

SN08229F0003

**NATIONAL Assessment Centre Services:** [ref: 1 Jan 2022]

Ref No:	Job description	Date & Time Completed	Done by
15/09/2022 15:53	SAS e-filing		
NBA/C7722029080/Y	E-mail (with 3 hrs, ATG 3hrs)		
SWM Mobile	I-Motor Claim Form		
14/09/2022 19:01	I-Motor W/O (with 1 OD, 3hrs, TP 4hrs)		
TP Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wkip		

Preferred Wkep / INC Ass'n Wkep / QW: ( )

P Particulars: Vch No: **AP5 8009 R** INC ( ) / Non-INC ( )

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Résumé Photo (Repair Cost > \$3000) ( )

Injury: ( )

Excess/Action:

NA2202485

Item	Invoice Preparation Checklist	Ballot Fee/Ref
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$60/\$44
C. Checked by (Eng: In-Charge):	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (P:survey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1 day DA + SMRT Survey	\$150
	8) NT/OC Additional Services	
	9) NI: 1 day Mobile	\$0
	10) NI: 1 day Mobile	\$0
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2/3

# 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	15/09/2022 15:53 (SGT)
Reported by	Both
Date of Accident	14/09/2022 17:01 (SGT)
Exact Location of Accident	6 Scotts Rd, Singapore 228209
Additional Location Information	SERVICE ROAD BETWEEN SCOTTS SQUARE AND MARRIOTT TANG PLAZA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM4060C

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG KOK KEY
NRIC No	SXXXX343J
Email Address	notmysterious@gmail.com
Mobile Phone No	(Phone) +65-92290148
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1998

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00213342101

### DRIVER

Name of Driver	PANG KOK KEY
NRIC No	SXXXX343J
Date Of Birth	09/10/1969

Occupation	Indoor
Date Of Driving Pass	28/09/1999
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-92290148
Alt. Phone Number	-
Email Address	notmysterious@gmail.com
Address	BLK 138 BISHAN STREET 12 #06-454
Address complement	-
Postcode	570138
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 - Major/Minor Rd
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)	2
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	STEPHANIE LEE
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

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	FBQ8007R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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

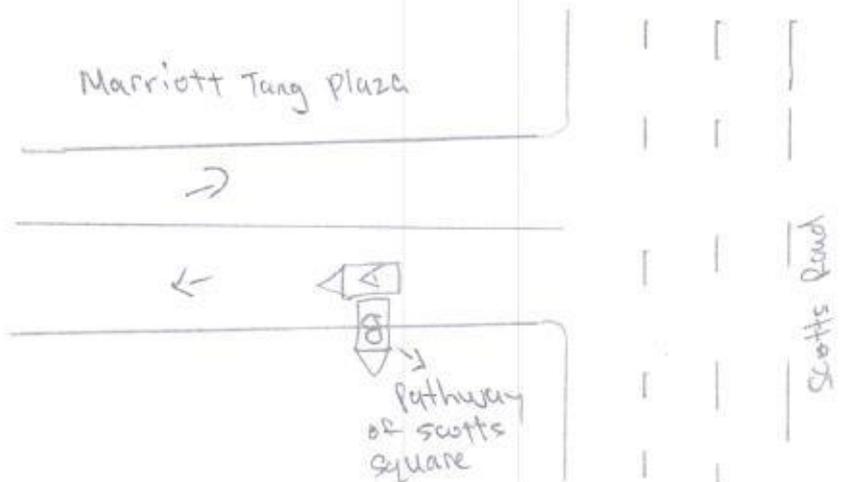
Witnessed by Reporting Centre Personnel

15/09/2022

**Sketch Plan**

A - SMM 4060 C

B - FBQ 8007 R



**Describe Circumstances of the Accident**

As the above mentioned date, time and location I was travelling in my vehicle (A) as I was moving straight, vehicle (B) reversed <sup>out</sup> from the pathway and collided onto the left portion of my vehicle (A) causing damages to my vehicle (A).

Vehicle (A) - SMW 4060 C

Vehicle (B) - FBD 8007 R

**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



15/09/2002

Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 09 / 2022 (dd/mm/yy) Time of Accident: 17:01 (24-HR-FORMAT)

Vehicle No.: SMM4060C Vehicle Make & Model: \_\_\_\_\_

\*Transmission:  Manual  Auto \*C.c.: \_\_\_\_\_

Exact location of Accident: Service Road between Scotts Square and Marriott Tang Plaza

Policyholder's Name: PANG KOK KEY NRIC/FIN/REG No.: S6934343J

\*Policyholder's email address: notmysterious@gmail.com

Driver's Name: As above NRIC/FIN/REG No.: As Above

\*Driver's email address: As Above

Driver's Contact No.: 92290148 Company Contact No (if any): -

Date of birth: 9th October 1969 Driving Pass Date: 28th Sept. 1999

Driver's Address: 138, #06-454, Bishan St. 12 S570138

Insurance Company: Ching Tai Ping

Policy No.: DMPC SNA002133A2101 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner  Spouse /  Children /  Friend /  Parents /  Sibling /  Relative /  Employee /  Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

Type of Accident

Chain Collision  Head To Rear  Side Swipe  Other Rear to side

Occupation (nature job)  Indoor /  Outdoor \*No. of Passengers / Including Driver: 01

\*Passanger Name: Stephanie Lee Gender: Male / Female

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: -

Was there any video captured by your car Car camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person' Name: -

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: -

Police Report filed:  Yes /  No (If YES) Which Police Station: -

The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: FBQ 8007R

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



Motor Private Car

MX1F

R SN

AN0576A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNA00213342101	Engine No.: FA20A904817	Cha. No.: JF1SJGK85GG070362
1. Index Mark and Registration Number of Vehicle	SMM4060C		
2. Name of Policy Holder	PANG KOK KEY		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/10/2021 (00:00:00)	Named Drivers Ex Sect. I	S\$750.00
4. Date of Expiry of Insurance	28/10/2022	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. : PANG'S MOTOR TRADING PTE LTD 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.		

**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: ..... Lim Lee Choo  
Authorised Officer

.....  
Authorised Signatory