

NATIONAL Assessment Centre Services (Tel: 02033) **Sue DAVOODA**

Date In: **31/10/2022 18:48**
 Ref No: **X12A/C7229/0801/4**
 Vch No: **8MS 4332L**
 D.O.A: **28/10/2022 22:30**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, A/C 2hrs)		
I-Motor Claim Form		
I-Motor W/O (within 90 mins of 3hrs)		
i-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Whisp		

QD: **(TP)** Reporting Only
 TP Insurer:

Preferred Wkap / INC Assign Wkap / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **GBB 50667** INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Notes: ()

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: 0788 6615) 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

NA2203045

Insured's Particulars:
 Owner/Owner:
 Contact No:
 Damaged Portion:
 Checked by (Engr-In-Charge):
 Comments:

Item	Amount	Notes
1) AR: Accident Reporting (\$25)		
2) DA: Damage Assessment (\$100)	INC (\$5)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: 1 Day DA + DMRT Survey	\$180	
8) NTUC Additional Services:		
*NI: Courtesy Car / Tax Allowance	\$5	
*NI: Repair Coordination	\$15	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collision Excess Coordination	\$1	
*TP/NI: TP (Non-INC) against INE	\$10	
9) TP: 24 Hour Mobile		
10) TP: 24 Hour Mobile		

Free 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	31/10/2022 18:43 (SGT)
Reported by	Both
Date of Accident	25/10/2022 22:30 (SGT)
Exact Location of Accident	121 Woodlands Industrial Park E5, Singapore 757497
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4332L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG TUCK WHYE THOMAS
NRIC No	SXXXX930I
Email Address	abs8627e@gmail.com
Mobile Phone No	(Phone) +65-98800880
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
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	2997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00137372201

DRIVER

Name of Driver	WONG TUCK WHYE THOMAS
NRIC No	SXXXX930I
Date Of Birth	10/11/1964
Occupation	Indoor

Date Of Driving Pass	19/03/1983
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98800880
Alt. Phone Number	-
Email Address	abs8627e@gmail.com
Address	BLK 312 SEMBAWANG DRIVE #05-496
Address complement	-
Postcode	750312
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	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)	0
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

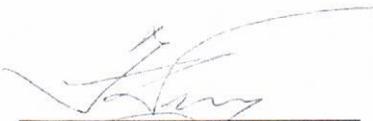
Vehicle Registration Number	GBB5066T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

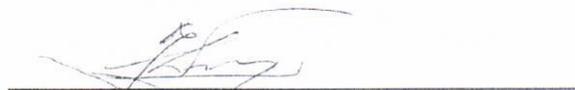
Describe Circumstances of the Accident

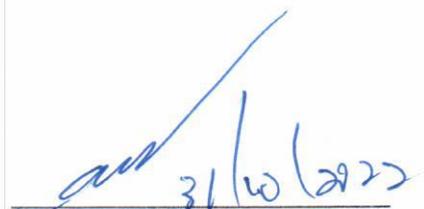
On the stated day, I was in my warehouse and my vehicle is parked stationary outside in the parking lot (SMS 4332 L). Unfortunately a driver of vehicle GBB5066T was reversing his lorry and collided onto my vehicle front bumper causing damages. We took photos and exchange particulars. I am reporting late because initially the company might want to private settle but the replacement of damage parts cost higher than the company of the said vehicle said to proceed and claim their lorry insurance. Nobody is injured.

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 & Time


31/10/2022
Witnessed by Reporting Centre Personnel

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SINGAPORE ACCIDENT STATEMENT

Accident Date: 25/10/2022		Time: 2230 (hh:mm) 24 hr format	
Location 121 woodlands industrial Park E5			
Vehicle Number SMS 4332L			
Insured Name WONG Tuck whye Thomas			
NRIC / FIN S1664930I		Contact Number 9880 0880	
Make Mercedes		Model S300L	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting			
Insurance Company China Taiping			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number DMPCSNW 00137372201			
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN -		Contact Number -	
Date of Birth 10/11/1964			
Driving Pass Date 19/3/1983			
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor			
Gender (<input checked="" type="checkbox"/>) Male () Female			
Email Address abc8627e@gmail.com		() NO EMAIL	
Address of Driver Blk 312 Sembawang Drive #05 - 496 SINGAPORE 750312			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No			
If No, Relationship of the Driver with the Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others			
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No			
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No			
If yes, injured detail			
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No			
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report			
DETAILS OF 3 rd party		Name Nric Contact	
Veh B GBB 5066T			
Veh C			
Veh D			
Veh E			
Veh F			

* No one in the car

Motor Private Car

MX1E

R 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, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

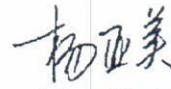
CERTIFICATE No.	DMPCSNW00137372201	Engine No.: 27294631460973	Cha. No.: WDD2211542A321071
1 Index Mark and Registration Number of Vehicle	SMS4332L	AUTOSAFE *****	
2 Name of Policy Holder	WONG TUCK WAI		
3 Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/07/2022 (00:00:00)	Named Drivers Ex Sect. I	SS1,500.00
4 Date of Expiry of Insurance	01/07/2023	Additional Ex. Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	SS100.00
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\$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. : MONEYMAX LEASING 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 
INXPRESS INSURANCE AGENCY PTE LTD
Authorised Officer


Authorised Signatory