

# NATIONAL Assessment Centre Services

Date In: 27/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006084/13	SAS e-filing		
Veh No: SMS24837	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/06/22 1125	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: SCW 9090J	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

NA2201760	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$40)		
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) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt 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		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2/3:	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	27/06/2022 15:23 (SGT)
Reported by	Both
Date of Accident	25/06/2022 11:25 (SGT)
Exact Location of Accident	21 Evans Rd, Singapore 259366
Additional Location Information	OUTSIDE MOE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2483Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LO KOK GUAN,JACKSON(LU GUOYUAN,JACKSON)
NRIC No	SXXXX147I
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-90624643
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	2595

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00169632101

#### DRIVER

Name of Driver	LO KOK GUAN,JACKSON(LU GUOYUAN,JACKSON)
NRIC No	SXXXX147I
Date Of Birth	20/04/1979
Occupation	Indoor

Date Of Driving Pass	14/10/1999
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90624643
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	991 BUKIT TIMAH RD
Address complement	#02-06
Postcode	589630
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	LAM WAI MUN
Gender	Female

#### PASSENGER 2

Name	LO YUN XIN ISLA
Gender	Female

#### PASSENGER 3

Name	LO HAO XIN ALFIE
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
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Was there any video captured by Car Camera? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCW9000J  
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) -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFD3628C  
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 LO KOK GUAN,JACKSON(LU GUOYUAN,JACKSON)  
Gender Male  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained SLIGHT  
Injured person in which vehicle? SMS2483Y  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

##### INJURED 2

Name of injured person LAM WAI MUN  
Gender Female  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained SLIGHT  
Injured person in which vehicle? SMS2483Y  
Were seat belts worn? -

Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	LO YUN XIN ISLA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMS2483Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	LO HAO XIN ALFIE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMS2483Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

## 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

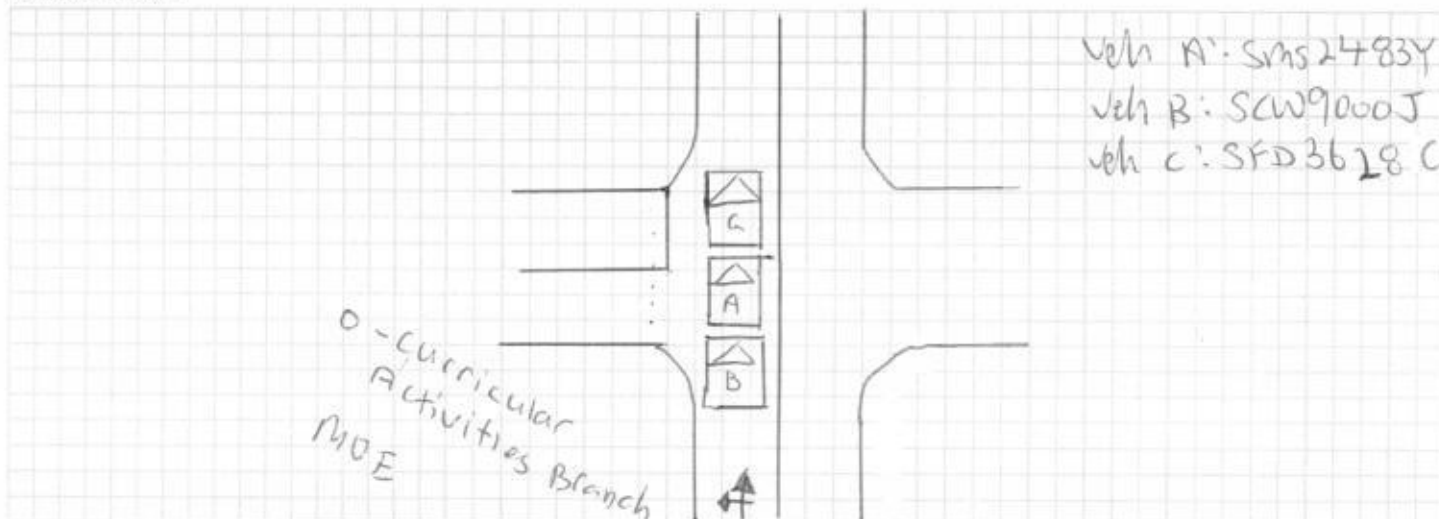
Driver's Signature (If driver is not the policyholder) / Date & Time

ROSLINDA BINTE A-WAHAB

Witnessed by Reporting Centre

Personnel 27/06/22

### Sketch Plan





**Describe Circumstances of the Accident**


Handwritten notes and signatures in the accident description section:

- Top right: A large, stylized signature or set of initials, possibly "H. K. A. M.".
- Middle right: A smaller signature or set of initials, possibly "A. M.".
- Center: The number "10" written diagonally.
- Bottom left: The word "Peter" written diagonally.

