

NATIONAL Assessment Centre Services

Date In 06/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000220/d4	SAS e-filing		
Veh No SMP85184	E-mail (within 8hrs, Aft 2hrs)		
DOA 03/01/2023 16:40	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: Vch No: SM228685 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
(INC hotline: 6788-6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2300061	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : 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 \$0			
	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 .....	06/01/2023 16:58 (SGT)
Reported by .....	Driver
Date of Accident .....	03/01/2023 16:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SCOTTS SQUARE PARKING LOT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP8518H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW MING LI ( LU MINGLI)
NRIC No .....	SXXXX524J
Email Address .....	zhiyang25@hotmail.com
Mobile Phone No .....	(Phone) +65-97467846
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla180
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00224692201

### DRIVER

Name of Driver .....	CHANG TZE YANG, JONATHAN
NRIC No .....	SXXXX448Z

Date Of Driving Pass .....	04/01/2006
Driving experience .....	17 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91992667
Alt. Phone Number .....	-
Email Address .....	zhiyang25@hotmail.com
Address .....	5 SWISS VIEW
Address complement .....	# 03-02
Postcode .....	288011
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 .....	Collided into Parked Vehicle
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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMZ2868J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CALVIN COWELL UN

- Address ..... -
- Address complement ..... -
- Postcode ..... -
- Insurance Company Name ..... -
- Nature Of Damage ..... -
- Details of property damaged in accident ..... -
- No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

*on behalf*

*ly 6/1/23*

*ly 6/1/23*

*gnude 6/1/23*

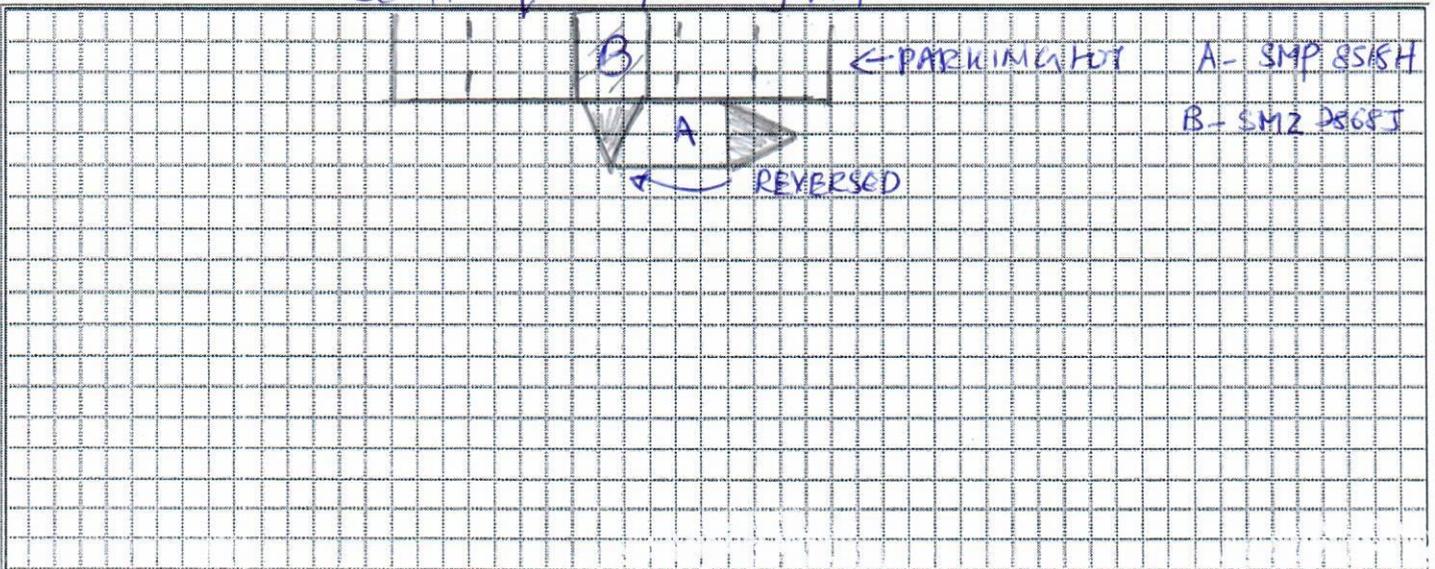
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

*Scotts Square Parking Lot*



Describe Circumstance of the Accident

Reversing out from parking lot into another car parked in lot.\*

Hitting of his front left side, mainly headlights got damaged and some others as seen in video.

Accident took place at Scotts Square.

Declaration

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

*on behalf.*  
Jey 6/1/23

Policyholder's Signature / Date & Time

Jey 6/1/23

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

gunda 6/1/2023

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 01 / 2023) (DD/MM/YYYY), TIME: (16 : 40) (HH:MM)

LOCATION: Scotts Square parking lot

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 8518H  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER: DMPCSNA0022469020  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: GLA MERCEDES 180 AUTO / MANUAL  
f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: LOW MINGH (LU MINGH) MALE / FEMALE  
b) NRIC/FIN/PASSPORT: S7902524J CONTACT: 9746 7546  
c) ADDRESS: 5 SWISS VIEW # 03-02, S288011

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHIANG TZE YANG, JONATHAN MALE / FEMALE  
b) NRIC/FIN/PASSPORT: S8501448Z CONTACT: 9199 2667  
c) ADDRESS: 5 SWISS VIEW # 03-02, S288011

\* d) DATE OF BIRTH: (25 / 01 / 1985) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 04/01/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SM2 2868J MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Calvin Go Wei JIN

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9628 9068

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = zhiyang25@hotmail.com

fax =

video = YES

#/No of passengers  
(including driver)  
(1)

#/No of passenger  
(including driver)  
( )

#/No of passenger  
(including driver)  
( )

**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)

Engine No.: 27091031920215  
 Cha. No.: WDC1569422J667294

CERTIFICATE No. DMPCSA00224692201

1. Index Mark and Registration Number of Vehicle SMP8518H
2. Name of Policy Holder LOW MING LI (LU MINGLI)
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 18/10/2022 (00:00:00)
4. Date of Expiry of Insurance 17/10/2023

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\*
- (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. : TOYOTA FINANCIAL SERVICES SINGAPORE PTE. LTD.

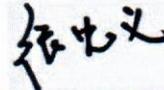
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: Ho Li Hwa Irene  
 Authorised Officer



Authorised Signatory

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

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☎ 6222 1033

🌐 www.sg.cntaiping.com