

# NAI Assessment Centre Services

Date In: 03/02/2023	Job description	Date & Time Completed	Done by
Ref No: NAI012300130/d4	SAS e-filing		
Veh No: PCS9232	E-mail (within 2hrs. AP 2hrs)		
DOA: 01/02/2023 12:30	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: SJ2 6478k	INC ( ) / Non-INC ( )
Owner / Driver: ( )		
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: 0788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car ( )		
QC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )

e/Time: Actions: ( )

NA 2300353	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Particulars:			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
ct No:	2) DA: Damage Assessment (\$100); INC (\$80)			
ged Portion:	3) TF: Towing Fee \$40/\$45			
checked by (Engr-In-Charge):	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: Pre DA + SMRT Survey \$160			
	8) NIUC Additional Services:-			
	*NS: Courtesy Car / Trip Allowance \$5			
	*NS: Repair Coordination \$10			
	*NS: Post Repair Inspection \$10			
	*NR: DV / Collect Excess Coordination \$5			



## 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	03/02/2023 13:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/02/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF COMMONWEALTH AVE W TOWARDS CLEMENTI AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5923Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO JIT SUN
NRIC No	SXXXX402J
Email Address	andrewtan.jielun@gmail.com
Mobile Phone No	(Phone) +65-91447421
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	Commercial vehicle
Transmission	Manual
CC	2953

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015332200

#### DRIVER

Name of Driver	NEO JIT SUN
NRIC No	SXXXX402J
Date Of Birth	27/10/1967

Occupation .....	Outdoor
Date Of Driving Pass .....	30/08/1985
Driving experience .....	37 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91447421
Alt. Phone Number .....	-
Email Address .....	andrewtan.jielun@gmail.com
Address .....	APT BLK 707 CLEMENTI WEST STREET 2
Address complement .....	# 05-333
Postcode .....	120707
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJZ6478K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NICOLE



Contact Number .....	(Phone) +65-96631524
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	NEO JIT SUN
Gender .....	Male
Phone No .....	(Phone) +65-91447721
Address .....	APT BLK 707 CLEMENTI WEST STREET 2
Address Complement .....	# 05-333
Post Code .....	120707
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	PC5923Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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:

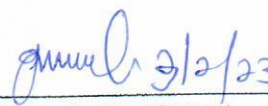
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



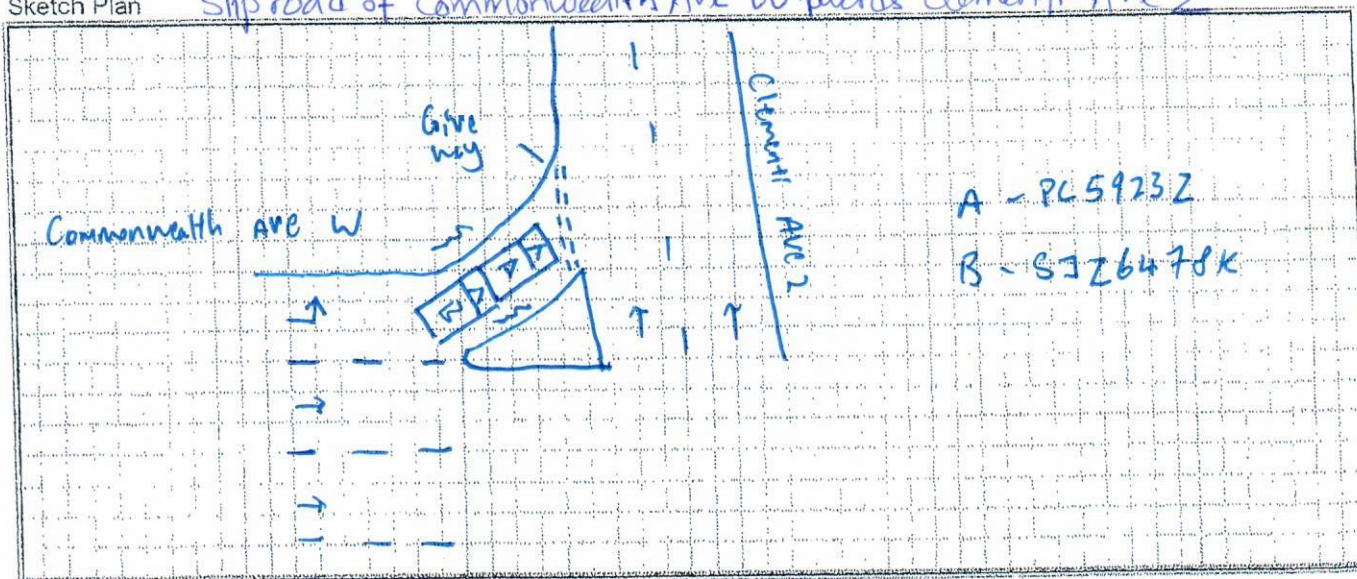
Driver's Signature (if driver is not the policyholder) / Date & Time