**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

ROSLINAA BINTE A-WAHAB  
Witnessed by Reporting Centre  
Personnel 27/06/22

ON THE STATED DATE AND TIME. I, VEHICLE A (SMS2483Y) WAS TRAVELLING STRAIGHT ON 21 EVANS ROAD TOWARDS BUKIT TIMAH ROAD. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND COLLIDED ONTO VEHICLE C (SFD3628C) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SCW9000J) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

I GOT 3 PASSENGERS IN MY CAR.

**VEHICLE A : SMS2483Y**

**VEHICLE B : SCW9000J**

**VEHICLE C : SFD3628C**

A handwritten signature in black ink, appearing to be 'Jm' or similar, located below the vehicle list.



# SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/6/22	Time: 11:25hr	(hh:mm) 24 hr format
Location 21 Evans Rd outside MOE		
Vehicle Number SMS 2483Y		
Insured Name Lo Kok Guan, Jackson		
NRIC / FIN S7912147I	Contact Number 9062 4643	
Make Mercedes	Model Benz CLA180	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: (✓) Third Party ( ) Reporting		
Insurance Company China Taiping		
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number DMP0SNW00169632101		
Name of Driver	(✓) Same as Insured	
NRIC / FIN -	Contact Number -	
Date of Birth 20 Apr 1979		
Driving Pass Date 14 Oct 1999		
Occupation (✓) Indoor ( ) Outdoor		
Gender (✓) Male ( ) Female		
Email Address abc8627e@gmail.com	( ) NO EMAIL	
Address of Driver 991 Bukit Timah Rd #02-06 (S) 589630		
Was driver an employee of the Insured's Company? ( ) Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (✓) Clear ( ) Raining ( ) Others		
Road Surface (✓) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes (✓) No		
Was anybody injured in the accident? (✓) Yes ( ) No		
If yes, injured detail Driver & Passengers (SMS 2483Y)		
Was there any video captured by Car Camera? ( ) Yes (✓) No		
Was the Accident reported to the Police? ( ) Yes (✓) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SCW9000J	
Veh C	SFD3628C	
Veh D		
Veh E		
Veh F		

3 passengers

- ① Lam Wai Mun (F)
- ② Lo Yun Xin Isla (F)
- ③ Lo Hao Xin Alfie (M)

Motor Private Car

MX1E

R SN

AN0006A

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)

<b>CERTIFICATE No.</b>	<b>DMPCSNW00169632101</b>	<b>Engine No.:</b> 27091031522090	<b>Cha. No.:</b> WDD1179422N613475
<b>1. Index Mark and Registration Number of Vehicle</b>	<b>SMS2483Y</b>		
<b>2. Name of Policy Holder</b>	<b>LO KOK GUAN, JACKSON (LU GUOYUAN, JACKSON)</b>		
<b>3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment</b>	<b>19/09/2021 (00:00:00)</b>	<b>Named Drivers Ex Sect. I</b>	<b>S\$500.00</b>
		<b>Additional Ex Other than Named Drivers:</b>	
		<b>Ex Sect. I - Age &lt;= 25</b>	<b>S\$3,000.00</b>
<b>4. Date of Expiry of Insurance</b>	<b>18/09/2022</b>	<b>Ex Sect. I - Age &gt;= 26</b>	<b>S\$500.00</b>
		<b>* Age as at date of accident</b>	
		<b>EX ON WINDSCREEN</b>	<b>S\$100.00</b>
<b>5. Persons or Classes of Persons entitled to drive*</b>			
(a) The Policyholder,			
(b) Any other person who is driving on the Policyholder's order or with his permission.			
<p>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.</p>			
<b>6. Limitations as to use*</b>			
<p>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.</p>			
<b>HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER</b>			
<i>* 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>			

**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: **ALFA CREDIT PTE LTD**  
 Authorised Officer

  
 Authorised Signatory