

NATIONAL Assessment Centre Services

SNO922880006

Date In: 8/8/22 18:48	Job description	Date & Time Completed	Done by
Ref No: NA/C1200007663/13	SAS e-filing		
Veh No: SNB 7966R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/8/22 22:19	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: SNB80526, 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

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 (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$50)			
	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: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD:				
*N5: Courtesy Car / Tp. Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11): TP (N/n INC) against INC		\$20		
9) N12: Idno 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 Actual 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	08/08/2022 18:48 (SGT)
Reported by	Driver
Date of Accident	05/08/2022 22:19 (SGT)
Exact Location of Accident	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information	AFTER SINGAPORE CHECKPOINT
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB7966R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KEE SENG
NRIC No	SXXXX043B
Email Address	JEROMEXNG@GMAIL.COM
Mobile Phone No	(Phone) +65-92387811
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00078592200

DRIVER

Name of Driver	JEROME NG
NRIC No	TXXXX702D
Date Of Birth	06/04/2002

Occupation	Outdoor
Date Of Driving Pass	11/02/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97856461
Alt. Phone Number	-
Email Address	JEROMEXNG@GMAIL.COM
Address	BLK 505 BUKIT BATOK ST 52 #01-155
Address complement	-
Postcode	650502
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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 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 DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB8052G
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) -

VEHICLE NO: SMB7966RMAKE & MODEL: CLA-180AUTO MANUAL

DATE OF ACCIDENT	<u>5 / 8 / 2022</u>	<u>1.6 C.C.</u>
TIME OF ACCIDENT	<u>10.19</u>	<u>AM/PM</u>
LOCATION OF ACCIDENT	<u>After Singapore checkpoint 2nd link</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / <u>PRIVATE USE</u> PRIVATE HIRE</u>	
NAME OF OWNER	<u>NG KEE SENG</u>	
EMAIL <u>jerone@ng@gmail.com</u>	OFFICE:	MOBILE: <u>92387811</u>
NRIC	<u>S0213043B</u>	
CLAIM TYPE	<u>OD / <u>THIRTY PARTY</u> / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / <u>NO</u></u>	
INCURENCE CO.	<u>China Taiping</u>	
TYPE OF COVERAGE	<u><u>Comprehensive</u> Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMPCSNW00078592200</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: <u>Jerome NG</u></u>	
NRIC	<u>T0209702D</u>	
DATE OF BIRTH	<u>6 / 4 / 2002</u>	
ANY PASSENGER	<u>YES / <u>NO</u></u>	
NAME OF PASSENGER	—	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u><u>Outdoor</u> / Indoor</u>	
DATE OF DRIVING PASS	<u>1 / 2 / 2021</u>	
GENDER	<u><u>MALE</u> / FEMALE</u>	
CONTACT NO.	Mobile: <u>97856461</u>	Office: Home:
EMAIL	—	
ADDRESS	<u>Blk 505 BUKIT BATOK St 52 # 01-155 S650502</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No:	INSURE:
RELATIONSHIP	Employee / If No: <u>SON</u>	
WEATHER CONDITION	<u><u>Clear</u> / Raining / Other:</u>	
ROAD SURFACE	<u><u>Dry</u> / Wet / Other:</u>	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.	—	
ROLICE REPORT	<u><u>NO</u> / If yes, Where?</u>	
NOTICE OF INTENDED PROSECUTION?	<u><u>NO</u> / If yes, Who?</u>	
VEHICLE B NO.	<u>SKB8052G</u>	Any Passenger:
NAME	<u>Ismail Karim</u>	
CONTACT NO.	<u>97538124</u>	
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?	<u><u>YES</u> / NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	<u><u>DRIVER</u> / OWNER / BOTH</u>	
Original Language Used	<u><u>English</u> / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u><u>NO</u></u>	

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

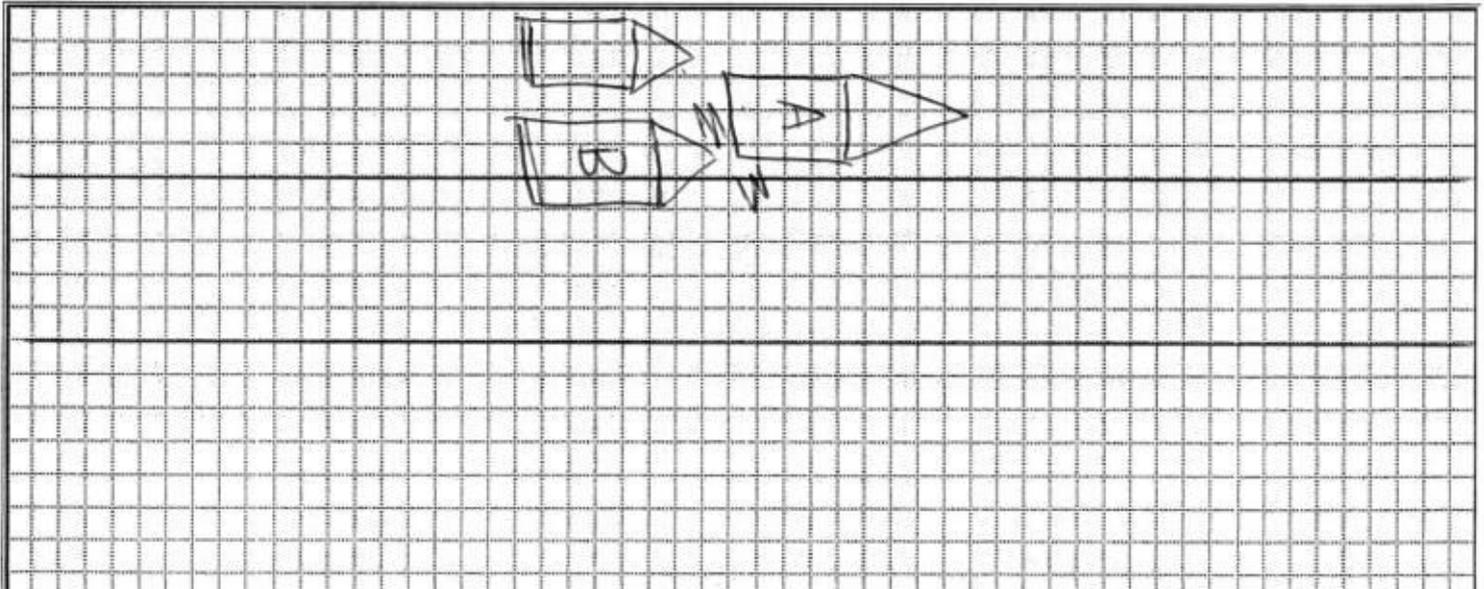


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

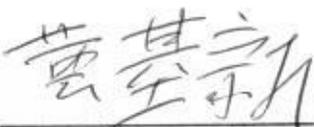


Describe Circumstance of the Accident

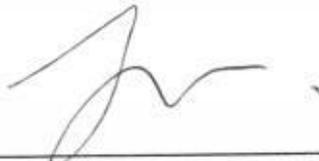
At the above date and time of accident
I was driving along 2nd link just after Singapore tuas
check point toward Malaysia as the traffic was
very heavy and I come to a complete stop suddenly
I felt a impact on my rear, i come off my car
and know that a BMW SKB 8052G had hit onto my
rear portion of my car

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



Witnessed by Reporting Centre Personnel

