

NATIONAL Assessment Centre Services

Date In 30/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/CT123003304/64	SAS e-filing		
Yeh No SMX 3333 P	E-mail (within 8hrs. AP 2hrs)		
DOA 29/03/2023 07:53	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:	Yeh No: FBJ 8245 G. 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%. 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: 6788 6616)	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/Time	Actions

NA2300927	Invoice Preparation Checklist	Amc (\$)	Amc
Claimant's Particulars	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR : Re-inspection \$75		
Call 2/3:	7) N1 : Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idau Mobile 30		
	Invoice date / Fee Charge		
	Invoice dated / Fee Charge		

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	30/03/2023 09:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 07:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE HEADING TO BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3333P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEAH GIM XIAN
NRIC No	SXXXX070E
Email Address	jecautoservice@yahoo.com.sg
Mobile Phone No	(Phone) +65-92327457
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00184472200

DRIVER

Name of Driver	CHEAH GIM XIAN
NRIC No	SXXXX070E
Date Of Birth	08/03/1986
Occupation	Indoor

Date Of Driving Pass	22/10/2007
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92327457
Alt. Phone Number	-
Email Address	jecautoservice@yahoo.com.sg
Address	APT BLK 302D ANCHORVALE LINK
Address complement	# 08-28
Postcode	544302
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	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)	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	UNKNOWN
Gender	Male

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ8245G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	PHILSON ANG HONG GIAP
NRIC No	SXXXX302J
Contact Number	(Phone) +65-83991476
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~~ 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~~ 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~~ 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.

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

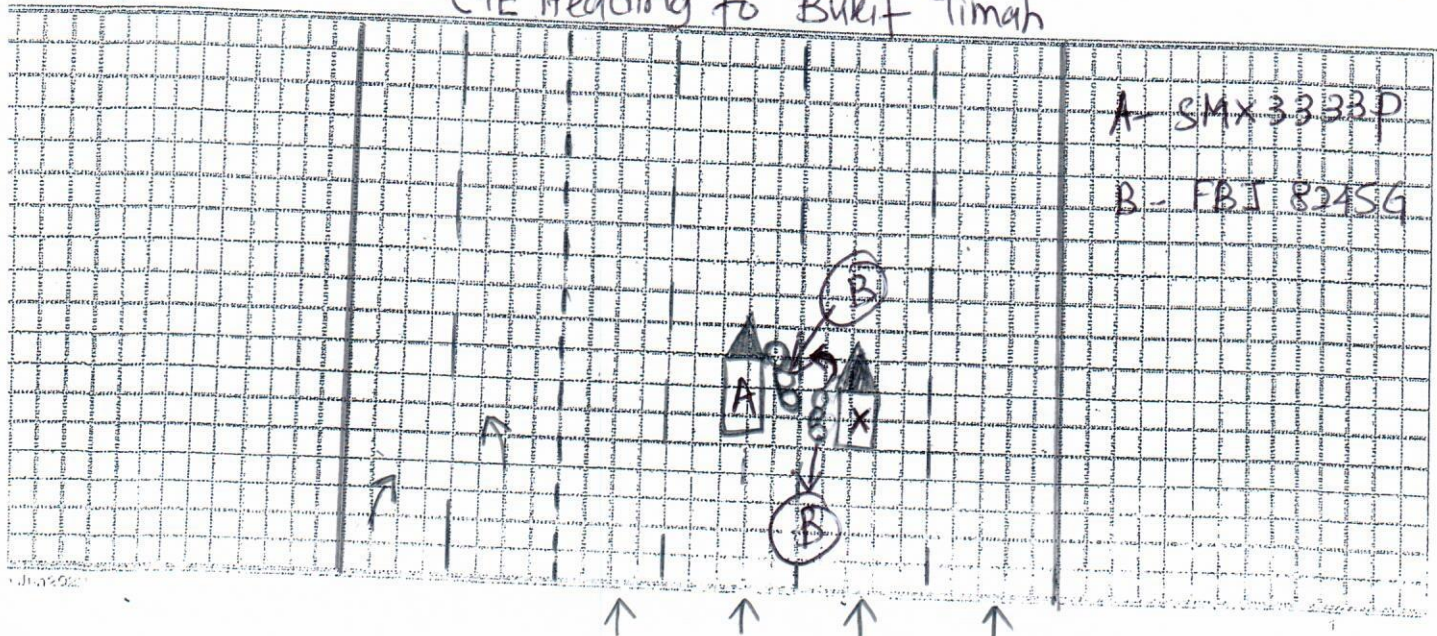
29/3/23

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

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

Sketch Plan

C1E Heading to Bukit Timah




Describe Circumstance of the Accident

On the above stated date and time I was travelling along CTE heading towards Bukit Timah. It was a 6 lane road and I was travelling on the 3rd lane. While heading, suddenly vehicle B hit the front right side portion of my vehicle. He actually avoided the vehicle on his right side which was on lane 2 and collided with my vehicle. I have attached the video footage for the reference.

Declaration


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

Policyholder's Signature / Date & Time


29/3/23

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

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

 30/3/23

ACCIDENT STATEMENT

ACCIDENT DATE: 29/03/2023 (DD/MM/YYYY), TIME: 07.53 (HH:MM)

LOCATION: CTE heading to Bukit Jimah

7. DETAILS OF VEHICLE

VEHICLE NUMBER: SMX 3333P

INSURANCE COMPANY: China Taiping

DI POLICY NUMBER: DMPCS NW 00184472000
DI POLICY TYPE: ACCIDENT/ILLNESS

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

TYPE: SAFARI / COUPE / MPV / AM / OTHER Auto / MANUAL

VEHICLE TYPE (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) ☒ AUTO ☐ MANUAL

h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE

1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: Cheah Gim Xian

D) NRIC/FIN/PASSPORT: 88680670F GOLF: 2232 (MALE) (FEMALE)

C) ADDRESS: APT BIK 302D Anchorvale Link # 08-28 CONTACT: 9232-451

* CONTINUE TO S.D IF DRIVER ALSO POLICY HOLDER
DRIVER

DRIVER

c) NAME

b) NRIC/FIN/PASSPORT:

C/ADDRESS:

d) DATE OF BIRTH: (08/03/1986) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / (OUTDOOR)

9) YEARS OF DRIVING EXPERIENCE 20/10/2007

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

6. b) ROAD SURFACE (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. ☐ REPORTED TO POLICE (YES ☐ NO ☒

IF YES, PLEASE STATE WHICH POLICE STATION:
THIRD PARTY VEHICLE

8. THIRD PARTY VEHICLE

0) VEHICLE NUMBER: FBJ 8245G MODEL: DRIVEN

5) DRIVER'S NAME: Philson Ang Hong Giep

C) NRIC/FIN/PASSPORT: 88936302J CONTACT: 83991476

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME

f) INRIC/FIN/PASSPORT:

CONTACT:

Email = jecauto service@yahoo.com is.

$$P_{\text{ex}} =$$

- Yes, with owner. Pile too big



Motor Private Car

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)

MX1E
E SN
AN0357A
Cov. Type:C

CERTIFICATE No.	DMPCSNW00184472200	Engine No.: A9990635N20B20B Cha. No.: WBA5A32060D334668
1. Index Mark and Registration Number of Vehicle	SMX3333P	AUTOSAFE =====
2. Name of Policy Holder	CHEAH GIM XIAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/12/2022 (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 * Age as at date of accident EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	01/08/2023	
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 S\$1,000 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: INSUREPAC ASSOCIATES PTE LTD
Authorised Officer


Authorised Signatory