

NATIONAL Assessment Centre Services

Date In: 27/10/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT122010613/S	SAS e-filing		
Veh No: SKH 9818B	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A: 23/10/22	i-Motor Claim Form		
OD: 01 Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLR 8035K	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

NA 2203003

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : 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			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR : Re-inspection \$75			
	7) NI : 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	27/10/2022 08:55 (SGT)
Reported by	Driver
Date of Accident	23/10/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGAI TENGAH RD TOWARDS CHUA CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9818B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEA GEOK HONG ANGELA
NRIC No	SXXXX080D
Email Address	ANGELATEAGH@YAHOO.COM
Mobile Phone No	(Phone) +65-97467049
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
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	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00168792202

DRIVER

Name of Driver	OW_YANG KAI MING
NRIC No	SXXXX981I
Date Of Birth	18/10/1981
Occupation	Indoor

Date Of Driving Pass	15/12/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97969818
Alt. Phone Number	-
Email Address	ANGELATEAGH@YAHOO.COM
Address	171 BUKIT BATOK WEST AVE8 #12-351
Address complement	-
Postcode	650171
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8035K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OW_YANG KAI MING
Gender	-
Phone No	(Phone) +65-97969818
Address	171 BUKIT BATOK WEST AVE8 #12-351
Address Complement	-
Post Code	650171
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKH9818B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

AT

Policyholder's Signature / Date & Time

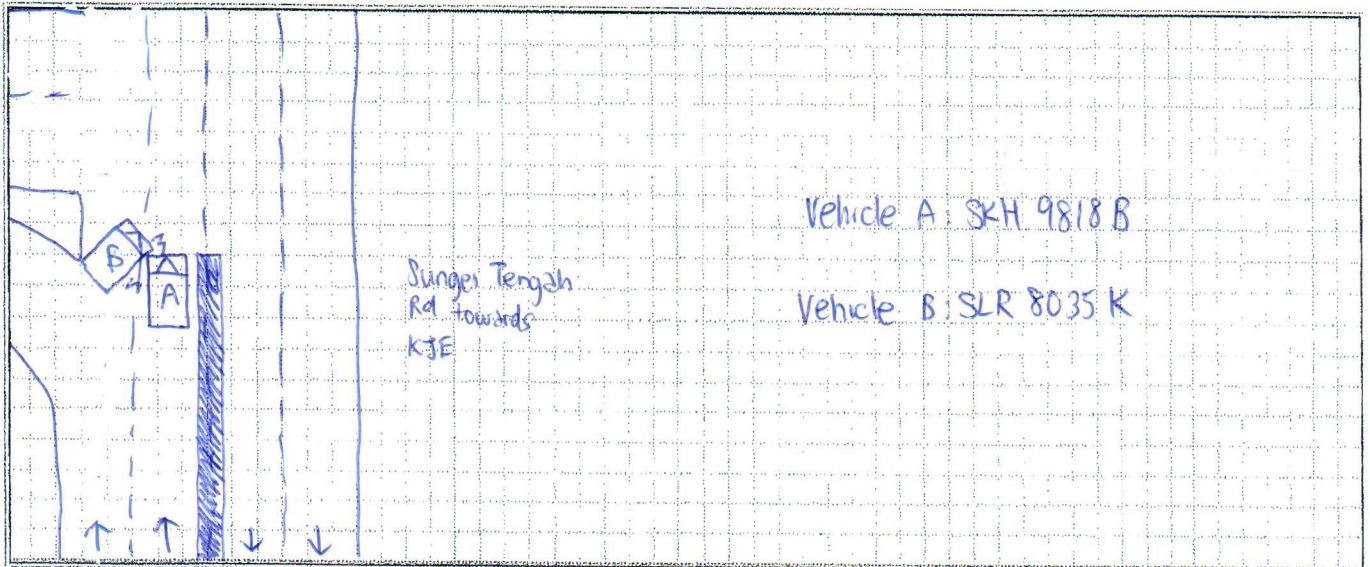
(Signature)

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

(Signature) 27/10

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

Sketch Plan



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SKH 9818B) along Sungai Tengah Rd towards KJE on the right lane of a 2 way road. When I was approaching the junction, vehicle B was on the left lane and trying to make a illegal u-turn, while vehicle B (SLR 8035K) was making the turn, I tried to brake immediately, But collided into vehicle B Right Front portion.

Video footage attached.

Declaration

I/We declare the foregoing particulars are true in every respect.

AT

Policyholder's Signature / Date & Time



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

 27110

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

VEHICLE NO:	SKH 9818B		MAKE & MODEL	Mercedes GLA 200		AUTO / MANUAL	<input checked="" type="radio"/> AUTO
DATE OF ACCIDENT:	23 / 10 / 2022					CC:	1.6
TIME OF ACCIDENT:	1350		HRS				
LOCATION OF ACCIDENT:	Sungei Tengah Rd Towards Choa Chu Kang Near hPCA						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Tea Gook Hung Angela						
TEL NO:	H/P: 97467049		OFFICE:			HOME:	
NRIC:	S7605080D						
ADDRESS:	Bukit Merah, Bukit Batok West Ave 8, #12-151, S(65871)						
EMAIL:	Angela.teagh@yahoo.com						
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY						
FLEET POLICY:	YES / NO ?						
INSURANCE COMPANY:	Chua Taping						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	DMPCCAW						
NAME OF DRIVER:	AS ABOVE / IF NO: Au-Yang Kai Ming						
NRIC:	S81349812		ANY PASSENGER:	N/A			
DATE OF BIRTH:	18 / 10 / 1981		LICENCE PASSED DATE:	15 / 12 / 2005			
OCCUPATION:	OUTDOOR (INDOOR)						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P: 97968818		OFFICE:			HOME:	
ADDRESS:							
EMAIL:	Kaimingowyang@yahoo.com		Kaimingowyang@yahoo.com				
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Spouse						
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:						
ROAD SURFACE:	(DRY) / WET / OTHER:						
ANY INJURIES:	NO / IF YES, WHO?						
NAME & CONTACT:	Au-Yang Kai Ming						
NAME & CONTACT:							
POLICE REPORT:	(NO) / IF YES, WHERE?						
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?						
VEHICLE B REG NO:	SLR 8035K		ANY PASSENGERS:	01 (male)			
NAME OF DRIVER:	Ang Teng Boon		CONTACT NO:	96875925			
VEHICLE C REG NO:			ANY PASSENGERS:				
VEHICLE D REG NO:			ANY PASSENGERS:				
VEHICLE E REG NO:			ANY PASSENGERS:				
VEHICLE F REG NO:			ANY PASSENGERS:				
VEHICLE G REG NO:			ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO						
WAS THERE ANY AUDIO RECORDED?	YES / (NO)						
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO						
ACCIDENT PORTION:	Left Portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)						
WORKSHOP PARTICULAR:	Tires Automotive						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	E Huxin						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						



Motor Private Car

MX1/NDE

R SN

AN0707B

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.

DMPCSNW00168792202

Engine No.: 27091031823325

Cha. No.: WDC1569432J593416

1. Index Mark and Registration
Number of Vehicle

SKH9818B

2. Name of Policy Holder

TEA GEOK HONG ANGELA (CHENG YUFENG) (NON-DRIVER)

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

19/08/2022
(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

18/08/2023

5. Persons or Classes of Persons entitled to drive*

Any 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 loss 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. : HONG LEONG FINANCE 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: KHC HOLDINGS PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com