

# NATIONAL Assessment Centre Services

Date: 12/09/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI2206914615	E-mail (within 3hrs, AP 2hrs)		
Veh No: 56V 3278C	i-Motor Claim Form		
DOA: 08/09/22 0945	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: JRN 2528	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

NA2202526

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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			
Cal 1:	Invoice dated	Fee Charged		
Cal 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 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	12/09/2022 17:17 (SGT)
Reported by	Both
Date of Accident	08/09/2022 09:45 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	PERSIARAN MOLEK UTAMA TOWARDS JLN RODMERAH UTAMA BEFORE JLN MASAI BARU
Country/State of Loss	Malaysia

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3278C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE MOA KIT
NRIC No	SXXXX516G
Email Address	MOAKIT0546@GMAIL.COM
Mobile Phone No	(Phone) +65-81813752
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2400

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00091512200

### DRIVER

Name of Driver	LEE MOA KIT
NRIC No	SXXXX516G
Date Of Birth	21/11/1987

Occupation	Indoor
Date Of Driving Pass	23/09/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81813752
Alt. Phone Number	-
Email Address	MOAKIT0546@GMAIL.COM
Address	57 CIRCUIT ROAD #09-141
Address complement	-
Postcode	370057
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?	Yes
Number of vehicles involved in the accident	2
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)	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	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JRN2528
Vehicle Category	Private car

#### PASSENGER 1

Name	TEE AI CHIA
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	POLIS MALAYSIA SERI ALAM
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	JRN2528
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	-
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	TEE AI CHIA
Gender	Female
Phone No	(Phone) +65-81813752
Address	57 CIRCUIT ROAD #09-141
Address Complement	-
Post Code	370057
Approximate Age Years Old	28
Injuries Sustained	slight
Injured person in which vehicle?	SGU3278C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	LEE MOA KIT
Gender	Male
Phone No	(Phone) +65-81813752
Address	57 CIRCUIT ROAD #09-141
Address Complement	-
Post Code	370057
Approximate Age Years Old	30
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGU3278C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## 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 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

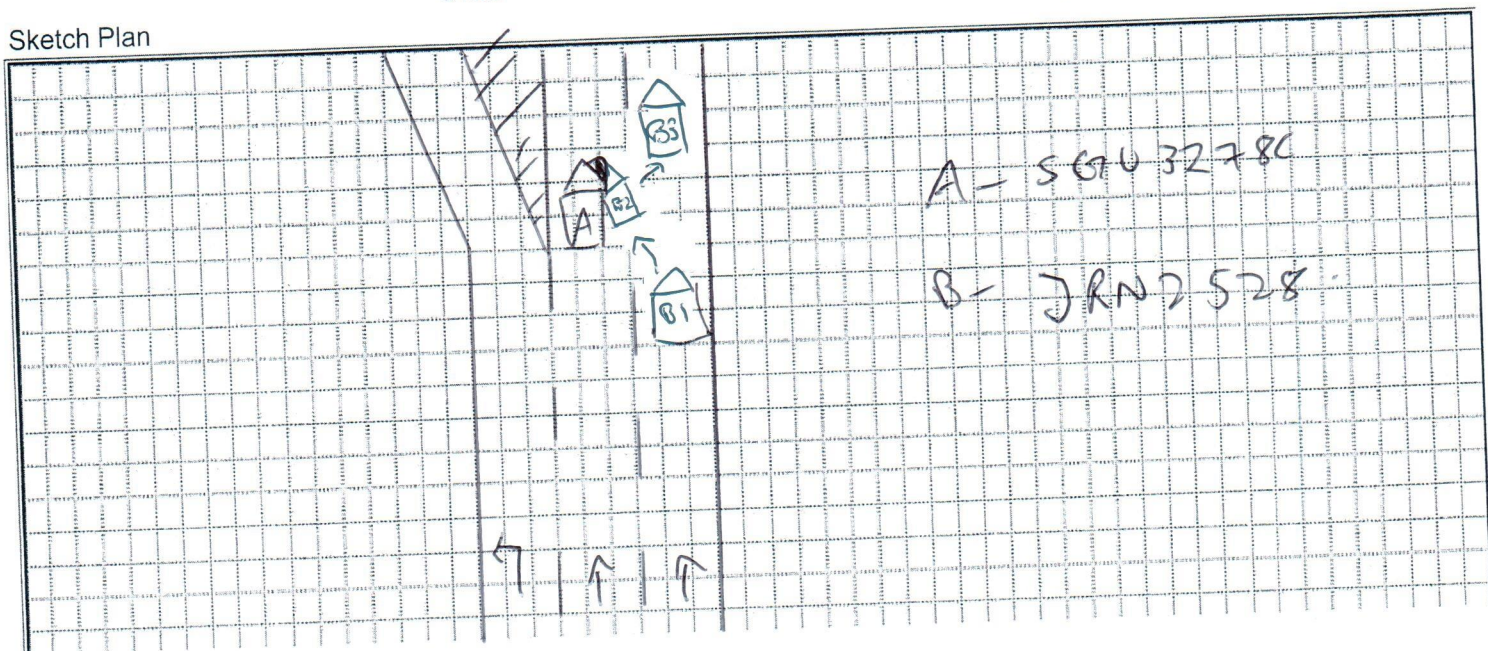
(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

