

# NATIONAL Assessment Centre Services

Date In: 16/03/2023 12:35	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: X138/C11230027574	E-mail (with 311, A/C 211)		
Veh No: SFC 30ET	1-Motor Claim Form		
D.O.A: 16/03/2023 08:50	1-Motor W/O (with 311, A/C 211)		
OD: <input checked="" type="radio"/> Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand in Owner/Driver		

Preferred Wksp / INC Assn Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: PA 52664	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) % (Note: Inc Status (W/O): 1: 0-30%, 2: 31-70%, 3: 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 repair.

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

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

Remarks: ( ) NUC Bonus: ( )	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: ( )

Other: ( )

NA2300710	Invoice Preparation Charge:	
1) All: Accident Passbook (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$45	
4) PE: Follow Through Survey	\$135	
5) PE: Follow Through Survey (Emergency)	\$30	
6) TR: Re-inspection	\$75	
7) NUC: DA, PE, TR Survey	\$140	
8) NUC: Additional Services		
9) QC		
10) NUC: Courtesy Car / Tel Allowance	\$5	
11) NUC: Repair Coordination	\$15	
12) NUC: Post Repair Inspection	\$15	
13) NUC: DV / Collect Excess Coordination	\$1	
14) TP (N1) / TP (N2) / TP (N3) / TP (N4)	\$20	
15) NUC: Other	10	
Checked by (Engr-In-Charge):		
Printed on: ( )		
File:		
File:		



## 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	16/03/2023 12:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/03/2023 08:50 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	TOWARDS TELOK PAKU ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC30G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BENJAMIN NG JIEWEI
NRIC No	SXXXX977F
Email Address	benjamin_ng_jiewei@hotmail.com
Mobile Phone No	(Phone) +65-97704901
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00211392200

#### DRIVER

Name of Driver	BENJAMIN NG JIEWEI
NRIC No	SXXXX977F
Date Of Birth	17/06/1992
Occupation	Indoor

Date Of Driving Pass .....	15/01/2011
Driving experience .....	12 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97704901
Alt. Phone Number .....	-
Email Address .....	benjamin_ng_jiewei@hotmail.com
Address .....	BLK 999B BUANGKOK CRESCENT #14-751
Address complement .....	-
Postcode .....	532999
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 SKETCH PLAN

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PA5266Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHD ALI OSMAN

Contact Number .....	(Phone) +65-96649903
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	BENJAMIN NG JIEWEI
Gender .....	Male
Phone No .....	(Phone) +65-97704901
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNC30G
Were seat belts worn? .....	Yes
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 Authorised 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. The 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.

#### 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.

X 

Policyholder's Signature / Date & Time

A 

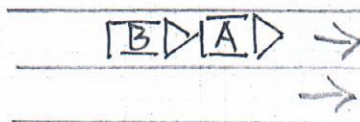
Driver's Signature (If driver is not the policyholder) / Date & Time

 16/03/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

LOYANG AVENUE TOWARDS TELOK KAY ROAD



[A] SNC 30G

[B] PA 5266Y

Describe Circumstances of the Accident


I WAS DRIVING ALONG KOTANG AVE TOWARDS TELOK  
PAKU ROAD ON LANE 2. DUE TO HEAVY TRAFFIC  
AND I WAS SLOW DOWN (STATIONARY) SUDDENLY  
BEHIND VEHICLE NO. PA 5266Y HIT TO MY  
BACK STRONGLY.

Declaration

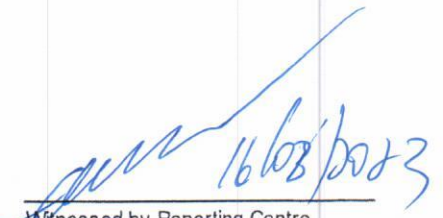
We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date &  
Time

X 

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

  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SNC 30G		MAKE & MODEL : HONDA CIVIC		<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL	
DATE OF ACCIDENT		16 / 03 / 2023		C.C. 2000	
TIME OF ACCIDENT		0850 AM / PM			
LOCATION OF ACCIDENT		LOYANG AVE TOWARDS TELOK PAKU RD			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT <input checked="" type="radio"/> (PRIVATE USE) / PRIVATE HIRE			
NAME OF OWNER		BENJAMIN NG JIEWEI			
EMAIL		benjamin-ng-jiewei@hotmail.com		MOBILE 97704901	
NRIC		S9220977F			
CLAIM TYPE		OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY			
FLEET POLICY		<input checked="" type="radio"/> YES <input type="radio"/> NO			
INSURANCE CO.		CHINA TAI PING			
TYPE OF COVERAGE		<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		DMP CSN W 00211392200			
NAME OF DRIVER		<input checked="" type="radio"/> AS ABOVE / IF NO,			
NRIC		S9220977F			
DATE OF BIRTH		17 / 06 / 1992			
ANY PASSENGER		<input checked="" type="radio"/> YES <input type="radio"/> NO			
NAME OF PASSENGER		NA			
GENDER OF PASSENGER		<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE			
OCCUPATION		Outdoor / <input checked="" type="radio"/> Indoor			
DATE OF DRIVING PASS		15 / JAN / 2011			
GENDER		Male / <input checked="" type="radio"/> Female			
CONTACT NO.		Mobile 97704901		Home	
EMAIL		benjamin-ng-jiewei@hotmail.com			
ADDRESS		BIK 999B BUANGKOK CRESCENT #14-751			
DOES DRIVER OWN OTHER VEHICLES?		<input checked="" type="radio"/> NO / If yes, Reg No.		INSURER S'532999	
RELATIONSHIP		<input checked="" type="radio"/> Employee / If No, OWNER			
WEATHER CONDITION		<input checked="" type="radio"/> Clear / Raining / Other			
ROAD SURFACE		<input checked="" type="radio"/> Dry / Wet / Other			
ANY INJURIES		No / If yes, Who? DRIVER			
CONVEYED BY AMBULANCE		<input checked="" type="radio"/> No / If yes, Who?			
POLICE REPORT		<input checked="" type="radio"/> No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B NO.		PA5266Y Any Passenger, UNKNOWN			
NAME		MOHD ALI OSMAN			
CONTACT NO.		9664 9903			
VEHICLE C NO.		Any Passenger			
VEHICLE D NO.		Any Passenger			
VEHICLE E NO.		Any Passenger			
VEHICLE F NO.		Any Passenger			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		<input checked="" type="radio"/> YES <input type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?		<input checked="" type="radio"/> YES <input type="radio"/> NO			
SCENE ACCIDENT PHOTOS TAKEN?		<input checked="" type="radio"/> YES <input type="radio"/> NO			
**WORKSHOP:		Ysk AUTO WORKSHOP			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		<input checked="" type="radio"/> YES <input type="radio"/> NO			



Motor Private Car

MX1F

N SN

AN0689A

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.

DMPCSNW00211392200

Engine No.: K20Z42007756

Cha. No.: SHHFN23608U300165

1. Index Mark and Registration  
Number of Vehicle

SNC30G

AUTOSAFE

=====

2. Name of Policy Holder

BENJAMIN NG JIEWEI

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

18/09/2022  
(00:00:00)

Named Drivers Ex Sect. I

\$S2,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

\* Age as at date of accident

EX ON WINDSCREEN .

\$S100.00

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 \$S500 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: AGATHA INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory