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*		

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 witholding 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	01/06/2022 10:26 (SGT)
Date of Accident	31/05/2022 10:11 (SGT)
Exact Location of Accident	339D Kang Ching Rd, 339D, Singapore 614339
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8879Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KEYI,BENJAMIN(HUANG KEYI)
NRIC No	SXXXX016F
Email Address	b3njamin@gmail.com
Mobile Phone No	(Phone) +65-96841058
Alternative Phone No	+65-96841058

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00043932201
Cover Note Number	-

DRIVER

Name of Driver	NG KEYI,BENJAMIN(HUANG KEYI)
NRIC No	SXXXX016F

Date Of Birth	15/01/1985
Occupation	Outdoor
Date Of Driving Pass	25/01/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96841058
Alt. Phone Number	+65-96841058
Email Address	benjamin@gmail.com
Address	BLK 693 JURONG WEST CENTRAL 1
Address complement	#10-101
Postcode	640693
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SLK659A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG KEYI,BENJAMIN(HUANG KEYI)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ8879Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

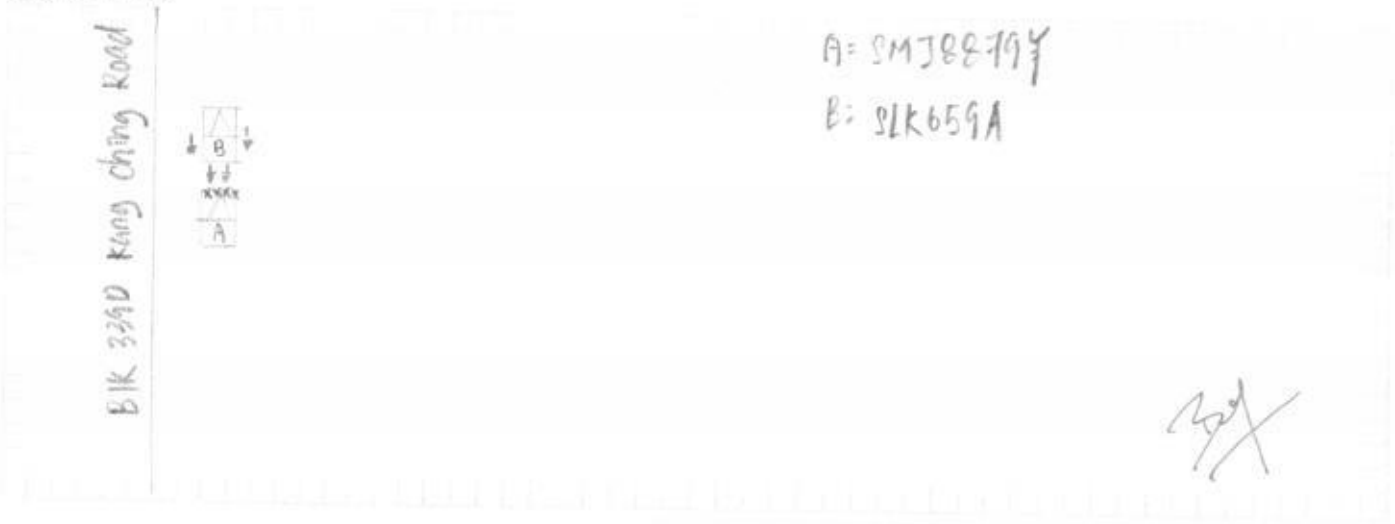
Policyholder's Signature / Date & Time

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

01/06/22

Witnessed by Reporting Centre Personnel

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving behind Veh "b" along blk 339D Kang Ching Road to fetch my wife.

Veh "b" slowed down and stopped, I followed suit and came to completely stop stationary with a safe distance.

Suddenly, veh "B" made an abrupt reverse without checking behind traffic and collided into the front vehicle portion of my vehicle and caused damage.

Both of us alighted, veh "b" told me that he was looking for the block to fetch his passenger and he mentioned he did not notice any vehicle behind him.

Veh "b" got me to claim against his insurance policy hence we exchanged a particular and left the scene.

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:

01/06/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: **Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.**

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN1092261 0003 **Vehicle Registration No:** SMJ8879Y

Name (as shown in NRIC): NG KEYI, BENJAMIN (HUANG KEYI) **NRIC/FIN/Passport No:** SXXXX016F

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 693 JURONG WEST CENTRAL 1 #10-101 **Singapore (** 640693 **)**

Contact (Tel): **Mobile No.:** 96841058

Email Address:

Date of Accident: 31/05/22 **Time of Accident:** 1011

Place of Accident: 339D KANG CHING RD

Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS

Policyholder / Driver's Signature
Date:

01/06/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

VEHICLE NO: SMJ8879F MAKE & MODEL : Hyundai Avante [AUTO] / MANUAL

DATE OF ACCIDENT	31 / 05 / 2022 •C.C. 1591
TIME OF ACCIDENT	1011 [AM] / PM
LOCATION OF ACCIDENT	BK 339D Kang ching road
EXACT PURPOSE USED AT TIME OF ACCIDENT	[EMPLOYMENT] / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Ng keyi, Benjamin Email: B3NJAMIN@GMAIL.COM
TELP NO	Mobile: 9684-1058 Office: Home:
NRIC	S8501016F
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.	PMPCSHW0004393201
NAME OF DRIVER	[AS ABOVE] / IF NO:
NRIC	
DATE OF BIRTH	15 / 01 / 1985
ANY PASSENGER	YES / [NO]:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	[Outdoor] / Indoor
DATE OF DRIVING PASS	25 / 01 / 2008
GENDER	[Male] / Female
CONTACT NO.	Mobile: Office: Home:
EMAIL:	
ADDRESS	BK 693 Jurong West (Central 1 #01-01 S(640693)
DOES DRIVER OWN OTHER VEHICLES?	[NO] / If yes : Reg No: INSURER:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	[Clear] / Raining / Other :
ROAD SURFACE	[Dry] / Wet / Other :
ANY INJURIES	[No] / If yes / **Who?** Ng keyi Benjamin (m)
CONTACT NO.	
POLICE REPORT	[No] / If yes : Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	[NO] / IF YES: WHO?
VEHICLE B NO.	SLK659A Any Passenger : NIL
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]

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

中国太平
CHINA TAIPING

中国太平保险（新加坡）有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0687A

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. DMPCSNW00043932201

Engine No.: G4FGKU110769
Cha. No.:KMHD841CMKU879462

1. Index Mark and Registration Number of Vehicle: SMJ8879Y

AUTOSAFE
=========

2. Name of Policy Holder: NG KEYI, BENJIAMIN (HUANG KEYI)

BENJAMIN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment: 25/03/2022 (00:00:00)

4. Date of Expiry of Insurance: 24/03/2023

Named Drivers Ex Sect. I	S$500.00
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$500 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.**

杨正美

Authorised Signatory

Issued By: CREDENCEL INSURANCE AGENCY
Authorised Officer