

NATIONAL Assessment Centre Services

2202920

Date In: 19/10/2022 12:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/CI22010368/Y	E-mail (withn shrt, A/C shrt)		
Velc No: SDM 9996B	E-Motor Claim Form		
D.O.A: 18/10/2022 12:35	E-Motor W/O (withn OD Ins, TC Ins)		
Reporting Only	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax - Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / CW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Velc No: EK 8834R INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured Driver Liability: ( ) (Note: Use Status (WO): 1: 0-2014, 2: 21-7994, 3: 80-11034)

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 rep/let.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towel-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( ) (INC Ref No: 67836618) 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: ( )

Accident: ( )

Invoice Preparation Checklist	Amount
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$55)	
3) TF: Towing Fee (\$100/\$45)	
4) PT: Follow Through Survey (\$100)	
5) PF: Follow Through Survey (E-photos) (\$20)	
6) TR: Resurveys (\$75)	
7) NS: New DA / SMIT Survey (\$160)	
8) NTUC Additional Services	
9) Other	
*NC: Courtesy Car / Transport Allowance	\$0
*NC: Repair Coordination	\$10
*NC: Post Repair Inspection	\$20
*NC: DV / Collar Excess Coordination	\$0
*NC: Other (e.g. INC / Police, etc)	\$10
*NC: Other (e.g. ...)	\$0
Free Charge	

NBA 2202920

Important Particulars:

Owner:

Contact No:

Damaged Portion:

Checked by (Sngl-In-Charge):

Company:

## 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	19/10/2022 12:57 (SGT)
Reported by	Driver
Date of Accident	18/10/2022 12:35 (SGT)
Exact Location of Accident	91 Whampoa Dr, Singapore 320091
Additional Location Information	WHAMPOA FOOD CTR CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM9996B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEONG KONG MENG
NRIC No	SXXXX733H
Email Address	sheenaeng@gmail.com
Mobile Phone No	(Phone) +65-98555709
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00230532202

#### DRIVER

Name of Driver	ENG LEE PHENG
NRIC No	SXXXX980I
Date Of Birth	23/07/1970
Occupation	Indoor

Date Of Driving Pass	02/06/2001
Driving experience	21 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98555709
Alt. Phone Number	-
Email Address	sheenaeng@gmail.com
Address	59E FLORENCE ROAD
Address complement	-
Postcode	549529
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	Hit and run / Vandalism / Damaged whilst parked
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

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	EK8834R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

SKETCH PLAN

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

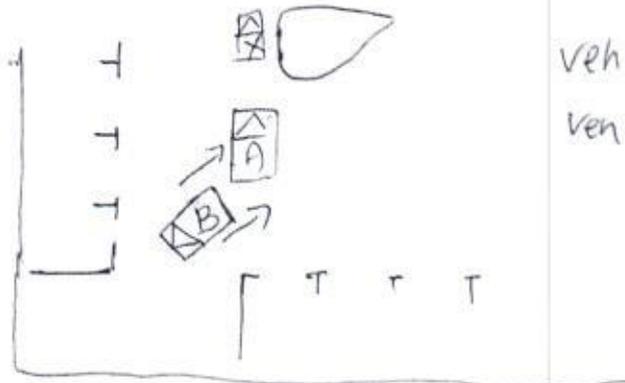
Policyholder's Signature / Date & Time

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

19/10/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Uthampoa Food Centre Carpark



Veh A: SDM 9996B

Veh B: EK 8834 R.

**Describe Circumstances of the Accident**

On the stated date and time I vehicle A was stationary on the stated location.

I was stationary as I was waiting for a vehicle in front to move off.

Suddenly vehicle B who was reversing out from his lot did not notice my vehicle.

He kept reversing and hit onto my vehicle's rear portion.

**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

  
19/10/2022  
Witnessed by Reporting Centre Personnel

Date of Accident: 18/10/2022 Accident Time: 12354K (24-HR-Format)

Accident Place: Whampoa Food Centre carpark.

Vehicle No. (Car Plate No.): SDM 9996B Make/Model: Toyota Harrier

Insurance Company: China Tai Ping. Policy No: DMPCSNW0020532202

Owner or Company Name / IC No: Leong Kong Meng S6910733H.

Owner or Company Contact No: 98555709 Owner's Hp: — Company Tel: —

DRIVER'S Name / IC No: Eng Lee Pheng 87023980J

DRIVER'S Date Of Birth: 23/7/1970 DRIVER'S License Pass Date: 02/6/2001

Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others

DRIVER'S Address: 59E Florence Road S(549529)

DRIVER'S Contact No. / Alt No: 1) 98555709 2) —

DRIVER'S Occupation: INDOOR ~~OUTDOOR~~ (e.g. working inside or outside office)

Email Address: sheengeng@gmail.com

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No:	<u>EK 8834R</u>	Vehicle No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No. Driver/Contact:		IC No. Driver/Contact:	

\* NEW - Passenger's name & gender:

Motor Private Car

MX1F

R SN

AN0585A

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)

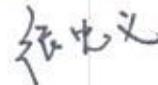
CERTIFICATE No.	DMPCSNW00230532202	Engine No.: 3ZRB821838 Cha. No.: ZSU600082905
1. Index Mark and Registration Number of Vehicle	SDM9996B	AUTOSAFE =====
2. Name of Policy Holder	LEONG KONG MENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/10/2022 (00:00:00)	Named Drivers Ex Sect. I      S\$750.00 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	11/10/2023	
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\$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. : OCBC BANK * 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: \_\_\_\_\_  
 CMG ALLIANCE PTE LTD  
 Authorised Officer



 \_\_\_\_\_  
 Authorised Signatory