

NATIONAL Assessment Centre Services

Date In 25/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT1230007261/W	SAS e-filing		
Veh No YM 8327 R	E-mail (within 8hrs, AFT 2hrs,		
DOA 21/01/2023	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: SKA 5558 P. INC ( ) / Non-INC ( )
-----------------	---

Owner / Driver: ( )

Policy No: ( ) Period: ( )

Confirmed by: ( ) Date: ( )

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)

Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
--	-----------------------	---------

QC Check / Post Repair Inspection	( )		
-----------------------------------	-----	--	--

Upload Resurvey Photo [Repair Cost > \$3000]	( )		
--	-----	--	--

injury : \_\_\_\_\_

Time	Actions
10:00	Arrived at the office.
10:15	Met with the team.
10:30	Discussed the project progress.
10:45	Reviewed the report.
11:00	Left the office.

Time	Actions

---

---

\_\_\_\_\_

\_\_\_\_\_

	Amt (\$)	Amt (\$)

NA2300224	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill

nant's Particulars:-		1) AR : Accident Reporting (\$30);		
		2) DA : Damage Assessment (\$100):	INC (\$80)	

er/Owner:	2) DA : Damage Assessment (\$100);	INC (\$80)
	3) TF : Towing Fee	\$40/\$45
	4) ET : E-Trail Fee	\$120

4) FT : Follow-Through Survey	\$120
5) FT : Follow-Through Survey (Resurvey)	\$30

6) TR: Re-inspection	\$75
----------------------	------

7) NTUC Re-inspection	\$120
7) N1 : Idac DA + SMRT Survey	\$160
8) NTUC Additional Services:-	

Checked by (Engr-In-Charge):	8) NTUC Additional Services:-	
	ON* * NS: Courtesy Car / Tol. Allowance	23

* N5: Courtesy Car / Tpl Allowance	\$5
* N6: Repair Co-ordination	\$10

Comments: -	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5

[illegible]



## 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	25/01/2023 09:58 (SGT)
Reported by	Both
Date of Accident	21/01/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Blk 145 Yishun Street 11 Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8327R
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	See Kian Choon
NRIC No	SXXXX447H
Email Address	ronaldsee@gmail.com
Mobile Phone No	(Phone) +65-90469351
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Atlas
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00102262201

#### DRIVER

Name of Driver	See Kian Choon
NRIC No	SXXXX447H
Date Of Birth	12/12/1960
Occupation	Outdoor

Date Of Driving Pass .....	07/07/1979
Driving experience .....	43 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90469351
Alt. Phone Number .....	-
Email Address .....	ronaldsee@gmail.com
Address .....	Blk 145 Yishun Street 11
Address complement .....	04-31
Postcode .....	760145
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) .....	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

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 .....	SKA5558P
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) .....	-



## ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 01 / 2023 (DD/MM/YYYY), TIME: 17 : 00 (HH:MM)

LOCATION: 145 Yishun St 11 carpark

### 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: YM 8327 R

b) INSURANCE COMPANY: CTI

c) POLICY NUMBER: DMCVSNA00102262201

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Nissan Atlas AUTO / MANUAL

f) TYPE: (SEDAN / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME Employment

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: See Kian Choon (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S145044 7H CONTACT: 9046 9351

c) ADDRESS: Blk 145 Yishun Street 11 04-31 760145

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

DRIVER

a) NAME: \_\_\_\_\_ (MALE / FEMALE)

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

c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 12 / 12 / 1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE 07 / 07 / 1979

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: SKA 555 8P MODEL: \_\_\_\_\_

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

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

### 9. THIRD PARTY VEHICLE

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

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

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

Email = ronaldSee@gmail.com

Fax = -

VIDEO = -



## 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.

*Hon*

Policyholder's Signature / Date & Time

*Jul*

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

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

25/01/23

### Sketch Plan

Sketch Plan grid showing accident details:

145 Yishun St 11  
Car park

A - YM 8327 R  
B - SKA 555 B P

Diagram showing vehicle positions A and B on a grid.



Describe Circumstance of the Accident

YM 8327R moved out of parking lot 68 and hit against  
SKA 5558P in lot 69. Both parties "YM 8327R and SKA 5558P  
agrees to resolve this via their own insurance. Both agree  
to report this incident on 25 Jan 2023, Wednesday to their  
own reporting centre.

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

25101123

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

Motor Commercial

MZ300/P

R SN

BR0095A

Cov. Type:F

**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.

DMCVSNA00102262201

Engine No.: ZD30156320K

Cha. No.:SZ2F24001508

1. Index Mark and Registration  
Number of Vehicle

YM8327R

2. Name of Policy Holder

SEE KIAN CHOON

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

26/09/2022  
(00:00:00)

4. Date of Expiry of Insurance

31/08/2023

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:

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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.

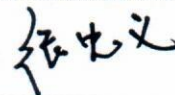
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the  
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road  
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: \_\_\_\_\_

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

🌐 www.sg.cntaiping.com