 3/2/23

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

Sketch Plan

Slip road of Commonwealth Ave W towards Clementi Ave 2





Describe Circumstance of the Accident

As above date and time, I was driving PC59232  
along slip rd of Commonwealth Ave W towards  
Clementi Ave 2. Before entering onto Clementi Ave  
2, I slowed down and stopped my vehicle for  
oncoming vehicle. Out of sudden, I felt an impact  
from the rear. I alighted and discovered vehicle  
SJZ 6478K front portion collided onto my vehicle  
rear portion

Declaration

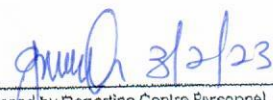
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



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



VEHICLE NO:	PC5923Z	MAKE & MODEL	Nissan Urban	AUTO / MANUAL	<input checked="" type="radio"/> AUTO
DATE OF ACCIDENT:	01/02/23	CC:	3.0		
TIME OF ACCIDENT:	12:30 HRS				
LOCATION OF ACCIDENT:	Slip rd of Commonwealth Ave W onto Clementi Ave 2				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Neo Jit Sun				
TEL NO:	H/P: 9144 7721	OFFICE:	HOME:		
NRIC:	S1802402J				
ADDRESS:	707 Clementi West Street 2 #05-333 (S) 120707				
EMAIL:	ANDREW TAN JIELUN @ gmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO <input checked="" type="radio"/> NO				
INSURANCE COMPANY:	Chine Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMB18NV00015352200				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	As above	ANY PASSENGER:	N.A.		
DATE OF BIRTH:	27/10/1967	LICENCE PASSED DATE:	30/08/1985		
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: As above	OFFICE:	HOME:		
ADDRESS:	As above				
EMAIL:	As above				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO? Neck Pain				
NAME & CONTACT:	Neo Jit Sun, 9144 7721				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	8JZ 6478K	ANY PASSENGERS:	1(F)		
NAME OF DRIVER:	Nicole	CONTACT NO:	9663 1524		
VEHICLE C REG NO:		ANY PASSENGERS:			
VEHICLE D REG NO:		ANY PASSENGERS:			
VEHICLE E REG NO:		ANY PASSENGERS:			
VEHICLE F REG NO:		ANY PASSENGERS:			
VEHICLE G REG NO:		ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="radio"/> NO				
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES <input checked="" type="radio"/> NO				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="radio"/> NO					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				





Motor Bus

MZ601/P

N SN

AN0394A

Cov. Type:T

### 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.

DMB1SNV00015332200

Engine No.: ZD30043534

Chs. No.: JN1TG4E25Z0701532

1. Index Mark and Registration  
Number of Vehicle

PC5823Z

2. Name of Policy Holder

NEO JIT SUN

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

01/10/2022  
(00:00:00)

Excess Sect. II SS1,500.00

4. Date of Expiry of Insurance

30/05/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

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

(2) Use whilst drawing a trailer, except the towing (other than for reward) 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:

DENSO INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory