

NATIONAL Assessment Centre Services

Date In 26/01/2023	Job description	Date & Time Completed	Done by
Ref No NAICT123000778 / d4	SAS e-filing		
Veh No SKW 3777X	E-mail (within 8hrs. Aft 2hrs)		
DOA 24/01/2023 11:50	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: JSX 3437	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: YBS () / 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

NA2300260	Invoice Preparation Checklist	Amt (\$) Est 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		
Checked by (Engr-In-Charge):	5) FT: 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:-		
	OD*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Editors' Comments:-			

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	26/01/2023 11:54 (SGT)
Reported by	Both
Date of Accident	24/01/2023 11:50 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	SOUTH EXPRESSWAY HIGHWAY FROM MUAR TO SINGAPORE
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3777X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICHOLAS WEE YONG LIANG
NRIC No	SXXXX483Z
Email Address	nicholas@masindologistic.com
Mobile Phone No	(Phone) +65-96566699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00091592200

DRIVER

Name of Driver	NICHOLAS WEE YONG LIANG
NRIC No	SXXXX483Z
Date Of Birth	04/06/1991

Occupation	Indoor
Date Of Driving Pass	12/10/2012
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96566699
Alt. Phone Number	-
Email Address	nicholas@masindologistic.com
Address	APT BLK 322 TAMPINES STREET 33
Address complement	# 06-144
Postcode	520322
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSX3437
Vehicle Category	Private car

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	JSX3437
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)	-

SKETCH PLAN

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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.

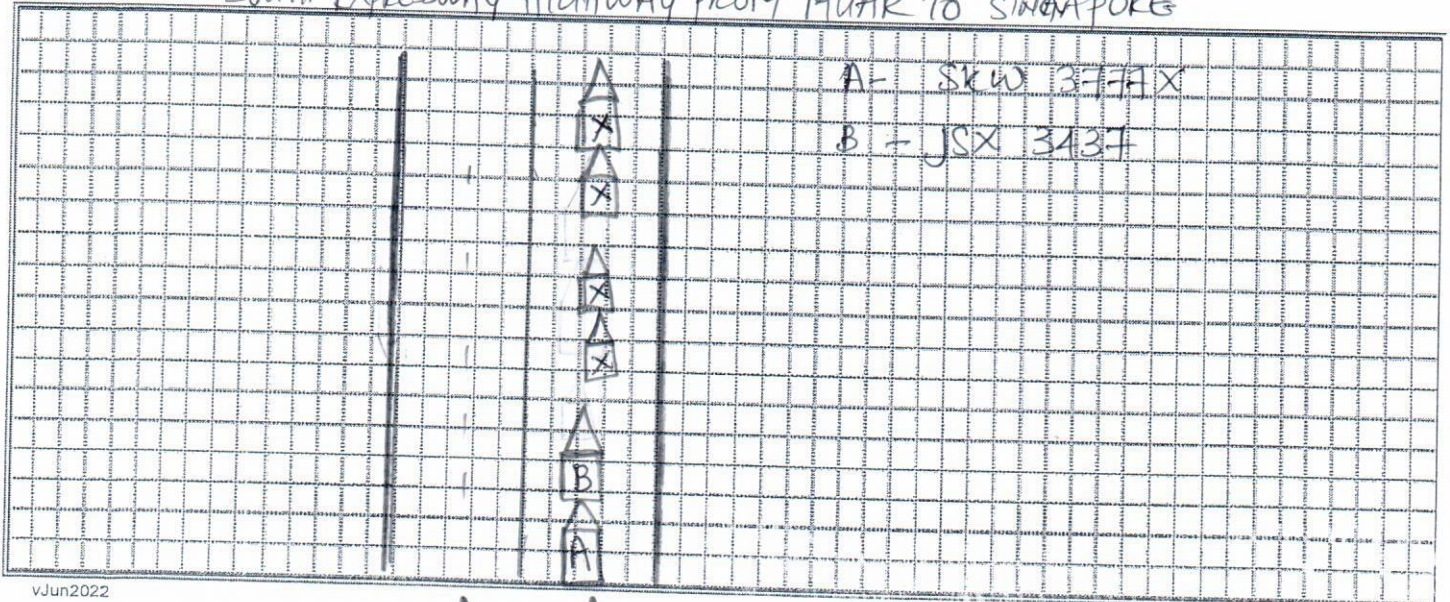
Policyholder's Signature / Date & Time

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

SOUTH EXPRESSWAY HIGHWAY FROM MUAR TO SINGAPORE




Describe Circumstance of the Accident

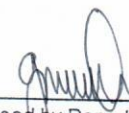
On 24/01/2023 around 11:50 am I was driving my vehicle SKW 3777X from muar south expressway highway heading to Singapore. It was raining heavily and the surface of the road was slippery. When I reach at the 84.9 km expressway, suddenly the vehicle in front of me JSX 3437 stopped suddenly. I tried to avoid and Brake but I hit his rear portion of the vehicle as I couldn't pull off the Brake on time cause he brakeed suddenly. ~~then~~ I was not injured and my vehicle has no damage.

