

# NATIONAL Assessment Centre Services

Date: 27/04/2023  
 Ref No: NA/CT/23004331/d4  
 Veh No: SDW1010X  
 DOA: 02/04/2023 10:00

OD/TP/Reporting Only  
 TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/C 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SMV 8176 D 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	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

NA2301219

Claimant's Particulars:  
 Driver/Owner:  
 Contact No:  
 Damaged Portion:  
 QC Checked by (Engr-In-Charge):  
 Auditors' Comments:

Invoice Preparation Checklist	Amnt (\$)	Amnt
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/345		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUG 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 (N-in INC) against INC \$20		
9) N12: Idao Mobile \$10		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Call 1:  
 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	27/04/2023 13:14 (SGT)
Reported by	Actual Driver
Date of Accident	02/04/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPHIR ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW1010X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADRIAN LOH TECK YEONG
NRIC No	SXXXX411B
Email Address	sonnyloh1010@gmail.com
Mobile Phone No	(Phone) +65-93393939
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	1685

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00173962200

### DRIVER

Name of Driver	LOH FEI ASIONG
NRIC No	SXXXX656I



Date Of Driving Pass	03/08/1964
Driving experience	58 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98300130
Alt. Phone Number	-
Email Address	sonnyloh1010@gmail.com
Address	22 BAYSHORE ROAD
Address complement	# 18-08
Postcode	469970
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	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 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	SMV8176D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

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 repudiate policy liability.
4. The issuance 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.

### B. 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.

[Signature] 27/04/23  
Policyholder's Signature / Date & Time

[Signature] 27/04/23  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 27/4/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

Ophir Road

<p>North Case stopped at traffic lights</p> <p>SPW 1010X was moving and almost come to a complete halt but unfortunately hit car No. SPW 8176D.</p>	<p>Traffic Lights (Red)</p> <p>Car No. SPW 8176D</p> <p>Car No. SPW 1010X</p>
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Describe Circumstance of the Accident

Cars come to a complete halt at traffic lights including SMV 8176D. However my car SDW1000X was moving very slowly and almost come to a complete halt but accidentally hit the car SMV 8176D in front causing negligible damage.

Offered SMV 8176D to bring his car to my workshop Lian Sing Spray Painting for repairs at Block 302 (A) Ubi Road 1, #01-44 but he declined as he wants \$1000 ~~accepted~~ compensation. No damage was caused to my car. Damage to SMV 8176D are a few small dents. It takes just one day to repair the car and it should be no more than \$300 at my highest estimate.

Now that he has file an insurance claim, it should cost no more than \$300 which I am prepared to pay the workshop of his choice but definitely no insurance company will extend his \$1000 claim. There was no damage to ~~SDW1000X~~ SDW1000X. Please help to settle his car for \$300.

Declaration

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

Policyholder's Signature / Date & Time

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 02/04/2023 (DD/MM/YYYY), TIME: 10 am (HH:MM)

LOCATION: Ophir Road

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: S2W 1010 X  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMPCS NW00173962200  
 d) POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KIA CAREN (AUTO / MANUAL)  
 f) TYPE (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Leisure  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: LOH TECK YONG (MALE / FEMALE)  
 b) NRIC / FIN / PASSPORT: S7707411B CONTACT: 93393939  
 c) ADDRESS: 97 Robinson Quay #11-07  
Singapore 238257  
 \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  
 DRIVER  
 d) NAME: LOH FEL ASONG S02606561 (MALE / FEMALE)  
 e) NRIC / FIN / PASSPORT: S02606561 CONTACT: 98300130  
 f) ADDRESS: 22 Bayshore Road #01-18-08  
Singapore

g) DATE OF BIRTH: 24/01/1964 (DD/MM/YYYY)  
 h) OCCUPATION: (INDOOR / OUTDOOR)  
 i) YEARS OF DRIVING EXPERIENCE: 48 (03/08/1964)  
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Child  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear  
 b) ROAD SURFACE (DRY / WET / OTHERS) Dry  
 6. WAS ANYBODY INJURED (YES / NO)  
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMV 81767 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC / FIN / PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC / FIN / PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Policy No. DMPCS NW00173962200

Email = sonnyloh1010@gmail.com

Sex =

Address = NO

S7707411B

not a passenger  
( ) including driver

not a passenger  
(1) including driver

not a passenger  
(1) including driver

Motor Private Car

MX1F

N SN

BR0128A

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.

DMPCSNW00173962200

Engine No.: D4FDGH111863

Cha. No.:KNAHU815VG7161843

1. Index Mark and Registration  
Number of Vehicle

SDW1010X

AUTOSAFE  
=====

2. Name of Policy Holder

ADRIAN LOH TECK YEONG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment26/07/2022  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

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

25/07/2023

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.

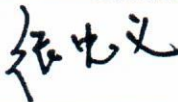
HIRE PURCHASE CO. : HL BANK

\* 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: G&M PTE LTD  
Authorised Officer  
Authorised Signatory