

NATIONAL Assessment Centre Services (Call 1-800-851-2333) **SA108233 FOOD**

Date In: 15/08/2023 11:45	Job description	Date & Time Completed	Done by
Ref No: NBA/C1723002689/Y	SAS e-Mailing		
Yeh No: SKF 26044	E-mail (with/with, AIC 2013)		
D.O.A: 10/03/2023 09:00	1-Motor Claim Form		
QC: TP: Repeating Only	1-Motor W/O (with/with, AIC 2013)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SKM 85897A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note-Inst Status (W/O): 1: 0-30%, F: 21-79%, F: 80-140%)

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 repair.

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

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

Remarks: ()

Remarks	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 of Claim: ()

Invoice/Preparation Charge List	Amount	Ass'n
1) All: Accident Passbook (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$56)	
3) TP: Towing Fee	\$10/\$10	
4) PF: Follow-Through Survey	\$15	
5) PF: Follow-Through Survey (Resurvey)	\$50	
6) TR: Rev/Resurvey	\$75	
7) NI: 1000 DA, 2 SMRT Survey	\$140	
8) NTUC Additional Services		
9) NI: Courtesy Car / Tst Allowance	\$5	
10) NI: Repair Coordination	\$15	
11) NI: Post Repair Inspection	\$20	
12) NI: DV / Collect Excess Coordination	\$1	
13) NI: (11) TP (Non-INC) Excess INE	\$20	
14) NI: (11) TP (Non-INC) Excess INE	\$20	
15) NI: (11) TP (Non-INC) Excess INE	\$20	
16) NI: (11) TP (Non-INC) Excess INE	\$20	
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48) NI: (11) TP (Non-INC) Excess INE	\$20	
49) NI: (11) TP (Non-INC) Excess INE	\$20	
50) NI: (11) TP (Non-INC) Excess INE	\$20	

Checked by (Engr-In-Charge): ()

Station/Company: ()

Date: ()

Signature: ()

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	15/03/2023 11:45 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 09:00 (SGT)
Exact Location of Accident	419 Tampines Street 41, Block 419, Singapore 520419
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2604Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH KHEE XUAN
NRIC No	SXXXX350F
Email Address	kaijie1302@gmail.com
Mobile Phone No	(Phone) +65-94350173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Discovery
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	1999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00145972200

DRIVER

Name of Driver	CHNG KAI JIE, KENNETH
NRIC No	SXXXX529E
Date Of Birth	13/02/1986
Occupation	Indoor

Date Of Driving Pass	21/02/2018
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86662246
Alt. Phone Number	-
Email Address	kaijie1302@gmail.com
Address	BLK 419 TAMPINES STREET 41 #10-92
Address complement	-
Postcode	520419
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	Side Swipe
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

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	SKM3589A
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

IMPORTANT NOTICE

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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 reputiate 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

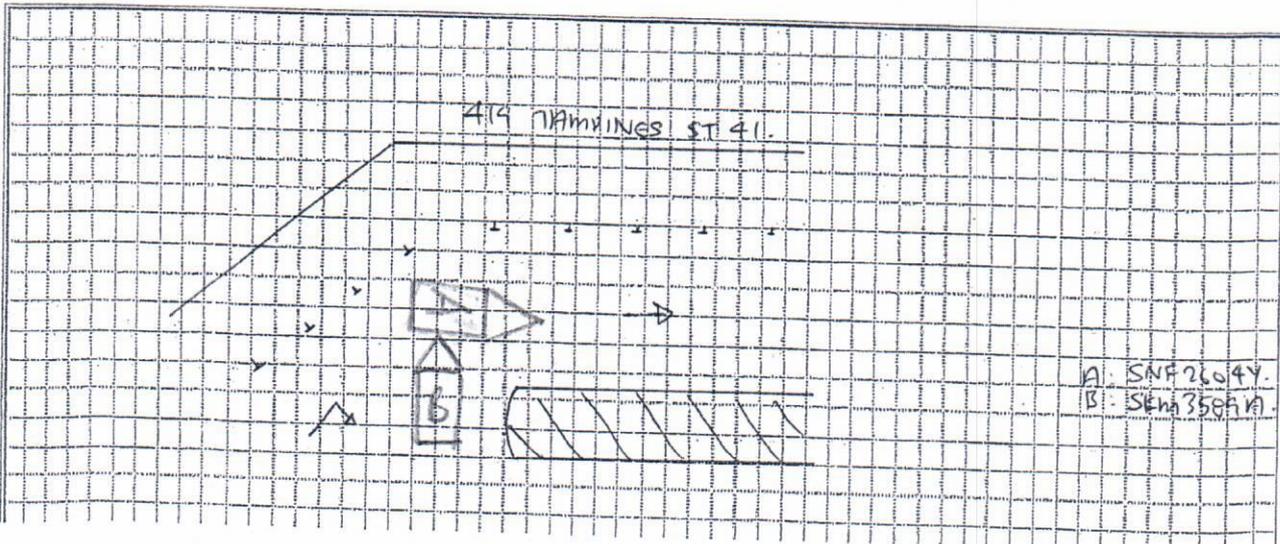
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

15/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

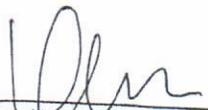


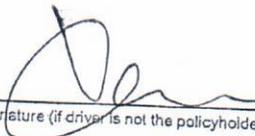
Describe Circumstance of the Accident

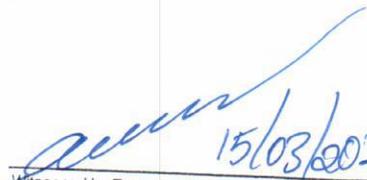
On the stated date and time, I was travelling along the stated road when suddenly I felt a huge impact from the rear right of my vehicle. When I alighted my vehicle, I saw VRN SKM 3589A had collided on to my vehicle.

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


15/03/2023
Witnessed by Reporting Centre Personnel

kaijie1302@gmail.com

VEHICLE NO: SNF 2604Y	MAKE & MODEL: LAND ROVER A	DISCOVERY
DATE OF ACCIDENT	10 / 03 / 23.	AUTO/MANUAL
TIME OF ACCIDENT	0500	AM/PM
LOCATION OF ACCIDENT	419 TAMMINES ST 91	CAYMANIC.
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	KOH KHEG XUAN.	
EMAIL	KAIJIE1302@gmail.com	
NRIC		OFFICE: MOBILE: 9435 6173.
CLAIM TYPE	S8720350F.	
FLEET POLICY	OD / THIRTY PARTY / REPORTING ONLY	
INCURENCE CO.	YES / NO?	
TYPE OF COVERAGE	CN TRIPING.	
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft	
NAME OF DRIVER	DNYCSN400145972200.	
NRIC	AS ABOVE / IF NO: CHNG KAI JIE, KENNETH.	
DATE OF BIRTH	58605529E.	
ANY PASSENGER	13 / 02 / 86.	
NAME OF PASSENGER	YES / NO: DRIVER ONLY.	
GENDER OF PASSENGER		
OCCUPATION	MALE / FEMALE	
DATE OF DRIVING PASS	Outdoor / Indoor.	
GENDER	21 / 02 / 18.	
CONTACT NO.	MALE / FEMALE	
EMAIL	Mobile: 8662246 Office: Home:	
ADDRESS	KAIJIE1302@gmail.com	
DOES DRIVER OWN OTHER VEHICLES?	419 TAMMINES ST 91 #10-92 SC520419.	
RELATIONSHIP	NO / If yes, Reg No: INSURE: -	
WEATHER CONDITION	Employee / If No: THIRTY SPOUSE.	
ROAD SURFACE	Clear / Raining / Other:	
ANY INJURIES	Dry / Wet / Other:	
CONTACT NO.	NO / If yes, Who?	
POLICE REPORT		
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Where?	
VEHICLE B NO.	NO / If yes, Who?	
NAME	SKM3589A.	Any Passenger: DRIVER ONLY.
CONTACT NO.		
VEHICLE C NO.		
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		Any Passenger:
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		YES / NO
WAS THERE ANY AUDIO RECORDED?		YES / NO
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO



Motor Private Car

MX1F

N SN

AN0711A

Gov 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	DMPCSNW00145972200	Engine No	301014121400204PT
		Chassis No	SALCA2AG5GH545360
1. Index Mark and Registration Number of Vehicle	SNF2604Y	AUTOSAFE	*****
2. Name of Policy Holder	KOH KHEE XUAN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/06/2022 (10:58:27)	Named Drivers Ex Sect 1	S\$1,350.00
		Additional Ex Other than Named Drivers	
		Ex Sect 1 - Age <= 25	S\$3,000.00
		Ex Sect 1 - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	13/06/2023	* 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.			
<p>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</p>			
6. Limitations as to use*	<p>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.</p> <p>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.</p>		
<p>* 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.</p>			

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: ACE AUTOMOBILE PTE. LTD.
Authorised Officer

Authorised Signatory