Declaration

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

 26/1/23
Policyholder's Signature / Date & Time

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

 26/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : Jabatan KDN/KA
Daerah : Jabatan KDN/KA
Kontinjen : BUKIT AMAN
No. Repot : TRAFIK BATU PAHAT/001323/23
Tarikh : 24/01/2023
Waktu : 1405 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R117942
No. Repot Bersangkut : TRAFIK BATU
PAHAT/001319/23

SALINAN DIKIRI SAH

Butir-butir Penerima Repot :

Nama : HUSSIN BIN SAFAR No. Badan : R117942

Pangkat

KETUA POLIS BALAI
BALAI POLIS AYER HITAM, JOHOR
TEL: 07-7581222

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No. K/P (Baru) : ---

No. Polis/Tentera : ---

No. Pasport : --- Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu :

Nama : NICHOLAS WEE YONG LIANG

No. K/P (Baru) : --- No. Polis/Tentera : ---

No. Pasport : K17653032

No. Sijil Beranak : --- Jantina : Lelaki

Tarikh Lahir : 04/06/1991

Umur : 31 Tahun 6 Bulan Keturunan : Cina

Warganegara : SINGAPORE

Pekerjaan : LOJISTIK

Alamat Tinggal : 214 JALAN DAMAI 2 TAMAN DAMAI MUAR JOHOR, 84000 JOHOR

Alamat IbuBapa : ---

Alamat Pejabat : ---

No. Tel (Rumah) : --- No. Tel (Pejabat) : ---

No. Tel (Bimbit) : 065956699

Emel : ---

Pengadu Menyatakan :

PADA 24/01/2023 JAM LEBIH KURANG 11:51 PAGI, SAYA MEMANDU MOTOKAR/WAGON NOMBOR SKW3777X DARI MUAR HENDAK BALIK SINGAPOGE MELALUI LEBUHRAYA PLUS. PADA KETIKA ITU, HUJAN LEBAT DAN JALAN LICIN, APABILA SAYA SAMPAI DI KM 84.9 L/RAYA ARAH (S), TIBA TIBA KENDERAAN DI HADAPAN SAYA NO PENDAFTARAN JSX 3437 TELAH BERHENTI SECARA MENGEJUT, SAYA CUBA ELAK DAN BREK TETAPI TERLANGGAR BELAKANG M/KAR TERSEBUT. SAYA TIDAK MENGALAMI KECEDERAAN. KENDERAAN SAYA TIDAK MENGALAMI KEROSAKAN. INILAH LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R117942 | 24/01/2023 02:20:57 PM

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 01 / 2023 (DD/MM/YYYY) TIME: 11 : 50 (HH:MM)

LOCATION: SOUTH EXPRESSWAY HIGHWAY FROM MUAR TO SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8KW 3777 X
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSNW00091592200
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HYUNDA AVANTE AUTO / MANUAL
f) TYPE: SALOON / 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: NICHOLAS WEE YONG LIANG (MALE) / FEMALE
b) NRIC/FIN/PASSPORT: S9119483Z CONTACT: 9656 6699
c) ADDRESS: APT BLK 322 TAMPINES STREET 33 #06-144
S526322

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 04 / 06 / 1991 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 12/10/2012

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: MALAYSIA (BATU PAHAT)

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JSX 3437 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 = nicholas@masindologistic.com

Fax = _____

VIDEO = NO



Motor Private Car

MX1F

N SN

BR0057A

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.

DMPCSNW00091592200

Engine No.: G4FGKU109179

Cha. No.:KMHD841CMKU878956

1. Index Mark and Registration
Number of Vehicle

SKW3777X

2. Name of Policy Holder

WEE YONG LIANG NICHOLAS

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

29/04/2022
(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*

(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\$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.: MAYBANK SINGAPORE 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: TAN INSURANCE BROKERS PTE LTD
Authorised Officer

Authorised Signatory