

# NATIONAL Assessment Centre Services

Date: 30/03/2023	Job description	Date & Time Completed	Done by
Ref No NAIC1123003319/d4	SAS e-filing		
Veh No 3NG 2957Z	E-mail (within 8hrs, AP 2hrs)		
DOA 29/03/2023 17:36	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: (

TP Particulars:	Veh No: 8LK 9783P	INC ( ) / Non-INC ( )	Tel:	Fax:
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: 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

NA2300933

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC 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) NI: Idac 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: Idac Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Call 1:	Invoice dated	Fee Charged	
Call 2/3:			



## 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 14:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 17:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS JURONG BEFORE CTE ( CITY ) EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2957Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TING JUN BOON JONATHAN
NRIC No	SXXXX206C
Email Address	jonathan.t@hotmail.sg
Mobile Phone No	(Phone) +65-93632664
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00176412200

#### DRIVER

Name of Driver	TING JUN BOON JONATHAN
NRIC No	SXXXX206C
Date Of Birth	29/09/1996
Occupation	Outdoor



Date Of Driving Pass	29/06/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93632664
Alt. Phone Number	-
Email Address	jonathan.t@hotmail.sg
Address	BLK 229 CHOA CHU KANG CENTRAL
Address complement	# 11-141
Postcode	680229
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	SLK9783P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96863373

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	TING JUN BOON JONATHAN
Gender	Male
Phone No	(Phone) +65-93632664
Address	BLK 229 CHOA CHU KANG CENTRAL
Address Complement	# 11-141
Post Code	680229
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND SIDE PAIN AND NECK PAIN
Injured person in which vehicle?	SNG2957Z
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 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' law yers/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

### Sketch Plan

P/E Tuods Jufong Def CTE

A: SNG 2957Z  
B: SLK 9783P

### Describe Circumstances of the Accident

I WAS TRAVELLING ALONG PIE TOWARDS JERONG ON THE RIGHT MOST LANE OF 4 LANES, AS I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT STOP, I ALSO APPLIED BRAKE TO STOP, WHEN SUDDENLY ONE MICAR SLK 9783P CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY STATIONARY STOP VEHICLE.

### Declaration

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



30/3/23

Witnessed by Reporting Centre Personnel



VEHICLE NO: SNG 2957Z

MAKE &amp; MODEL : HONDA SHUTTLE

[AUTO] MANUAL

DATE OF ACCIDENT	29 03 2022	CC 1500
TIME OF ACCIDENT	1736 PM	
LOCATION OF ACCIDENT	PIE TOWARDS JURONG BEFORE CTE (CITY) EXIT.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / [PRIVATE USE] / PRIVATE HIRE	
NAME OF OWNER	TING JUN BOON JONATHAN	
EMAIL	JONATHAN.T@HOTMAIL.SG	Office: MOBILE 93632664
NRIC	S9634206C	
CLAIM TYPE	OD / [THIRD PARTY] / REPORTING ONLY	
FLEET POLICY	YES / [NO] ?	
INSURANCE CO	CHINA TAIPING	
TYPE OF COVERAGE	[Comprehensive] / Third Party / Third Party Fire & Theft	
POLICY NO	DMPCSNW 00176412200	
NAME OF DRIVER	[AS ABOVE] / IF NO:	
NRIC		
DATE OF BIRTH	29 / 09 / 1996	
ANY PASSENGER	YES / [NO]:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	[Outdoor] / Indoor	
DATE OF DRIVING PASS	29 / 06 / 2015	
GENDER	[Male] / Female	
CONTACT NO	Mobile: 93632664. Office:	
EMAIL	JONATHAN.T@HOTMAIL.SG	
ADDRESS	BLK 229 CHOA CHU KANG CENTRAL H11-141 S(680229)	
DOES DRIVER OWN OTHER VEHICLES?	[NO] / If yes: Reg No: INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	[Clear] / Raining / Other:	
ROAD SURFACE	[Dry] / Wet / Other:	
ANY INJURIES	No / If [yes]: Who? TING JUN BOON JONATHAN	
CONVEYED BY AMBULANCE	[No] / If yes: Who? Right hand pain and Neck	
POLICE REPORT	[No] / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	[NO] / IF YES: WHO?	
VEHICLE B NO.	SLK 9783P Any Passenger: 01	
NAME		
CONTACT NO	96863373	
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?	YES / [NO]	
WAS THERE ANY AUDIO RECORDED?	YES / [NO]	
SCENE ACCIDENT PHOTOS TAKEN?	YES / [NO]	
Person 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]	

JONATHAN.T@HOTMAIL.SG

Motor Private Car

MX1F

N SN

AN0567A

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.

DMPCSNW00176412200

Engine No.: L15B6053064

Cha. No.: GK82202479

1. Index Mark and Registration  
Number of Vehicle

SNG2957Z

2. Name of Policy Holder

TING JUN BOON JONATHAN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment25/07/2022  
(00:00:00)

Named Drivers Ex Sect. I

S\$2,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

24/07/2023

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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : GOLDBELL FINANCIAL SERVICES PTE. LTD.

\* 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: Elise Lim Xin Yi

Authorised Officer



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

 3 Anson Road #16-00 Springleaf Tower Singapore 079909 6389 6111 6222 1033 www.sg.cntaiping.com