

NATIONAL Assessment Centre Services

Form NA-01

Date In: 18/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22006787/13	SAS e-filing		
Veh No: SKW2741E	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 16/07/22 2050	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: FBS961C	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
18/07/22	Mobile Reporting (ADRIAN)
	YSK

NA2201913	NA2201986 - MOBILE REPORTING	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);		
Driver/Owner:		2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:		3) TF : Towing Fee \$40/\$45		
Damaged Portion:		4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:		6) TR : Re-inspection \$75		
Cat. 2/3:		7) N1 : Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON:		
		*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	

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	18/07/2022 16:14 (SGT)
Reported by	Both
Date of Accident	16/07/2022 20:50 (SGT)
Exact Location of Accident	Jurong West Street 41, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2741E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOH YONG MENG
NRIC No	SXXXX449C
Email Address	steelallymom@gmail.com
Mobile Phone No	(Phone) +65-90082287
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00090112204

DRIVER

Name of Driver	TEOH YONG MENG
NRIC No	SXXXX449C
Date Of Birth	30/11/1972
Occupation	Indoor

Date Of Driving Pass	18/01/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082287
Alt. Phone Number	-
Email Address	steelallymom@gmail.com
Address	BLK 443D FAJAR RD
Address complement	#13-54
Postcode	674443
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	Side Swipe
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?	Yes
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

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	SD CARD WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS961C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI
NRIC No	SXXXX840A
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	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND DISLOCATE
Injured person in which vehicle?	FBS961C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

ROSLINAH BINTE A WAHAB
Witnessed by Reporting Centre Personnel 18/07/22

Sketch Plan

JURONG WEST ST 41




Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

ROSLINAA BINTE A. WAHAB
Witnessed by Reporting Centre
Personnel 18/07/22



**SINGAPORE
POLICE FORCE**



T/20220716/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1600-8929999

1 of 4
Report No: T/20220716/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2022 23:59	Vide Report No.: T/20220716/2099	Station Diary No.: 108
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Informant's Particulars

Name of Informant: TEOH YONG MENG			Address: APT BLK 443D FAJAR ROAD #13-54 SINGAPORE 674443		
ID Type / ID No.: NRIC NO / S7244449C			Contact No.: Home/Office: Mobile: 90082287		
Nationality: SINGAPORE CITIZEN			Email: steelalymom@gmail.com		
Sex: Male	Age: 49	Date of Birth: 30/11/1972	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2022 20:50	Type of Location: Car Park
Location JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS961C	Motorcycle					0
SKW2741E	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220716/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220716/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2741E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000901 12204	23/04/2022	22/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI	ID No.	S9531840A
Related Vehicle	FBS961C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	TEOH YONG MENG	ID No.	S7244449C
Related Vehicle	SKW2741E (Car)	Contact No.	90082287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/07/2022 at about 2050hrs, I was driving my car (SKW2741E) along Jurong West 41 and I was turning right to enter the carpark. I had signaled before turning and I had checked on my blind spot. My car had already exited the lane and I was in the yellow box of the opposite lane to enter the cluster and subsequently I felt that something had hit my car and noticed that a motorbike (FBS961C) had collided in to my right side and her motorbike had skidded to the entrance of the carpark. I then stepped on my brakes and exited my vehicle immediately. I then made a check on the rider and I noticed that her left hand looked like it was dislocated therefore I had called for the ambulance. I would like to state that I had overheard the rider mentioned that she had intended to overtake my vehicle however I had already turned out thus she had collided in to my vehicle.

The ambulance then came and made a check on the rider and had conveyed her to the nearest hospital. The police then arrived and had took my in car camera SD card for their investigation.



**SINGAPORE
POLICE FORCE**



T/20220716/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220716/2101

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220716/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220716/2101

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J/
SGT 1 YAP YU PENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/07/2022 23:59

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 16/07/2022 (DD/MM/YYYY), TIME: 20:50 (HH:MM)LOCATION: JURONG WEST STREET 41

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 2741 E
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSNW00090112204
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MAZDA
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE YES/NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TEOH YONG MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7244449C CONTACT: 90082287
 c) ADDRESS: BIK 443D FAJAR ROAD #13-54 SINGAPORE 674443

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEOH YONG MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7244449C CONTACT: 90082287
 c) ADDRESS: BIK 443D FAJAR ROAD #13-54 SINGAPORE 674443

* d) DATE OF BIRTH: 30/11/1994 (DD/MM/YYYY)e) OCCUPATION: (INDOOR / OUTDOOR)f) YEARS OF DRIVING EXPERIENCE: 18 JAN 1994, 28 YEARS

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

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
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBS961C MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (Including driver)
(1)

* No of passengers
 (Including driver)
(1)

* No of passengers
 (Including driver)
()

Email = STEELALLYMOM@GMAIL.COM

Fax = _____

Video = _____

Motor Private Car

MX1F

R SN

AN0117A

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.	DMPCSNW00090112204	Engine No.: P520323389 Cha. No.: JM6BM42A8G0321202
1. Index Mark and Registration Number of Vehicle	SKW2741E	AUTOSAFE *****
2. Name of Policy Holder	TEOH YONG MENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/04/2022 (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	22/04/2023	
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.	<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>	
6. Limitations as to use*	<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.</p> <p>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.</p>	
<p>HIRE PURCHASE CO. : FASTER AUTO TRADING 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.</p>		

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: JV'S LEASING
Authorised Officer

杨亚美
Authorised Signatory