

NATIONAL Assessment Centre Services

Date In 26/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123000780/W	SAS e-filing		
Veh No SMD 1504 T	E-mail (within 8hrs. Aft 2hrs)		
DOA 25/01/2023	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: Vch No: SMZ 492.7 J. 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

) Apply for Transport Allowance () / Courtesy Car ()

) QC Check / Post Repair Inspection ()

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

Injury: ()

Time/Time Actions

NA2300261

Insured's Particulars

Insurer/Owner:

Contact No:

Insured Portion:

Checked by (Engr-In-Charge):

Insured's Comments:-

Invoice Preparation Checklist

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

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

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

4) FT: Follow-Through Survey \$120

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:-

ON*
* N5: Courtesy Car / Tpl 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

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 12:28 (SGT)
Reported by	Both
Date of Accident	25/01/2023 19:22 (SGT)
Exact Location of Accident	Lebuhraya Hubungan Kedua Malaysia - Singapura, 81550 Gelang Patah, Johor, Malaysia
Additional Location Information	Towards Tuas Checkpoint
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1509T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Chee Che-Sung
NRIC No	SXXXX703G
Email Address	chesung.c@gmail.com
Mobile Phone No	(Phone) +65-96864105
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	SUV
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00158652202

DRIVER

Name of Driver	Chee Che-Sung
NRIC No	SXXXX703G
Date Of Birth	21/10/1962

Occupation	Indoor
Date Of Driving Pass	17/03/1980
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96864105
Alt. Phone Number	-
Email Address	chesung.c@gmail.com
Address	Blk 78 Lorong Limau
Address complement	#20-79
Postcode	320078
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?	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)	4
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	Passenger
Gender	Female

PASSENGER 2

Name	Passenger
Gender	Female

PASSENGER 3

Name	Passenger
Gender	Female

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?	Yes
Reasons for not uploading a video of the accident	Unable to upload as file is in different format.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ4927J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Kok Hooi
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 01 / 2023) (DD/MM/YYYY), TIME: (19 : 22) (HH:MM)

LOCATION: Komplex Sultan Abu Bakar

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMD 1509T

b) INSURANCE COMPANY: CTI

c) POLICY NUMBER: DMPCSN A00158652202

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

e) MAKE & MODEL: Nissan Qashqai Auto / MANUAL

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

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

h) PURPOSE OF USING AT ACCIDENT TIME: Personal

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: Chee Che Sung (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S1557703 G CONTACT: 9686 4105

c) ADDRESS: 13K 78 Lorong Limau #20-79 320078

* 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: (21 / 10 / 1962) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17103/1980

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: SM2 4927 J 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 = chesung.c@gmail.com

Fax = -

VIDEO = Yes

No. of passengers
(including driver)
(1) 3F

No. of passengers
(including driver)
(1)

No. of passengers
(including driver)
()

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.

W. G. G. G.

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)

26/01/2023

Sketch Plan

		Komplex Sultan Abu Bakar	
		A = SMD 1509 T	
		B = SMZ 4927 J	

Describe Circumstance of the Accident

On 25/01/2023 at approximately 1422 hrs. Vehicle A was caught in a heavy traffic at Tuas Checkpoint. Vehicle B was in front. All of a sudden Vehicle B jam his brake and Vehicle A couldn't stop in time and ^{hit} Vehicle's B rear portion of the vehicle.

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



26/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



Motor Private Car

MX1F

R SN

DR0555P

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)

Engine No.: MR20547446W

Cha. No.:SJNFBAJ11U2354369

CERTIFICATE No. DMPCSNA00158652202

1. Index Mark and Registration
Number of Vehicle

SMD1509T

2. Name of Policy Holder

CHEE CHE-SUNG

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

03/08/2022
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

4. Date of Expiry of Insurance

02/08/2023

* 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.: UNITED OVERSEAS BANK LIMITED AS HP OWNER

* 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