

NATIONAL Assessment Centre Services

Date In: 10/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ 22010124/S	SAS e-filing		
Veh No: SLV 4501L	E-mail (within 8hrs, A/C 2hrs)		
DOA: 06/10/22 1821	i-Motor Claim Form		
OD: (P) 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:	Veh No: FBG 63732	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:	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

NA2202852	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill	
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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			
	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	10/10/2022 13:30 (SGT)
Reported by	Driver
Date of Accident	06/10/2022 18:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION WOODLANDS AVE 9 TO WOODLANDS AVE 2 NEAR REPUBLIC POLY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4501L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP TECK MENG
NRIC No	SXXXX422A
Email Address	PHBMS@YAHOO.COM
Mobile Phone No	(Phone) +65-93835199
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00176852200

DRIVER

Name of Driver	CHANG LEE YOON
NRIC No	SXXXX951I
Date Of Birth	02/11/1977

Occupation	Indoor
Date Of Driving Pass	26/08/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91466511
Alt. Phone Number	-
Email Address	PHBMS@YAHOO.COM
Address	371 WOODLANDS AVE 1 #06-831
Address complement	-
Postcode	730371
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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	FBG6373Z
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

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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

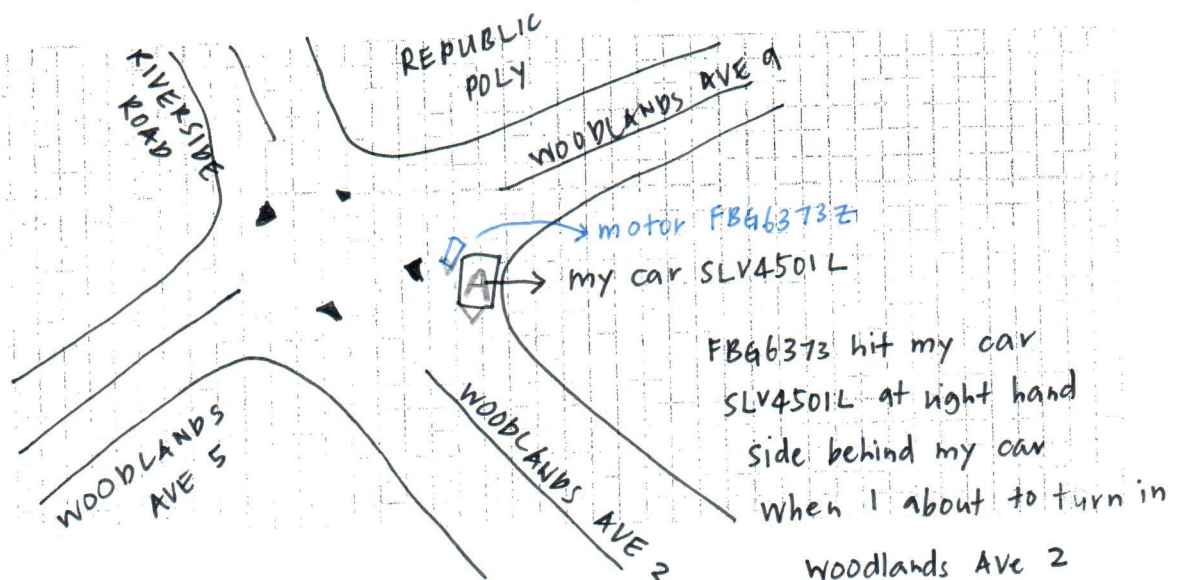
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Accident on 6 October 2022 at junction Woodlands Ave 9 to Woodlands Ave 2 near Republic Polytechnic

[registration SLV4501L]


I am the driver of Mercedes Benz C180 AMG Line that was damaged involving motorcycle [registration FBG 6373Z] at about 6:21pm on 6 Oct 2022 at junction Woodlands Ave 9 to Woodlands Ave 2

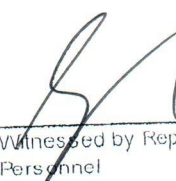
At the time of the accident, I was stop at junction to check traffic from right side before turn in to Woodlands Ave 2, and during that time I am about to turn and heard the loud sound hit my car at behind. After the accident Mr Chong Min Choon agree to said he entirely responsible for the accident by claim his Vehicle insurance.

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

 10/10
Witnessed by Reporting Centre Personnel

Lkk 461

ACCIDENT STATEMENT

ACCIDENT DATE: (06/10/2022) (DD/MM/YYYY), TIME: (6-21pm) (HH:MM)

LOCATION: JUNCTION WOODLANDS AVE 9 to WOODLANDS AVE 2 near Republic Poly

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV4501 L
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSNW00176852200
d) POLICY TYPE: (☒ COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mercedes Benz C180 Auto / manual
f) TYPE: (☒ SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (☒ PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: going home
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: YAP TECK MENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7369422 A CONTACT: 93835199
c) ADDRESS: Blk 371 Woodlands Ave 1 # 06-831
Singapore 730371

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chang Lee Yoon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7763951 I CONTACT: 91466511
c) ADDRESS: Blk 371 Woodlands Ave 1 # 06-831 Singapore 730371

* d) DATE OF BIRTH: (2/11/1977) (DD/MM/YYYY)

e) OCCUPATION: (☒ INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 13 26/Aug/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: husband and wife

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS after raining consider wet)

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: FBG 63733 MODEL: Honda
b) DRIVER'S NAME: Chong Min Choon
c) NRIC/FIN/PASSPORT: S 68735982 CONTACT:

9. THIRD PARTY VEHICLE

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

Email = phbms@yahoo.com

fax = 67489386

VIDEO = NO

Motor Private Car

MX1E

N SN

AN0420A

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.

DMPCSNW00176852200

Engine No.: 27491030217756

Cha. No.: WDD2050402R008880

1. Index Mark and Registration
 Number of Vehicle

SLV4501L

AUTOSAFE

=====

2. Name of Policy Holder

YAP TECK MENG

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

23/07/2022
 (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

22/07/2023

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\$1,000 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.: DBS BANK 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



Issued By: INXPRESS INSURANCE AGENCY PTE LTD
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory