

NATIONAL Assessment Centre Services

SN0823390004

Date In: 09/02/2023 08:20

Ref No: NRB 012280025231

Veh No: SER 831SP

D.O.A: 01/03/2023 17:56

QC: (7) Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / QW: (

TP Particulars: Vch No: GBK 345TP

Owner / Driver: (

Policy No: (

Confirmed by: (

Insured/Driver Liability: (

Year of Registration: (

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks: (

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of rep/rep.

() Total Loss Case: (to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

Date of Incident: (

Location: (

Weather: (

Time of Day: (

Other: (

NA2300712

Client's Particulars:

Client/Owner:

Contact No:

Addressed Portion: (

Checked by (Engr-In-Charge):

Client's Comments:

Signature:

Date:

Signature:

Date:

Signature:

Date:

Job description

SAS e-Milling

E-mail (within 24hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor W/O (within 24hrs, A/C 2hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Vch/Ins

Date & Time Completed

Done by

Tel:

Fax:

Tel:

Cover Type: (

Date:

Time:

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks: (

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of rep/rep.

() Total Loss Case: (to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (

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

2) QC Check / Post Repair Inspection ()

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

Injury: (

Date of Incident: (

Location: (

Weather: (

Time of Day: (

Other: (

NA2300712

Client's Particulars:

Client/Owner:

Contact No:

Addressed Portion: (

Checked by (Engr-In-Charge):

Client's Comments:

Signature:

Date:

Signature:

Date:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee (\$10/\$40)

4) PT: Follow-Through Survey (\$10)

5) PT: Follow-Through Survey (Resurvey) (\$50)

6) TR: Resurvey (\$10)

7) NI: New DA + DMRT Survey (\$10)

8) NTUC Additional Services (\$10)

9) NI: Courtesy Car / Tel Allowance (\$5)

10) NI: Repair Coordination (\$10)

11) NI: Post Repair Inspection (\$10)

12) NI: DV / Collect Excess Coordination (\$10)

13) NI: (1) TP (Non-INC) replace INC (\$10)

14) NI: (1) TP (Non-INC) replace INC (\$10)

Invoice Total

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

Fee Charged

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	09/03/2023 17:56 (SGT)
Reported by	Driver
Date of Accident	09/03/2023 08:20 (SGT)
Exact Location of Accident	Kallang Way, Singapore
Additional Location Information	FLYOVER ENTERING KPE (ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8315P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PEACE PHYLLIS GOH LAY KIM
NRIC No	SXXXX384F
Email Address	philbio@gig.sg
Mobile Phone No	(Phone) +65-94877981
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00068872201

DRIVER

Name of Driver	NG BAH CHYE PHILBIO FRANZEN
NRIC No	SXXXX118G
Date Of Birth	09/01/1962
Occupation	Indoor

Date Of Driving Pass	02/08/1983
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94877981
Alt. Phone Number	-
Email Address	philbio@gig.sg
Address	21, JALAN ANGGEREK
Address complement	-
Postcode	369456
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	PEACE PHYLLIS GOH LAY KIM
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

PLEASE REFER TO SKETCH PLAN

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	GBK3457P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PD5858Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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

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

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

Sketch Plan

From
Kallang Way Flyover

→

→

→

KPE → GCP.

① SKR 8315P
② GBK 3457P
③ PDS 858Z

Describe Circumstance of the Accident

On mentioned date and time, I was travelling on the said road. When the front vehicle slow down and stop due to heavy traffic.

I slow down and stop accordingly. Moments later I feel an impact from the rear of my vehicle when I got down from my vehicle, I then realise it was a chain collision involving 3 vehicle including my vehicle.

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)

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 09/03/2023 dd/mm/yy)

Time of Accident: 08:20 (24-HR-FORMAT)

Vehicle No.: SKR8315P Vehicle Make & Model / Engine (cc): Nissan Sylphy Private Hire: (Y/N) (N)

Exact location of Accident: Kallang Way Flyover Entering KPE (CECP)

Policyholder's Name / IC No.: Peace Phyllis Goh Lay Kim ROC/UEN (Company): S17813847

Driver's Name / IC No.: Ng Bah Chye Philbio Francis / S152411862 (As Above) ☐

Driver's Contact No.: 94877981 Company Contact No / Owner Contact No: _____

Driver's Address: 21, Jalan Anggerak S (369456)

Owner Email address: _____ Insurance Company: _____

Driver Email address: philbio@gig.sg 09/01/1962 02/08/1983

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 2

***Passenger Name:** Peace Phyllis Goh Lay Kim

Gender: Male / Female x ()

***Passenger Name:** _____

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GPK 3457P

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: PD 5858Z

Driver's Contact No: _____ Insurance Company: _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Motor Private Car

MX1F

R SN

AN0650B

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.

DMPCSNW00068872201

Engine No.: HR16951235B

Cha. No.: MNTBBAB1720021023

1. Index Mark and Registration
Number of Vehicle

SKRB315P

AUTOSAFE

2. Name of Policy Holder

PEACE PHYLLIS GOH LAY KIM

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

12/03/2022
(00:00:00)

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$53,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$5100.00

4. Date of Expiry of Insurance

11/03/2023

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:*

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 \$5500 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: _____

OK! Authorised Officer

Authorised Signatory