

NATIONAL Assessment Centre Services

Date: 5/12/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT122012122/S	SAS e-filing		
Veh No: SICK 4960P	E-mail (within 3hrs. AP: 2hrs)		
DOA: 04/12/22 11.20	i-Motor Claim Form		
OD / TP / 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: SGN 9782K	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

NA2300648	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add B
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT: 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:-			
	OD:			
	*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 date:	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	05/12/2022 11:34 (SGT)
Reported by	Driver
Date of Accident	04/12/2022 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF CTE TOWARDS PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK4960P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIMELED PRIVATE LIMITED
Company Reg No	2XXXXX961Z
Email Address	NICK@DIMELED.COM
Mobile Phone No	(Phone) +65-82680879
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00143582201

DRIVER

Name of Driver	ANG ZHAO WEI
NRIC No	SXXXX540J
Date Of Birth	06/12/1981
Occupation	Indoor

Date Of Driving Pass	14/01/2014
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82680879
Alt. Phone Number	-
Email Address	NICK@DIMELED.COM
Address	605 HOUGANG AVE 4 #07-183
Address complement	-
Postcode	530605
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
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	-

PASSENGER 1

Name	TAN SHU EN
Gender	Female

PASSENGER 2

Name	WARREN ANG
Gender	Male

PASSENGER 3

Name	WAYDEN ANG
Gender	Male

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 SGN9782K
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ5312M
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 ANG ZHAO WEI
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SKK4960P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TAN SHU EN
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SKK4960P
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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 Authorised 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. 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.

(X) 

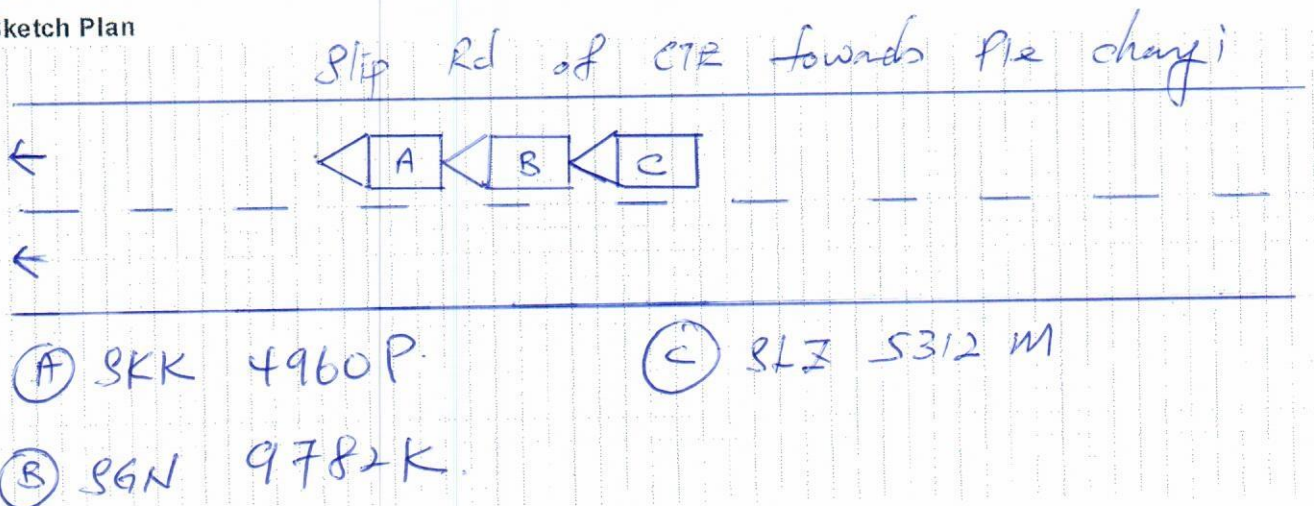
Policyholder's Signature / Date & Time



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

 5/12/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving along the Slip Rd of CTE towards PIE change. Traffic was heavy and veh instant came to a stop. I also slow down my veh to a stop position while stationary. I felt a very great impact from my veh rear portion. When I got down my veh, I then realized that I was involved in a 2 veh collision. My veh and 2 kids was inside my veh when the accident happen.

Wife: TAN SHU EN

Son: WARREN ANG

Son: WAYDEN ANG

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

5/5/12/22

Witnessed by Reporting Centre Personnel

VEHICLE NO: 8KK 4960 P

MAKE & MODEL: Toyota Vios.

AUTO / MANUAL

DATE OF ACCIDENT	4 / 12 / 2022	1500	*C.C:
TIME OF ACCIDENT	11:20	AM / PM	
LOCATION OF ACCIDENT	Slip Rd of CTR towards Pie Chang		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Dimeled Private Limited.		
EMAIL: Nick@dimeled.com		Office:	MOBILE: 8268 0879
NRIC			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO ?		
INSURANCE CO.	China Taiping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMPCRNW00143582201		
NAME OF DRIVER	AS ABOVE / IF NO: Ang Zhao Wei		
NRIC	88188540J.		
DATE OF BIRTH	26 / 12 / 1981		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER	Refer to statement.		
GENDER OF PASSENGER	MALE / FEMALE 1(F) 2(M).		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	14 / Jan / 2014.		
GENDER	Male / Female		
CONTACT NO.	Mobile: 8268 0879 Office: Home:		
EMAIL:	Nick@dimeled.com.		
ADDRESS	8KK 605 Honggang Ave + #07-183 (530605)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No: INSURER:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other :		
ROAD SURFACE	Dry / Wet / Other :		
ANY INJURIES	No / If yes : Who? Ang Zhao Wei		
CONTACT NO.	Tan Shu En.		
POLICE REPORT	No / If yes : Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO. 86N 9782K.	Any Passenger : 2		
NAME			
CONTACT NO.			
VEHICLE C NO. 8LZ 5312 M.	Any Passenger : -		
VEHICLE D NO.	Any Passenger : -		
VEHICLE E NO.	Any Passenger : -		
VEHICLE F NO.	Any Passenger : -		
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		
**WORKSHOP:	N-51		
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?	YES / NO		



Motor Private Car

MX4F

R SN

AN0650B

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.

DMPCSNW00143582201

Engine No.: 1NZY799954

Cha. No.:MR2BT9F3501000407

1. Index Mark and Registration
Number of Vehicle

SKK4960P

AUTOSAFE
=====

2. Name of Policy Holder

DIMELED PRIVATE LIMITED

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

24/07/2022
(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

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.: UNITED OVERSEAS BANK LIMITED

* 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: _____ OKI
Authorised Officer

Authorised Signatory