

NATIONAL Assessment Centre Services: (over 1 Jan 02)

Date In:	Job description	Date & Time Completed	Done by
Ref No: NH/CTI 220066905	SAS e-filing		
Veh No: SLD 8226A	E-mail (within hrs, A/C 2hrs)		
D.O.A : 11/07/22 2127	I-Motor Claim Form		
OD : TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKsp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: ( ) Vch No: SM592C 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: ( )

Date & Time Complete: \_\_\_\_\_ Done by: \_\_\_\_\_

Remarks	QC Hotline: 6788 6616
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

[illegible]

Statement Particulars		Invoice Particulars	
Driver/Owner:		1) AR: Accident Reporting	(\$30);
Contact No:		2) DA: Damage Assessment	(\$100); INC (\$80)
Damaged Portion:		3) TF: Towing Fee	\$40/\$45
		4) FT: Follow-Through Survey	\$120
		5) PT: Follow-Through Survey (Re-survey)	\$30
		For claiming against INC Only (wef 10 Jan 2005)	
		6) TR: Re-inspection	\$75
		7) NI: Idao DA + SMRT Survey	\$160
		8) NTUC Additional Services:	
		ON*	
		*N3: Courtesy Car / Tpl Allowance	\$5
		*N4: Repair Co-ordination	\$10
		*N7: Post Repair Inspection	\$25
		*N8: DV / Collect Excess Coordination	\$5
		TE (NIL) : TF (Inc INC) against INC	\$20
		9) NI2: Idao Mobile	\$0
		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	14/07/2022 10:30 (SGT)
Reported by	Driver
Date of Accident	11/07/2022 21:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON AVE 2 (SERANGOON CRESENT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8226A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO NGUAN ENG
NRIC No	SXXXX832G
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-68460611
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1498

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00076262200

### DRIVER

Name of Driver	TONG CHEE SUN
NRIC No	SXXXX380D
Date Of Birth	28/06/1954
Occupation	Outdoor



Date Of Driving Pass	09/10/1978
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91453952
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	BLK 246 SERANGOON AVE3 #10-202
Address complement	-
Postcode	550246
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COLLEAGUE
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)	1
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	-

#### 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

#### REFER TO REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ92C
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)

-

-

-

-

-

-

-



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

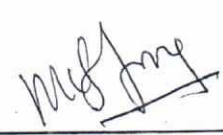
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

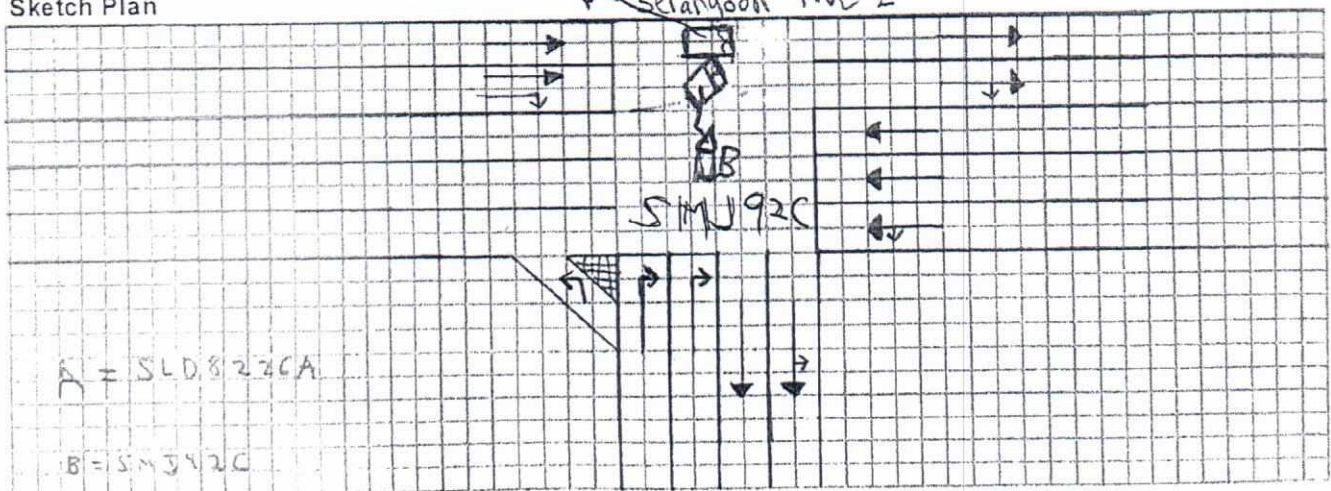
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

14/07/22

### Sketch Plan



**Describe Circumstances of the Accident**

On 11 July 2022 at around 9.27pm, I was driving straight along Serangoon Ave 2 and the traffic light was green. All of a sudden, Vehicle B (SMJ92C) turned right from Serangoon Link and smashed into the right portion of my vehicle. We moved our vehicles to the bus stop after the accident and exchanged particulars.

**Declaration**

We declare the foregoing particulars are true in every respect.

*Rhoo Ng*

Policyholder's Signature / Date & Time

*Wong*

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

*[Signature]*

14/07/22

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 11/7/2022 (DD/MM/YYYY), TIME: 9:27 pm (HH:MM)

LOCATION: Serangoon Ave 2 (Serangoon Crescent)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 8226 A  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCSNW 000 762 622 00  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Vezel 1.5X (A)  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: after work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: KHOO NGUAN ENG (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: S1215832G CONTACT: 68460611  
 c) ADDRESS: BLK 410 Bedok North Avenue 2, #09-82  
S'pore 460410

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TONG CHEE SUN (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: S0025380D CONTACT: 91453952  
 c) ADDRESS: BLK 246 Serangoon Ave 3 #10-202  
S'pore 550246

\* d) DATE OF BIRTH: 28/06/1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 44

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS \_\_\_\_\_  
 b) ROAD SURFACE: (DRY) / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMJ 92C MODEL: Toyota noah  
 b) DRIVER'S NAME: Gilbert Ong Huan Jie  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90666561

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = phbms@yahoo.com

Fax = 67476418 67489386

VIDEO =

Motor Private Car

MX1F

N SN

AN0394A

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.

DMFCSNW00076262200

Engine No. LEB5065538

Chs. No. RU31115524

1. Index Mark and Registration  
Number of Vehicle

SLD8226A

AUTOSAFE

2. Name of Policy Holder

KHOON NGUAN ENG

3. Effective date of the Commencement of  
Insurance for the purpose of the Regulations,  
Ordinance or Enactment

12/04/2022  
(00 00.00)

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

4. Date of Expiry of Insurance

11/04/2023

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.

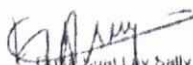
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

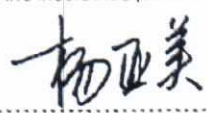
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

  
Authorised Officer

  
Authorised Signatory