

NATIONAL Assessment Centre Services

Date In 10/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000329/d4	SAS e-filing		
Veh No SJE694	E-mail (within 8hrs. Aft 2hrs)		
DOA 09/01/2023 15 25	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:

9BE 8363A

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

NA2300098

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

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 (N-on INC) against INC \$20

9) N12: Idac Mobile 30

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

PL 11

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	10/01/2023 16:31 (SGT)
Reported by	Both
Date of Accident	09/01/2023 15:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WAREHOUSE AT 29 KIAN TECK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE69H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TONG LIANG (XU TONGLIANG)
NRIC No	SXXXX587F
Email Address	ivan@kkht.com.sg
Mobile Phone No	(Phone) +65-96312535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00074642203

DRIVER

Name of Driver	KOH TONG LIANG (XU TONGLIANG)
NRIC No	SXXXX587F

Date Of Driving Pass	10/07/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96312535
Alt. Phone Number	-
Email Address	ivan@kkht.com.sg
Address	1037 SERANGOON ROAD
Address complement	# 04-07
Postcode	328170
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	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)	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 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	GBE8363A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	QUEONG TING QUEE

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

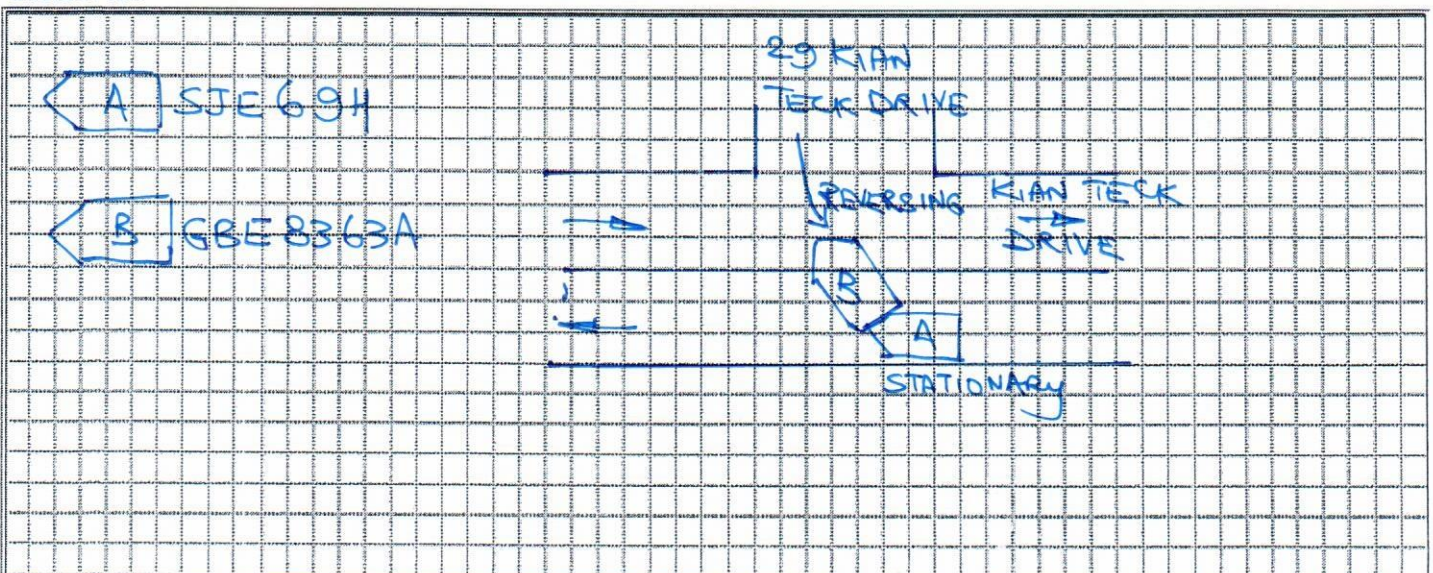
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

ON 09/01/2023 AT ABOUT 1330 HRS, I PARKED MY VEHICLE (REGN NO: SJE 69H) IN FRONT OF MY WAREHOUSE AT 29 KIAN TECK DRIVE.

AT ABOUT 1525 HRS, ONE OF MY STAFF CAME INTO MY OFFICE TO INFORM ME THAT A CLIENT'S LORRY (REGN NO: GBEG363A) HAD COLLIDED INTO THE FRONT RIGHT PORTION OF MY STATIONARY VEHICLE (SJE 69H) WHILE REVERSING HIS LORRY OUT OF MY PREMISES AFTER COLLECTION OF SOME GOODS AND ALSO CAUSING A LOUD BANG SOUND.


AS A RESULT OF THE ACCIDENT, THE FRONT RIGHT PORTION OF MY VEHICLE WAS DAMAGED.

FORTUNATELY, 2 PERSONS WITNESSED THE ACCIDENT. SUBSEQUENTLY AFTER CONTACTING OUR CLIENT, THE DRIVER, MR CHEONG TING CHEE (NRIC NO:

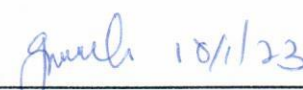
S0536683F), CAME BACK TO MY PREMISES AND EXCHANGED PARTICULARS. HE SAID THAT AFTER REVERSING HIS LORRY OUT OF MY PREMISES, HE DID HEAR A BANG SOUND BUT DID NOT REALISE THAT HIS LORRY HAD HIT ONTO MY VEHICLE. NO ONE WAS INJURED.

Declaration

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


Policyholder's Signature / Date & Time

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

 10/1/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 01 / 2023) (DD/MM/YYYY), TIME: (13:15:30) (HH:MM:SS)

LOCATION: WAREHOUSE AT 24 KIAN TECK DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 6944
b) INSURANCE COMPANY: CHINA TAIPIING
c) POLICY NUMBER: DMPCSNW 00074642203
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MERCEDES (AUTO / MANUAL)
f) TYPE: (SEDAN / 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: KOH TONG HANG (XU TONG HANG) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7907587F CONTACT: 96312535
c) ADDRESS: 1037 Serangoon Road # 04-07, S328170

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
d) NAME: AS ABOVE (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: CONTACT:
f) ADDRESS:

* d) DATE OF BIRTH: (14 / 03 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/07/1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

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: GBE 8363A MODEL:
b) DRIVER'S NAME: Cheong Ting Chee
c) NRIC/FIN/PASSPORT: S0536683F CONTACT: 9046 3308

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = ivan@kkht.com.sg

Fax =

Video = NO

VICTOR 96312535
VIC AUTO



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0609A

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	DMPCSNW00074642203			Engine No. 27492031211696
				Chs No. WDD2053422F642523
1. Index Mark and Registration Number of Vehicle	SJE69H			
2. Name of Policy Holder	KOH TONG LIANG			
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/04/2022 (00:00:00)	Named Drivers Ex Sect. I	\$3750.00	
4. Date of Expiry of Insurance	22/04/2023	Additional Ex Other than Named Drivers:		
		Ex Sect. I - Age <= 25	\$33,000.00	
		Ex Sect. I - Age >= 26	\$5500.00	
		* Age as at date of accident		
		EX ON WINDSCREEN	\$5100.00	
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 \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.				
* 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: CHARTER INSURANCE AGENCY 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

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