On the stated date and time I was travelling along  
Persiaran Molek Utama towards Jalan Rosmerah Utama before Jalan  
Masai Bara waiting for the red light to turn green. While  
stationary I felt a huge impact coming from my rear right.  
all the way to my front right portion of my vehicle.

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

 12/09  
Witnessed by Reporting Centre Personnel

VEHICLE NO: SGU3278C

MAKE &amp; MODEL: Toyota Camry

AUTO / MANUAL

C.C. 2400

DATE OF ACCIDENT	08 / 09 / 2022
TIME OF ACCIDENT	09 45 AM / PM
LOCATION OF ACCIDENT	Persiaran Molek Utama towards Jalan Rosmerah
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE before Jalan
NAME OF OWNER	Lee Moa Kit
EMAIL	MOAKIT0546@gmail.com
NRIC	58771516 G
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY
FLEET POLICY	YES / NO?
INCURANCE CO.	China Taiping
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSNW00091512200
NAME OF DRIVER	AS ABOVE / IF NO:
NRIC	
DATE OF BIRTH	22 / 04 / 2008
ANY PASSENGER	YES / NO: 1
NAME OF PASSENGER	Tee Ai Chia
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	23 / 09 / 2008
GENDER	MALE / FEMALE
CONTACT NO.	Mobile: Office: Home:
EMAIL	
ADDRESS	57 Circuit Road #09-141
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: /
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes, Who? Lee Moa Kit / Tee Ai Chia
CONTACT NO.	
ROLICE REPORT	No / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?
VEHICLE B NO.	JRN 2528
NAME	
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
WHO IS REPORTING	DRIVER / OWNER / BOTH
Original Language Used	English / Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

Utama

Masa: Berita



POLIS DIRAJA MALAYSIA

CAWANGAN TRAFIK

IBU PEJABAT POLIS DAERAH SERI ALAM,

81750, BANDAR SERI ALAM

07-3864222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LEE MOA KIT  
 No Kad Pengenalan / Paspot : 871121235433  
 No Repot Polis : TRAFIK SERI ALAM/010888/22  
 Tarikh @ Masa Repot Polis : 08/09/2022 @ 21:45  
 Pengesahan Penerimaan Repot :



Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R127517) SJN ZULKIFLY BIN ABU BAKAR  
 Tempat Tugas : JOHOR , SERI ALAM  
 No Telefon Pejabat : No Telefon Bimbit : 018-7749579

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama :

No Badan :

Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Ahad - Khamis : 08:00 Pagi - 01:00  
 Tengah Hari 02:00 Petang - 04:30  
 Petang Jumaat : 08:00 Pagi - 12:30  
 Tengah Hari 02:45 Petang - 04:30  
 Petang Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan  
 Dokumen :

8
1

Tandatangan Pegawai Kaunter  
 Pembekalan Dokumen



Motor Private Car

MX1F

N SN

AN0692A

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.

DMPCSNW00091512200

Engine No.: 2AZE031919

Cha. No.:MR053BK4007009519

1. Index Mark and Registration  
Number of Vehicle

SGU3278C

AUTOSAFE  
=====

2. Name of Policy Holder

LEE MOA KIT

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment06/04/2022  
(11:03:43)

Named Drivers Ex Sect. I	\$S1,500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$S3,000.00
Ex Sect. I - Age >= 26	\$S500.00
* Age as at date of accident	
EX ON WINDSCREEN .	\$S100.00

4. Date of Expiry of Insurance

05/04/2023

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 \$S500 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. : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

\* 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: TRANSCENDENCE MANAGEMENT  
Authorised Officer

Authorised Signatory