

# NATIONAL Assessment Centre Services

Date In 04/01/2023	Job description	Date & Time Completed	Done by
Ref No NAICT1230001141d4	SAS e-filing		
Veh No SKR 6729S	E-mail (within 8hrs. Aft 2hrs)		
DOA 04/01/2023	i-Motor Claim Form		
OD/ TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMU 9090R

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%. P: 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

NA2300038

## Invoice Preparation Checklist

Amt (\$) Ist Bill

Amt (\$) Add Bill

Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
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) 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	



## 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	04/01/2023 18:17 (SGT)
Reported by	Both
Date of Accident	04/01/2023 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI EXIT INTO TPE SLIP ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6729S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE PENG SIANG,ADRIAN (LI BINGXIANG,ADRIAN)
NRIC No	SXXXX903E
Email Address	adrian.ps@gmail.com
Mobile Phone No	(Phone) +65-91877788
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1560

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00003732200

#### DRIVER

Name of Driver	LEE PENG SIANG,ADRIAN (LI BINGXIANG,ADRIAN)
NRIC No	SXXXX903E



Date Of Driving Pass .....	13/04/2006
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91877788
Alt. Phone Number .....	-
Email Address .....	adrian.ps@gmail.com
Address .....	APT BLK 368 CORPORATION DRIVE
Address complement .....	# 03-473
Postcode .....	610368
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 .....	Collision - Head to Rear
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) .....	2
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 .....	ONG TIAN HAO
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SMU9090R
Vehicle Manufacturer .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN ENG KENG
Contact Number .....	(Phone) +65-97362003
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 .....	LEE PENG SIANG,ADRIAN (LI BINGXIANG,ADRIAN)
Gender .....	Male
Phone No .....	(Phone) +65-91877788
Address .....	APT BLK 368 CORPORATION DRIVE
Address Complement .....	# 03-473
Post Code .....	610368
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKR6729S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ONG TIAN HAO
Gender .....	Male
Phone No .....	(Phone) +65-94366994
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SKR6729S
Were seat belts worn? .....	-
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 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 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:

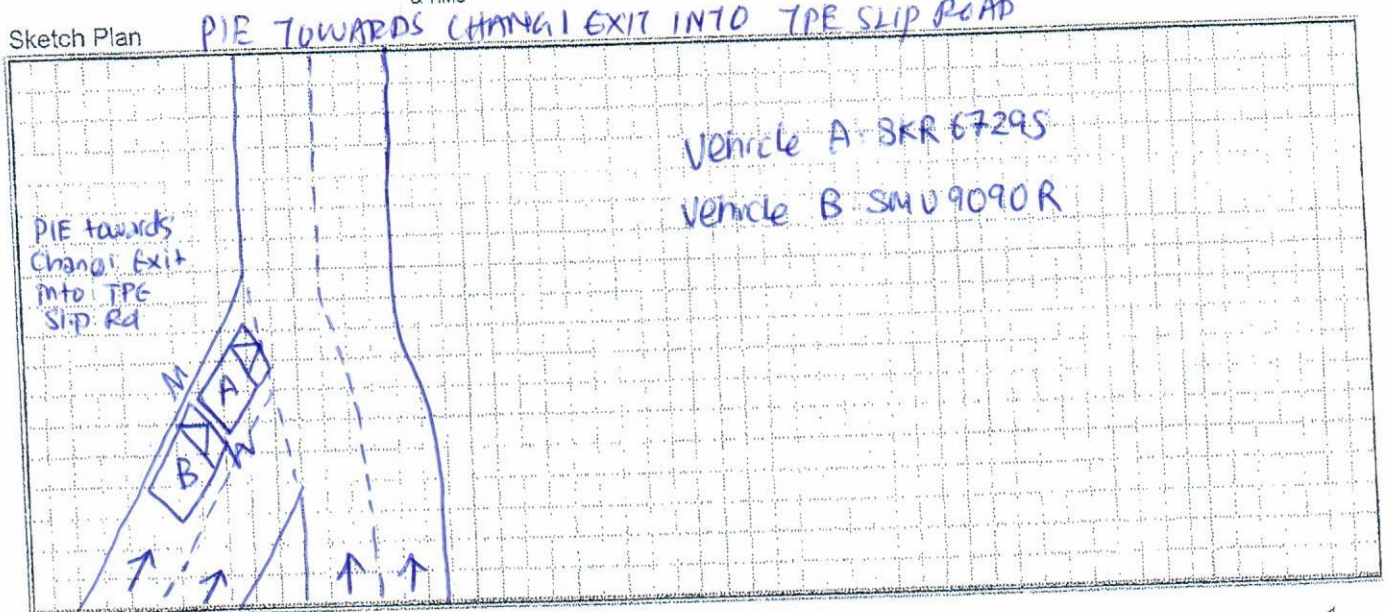
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

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 (SKR 6729S) along PIE towards Changi Exit into TPE on the left lane of a 2 lane road. I slowed down and stopped my vehicle before the driveway line due to traffic. Out of a sudden, vehicle B (SMU 9090R) collided into the rear portion of my vehicle.

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

 4/1/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



VEHICLE NO:	SKR 67295		MAKE & MODEL	Citroen Grand Picasso		AUTO / MANUAL
DATE OF ACCIDENT:	04 / 01 / 2023		CC:	1.6		
TIME OF ACCIDENT:	1030 HRS					
LOCATION OF ACCIDENT:	PIE towards Changi Exit into TPE Slip Rd					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>					
NAME OF OWNER:	Lee Peng Siang, Adrian					
TEL NO:	H/P: 91877788		OFFICE:	HOME:		
NRIC:	S8314903E					
ADDRESS:	Apt BIK 368 Corporation Drive #03-473 S 610368					
EMAIL:	ADRIAN.PS@Gmail.com					
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY					
FLEET POLICY:	YES / <u>NO</u>					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft					
POLICY NO:	DMHCSNW00003732200					
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO: <u>as above</u>					
NRIC:	<u>as above</u>		ANY PASSENGER:	<u>1 (1M)</u>		
DATE OF BIRTH:	<u>18 / 05 / 1983</u>		LICENCE PASSED DATE:	<u>13 / 04 / 2006</u>		
OCCUPATION:	<u>OUTDOOR</u> / INDOOR					
GENDER:	<u>MALE</u> / FEMALE					
CONTACT NO:	H/P: <u>as above</u>		OFFICE:	HOME:		
ADDRESS:	<u>as above</u>					
EMAIL:	<u>as above</u>					
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	<u>Owner</u>					
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:					
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:					
ANY INJURIES:	<u>NO</u> / IF YES, WHO?					
NAME & CONTACT:	<u>Lee Peng Siang, Adrian (91877788)</u>					
NAME & CONTACT:	<u>Qng Tian Hao (94366994)</u>					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?					
VEHICLE B REG NO:	<u>SMU 9090R</u>		ANY PASSENGERS: <u>NIA</u>			
NAME OF DRIVER:	<u>Tan Eng Keng</u>		CONTACT NO: <u>9736 2003</u>			
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 / <u>NO</u>					
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>					
ACCIDENT SCENE PHOTOS TAKEN?	YES / <u>NO</u>					
ACCIDENT PORTION:	<u>Rear Portion</u>					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / <u>NO</u>
WORKSHOP PARTICULAR:	<u>N-51 Automotive Pte Ltd</u>					
CONTACT NO:	<u>68420051 / 67440510</u>					
CONTACT PERSON:	<u>Steve</u>					
FAX NO:	<u>67410510</u>					
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>					



\$2,787.40

Motor Hire Car

MZ406L/B

N SN

AN0695A

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.

DMHCSNW00003732200

Engine No.: 10JBEX3043725

Cha. No.: VF73A9HC8EJ772902

1. Index Mark and Registration  
Number of Vehicle

SKR6729S

AUTOSAFE

=====

2. Name of Policy Holder

LEE PENG SIANG, ADRIAN (LI BINGXIANG, ADRIAN)

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

23/02/2022  
(11:42:33)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

22/02/2023

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

LEE PENG SIANG, ADRIAN (LI BINGXIANG, ADRIAN)

6. Limitations as to use:\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE 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).



Issued By: TECK WEI CREDIT PTE LTD  
Authorised Officer

TECK WEI CREDIT PTE LTD  
Co. Reg. No. 200612300K  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory