

NATIONAL Assessment Centre Services (with 1 hour) **Sheet 2 3580001**

Date In: 08/05/2023 10:57	Job description	Date & Time Completed	Done by
Ref No: NIA/C/1230006284	SAS e- filing		
Yeh No: SIF 6189B	E-mail (with 3hrs, A/C 2hrs)		
D.O.A: 06/05/2023 07:50	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (With: OD 2hrs, TP 1hr)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SHD 3501K** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: Hst Status (WO): 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 info of repairer.

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

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

Remarks: ()	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date of Injury: ()	Location: ()	Police Report No: ()

NIA230/319	Invoice Preparation Charge	
1) AR: Accident Assistance (\$300)		
2) DA: Damage Assessment (\$1000) INC (\$50)		
3) TP: Towing Fee \$20/\$40		
4) PE: Follow Through Survey \$150		
5) PT: Follow Through Survey (Battery) \$30		
6) TR: Deductible \$75		
7) NI: New DA, & SHIP Survey \$140		
8) NTLC Additional Services		
OD:		
*NI: Courtesy Car / Tel Allowance	\$30	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$30	
*NI: DV / Collision Excess Coordination	\$1	
*TP (1) / TP (2) (INC) / Vehicle INC	\$20	
TP (2) (1) Mileage		
Invoice Total		

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 willful 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	08/05/2023 10:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 07:50 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6189B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG THIAM HUAT
NRIC No	SXXXX879I
Email Address	thong@fidens.com.sg
Mobile Phone No	(Phone) +65-92305589
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xe
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	1997

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00192562203

DRIVER

Name of Driver	ONG THIAM HUAT
NRIC No	SXXXX879I
Date Of Birth	30/05/1952
Occupation	Indoor

Date Of Driving Pass	10/06/1972
Driving experience	50 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92305589
Alt. Phone Number	-
Email Address	thong@fidens.com.sg
Address	BLK 705 TAMPINES STREET 71 #06-54
Address complement	-
Postcode	520705
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)	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	SHD3501K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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 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



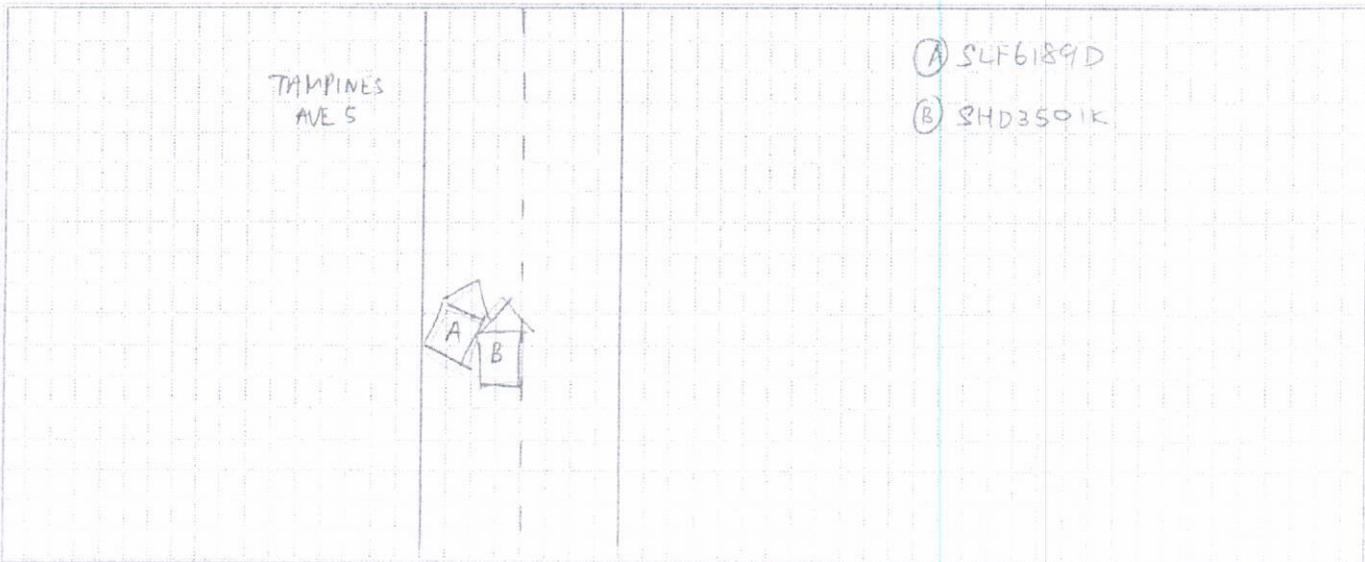
Driver's Signature (if driver is not the policyholder) / Date & Time



08/05/2023

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

Sketch Plan



Describe Circumstance of the Accident

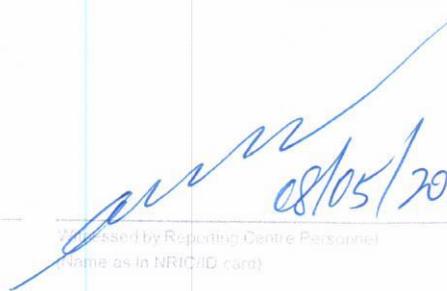
I WAS TRAVELLING FROM TAMPINES AVENUE 8
TOWARDS TAMPINES AVE 5. AFTER I TURNED INTO
TAMPINES AVE 5, I MOVED TOWARDS THE RIGHT A LITTLE
AS THERE WAS A BUS IN FRONT. SUDDENLY, THE TAXI
BEHIND ME SPED UP AND OUR VEHICLES COLLIDED.

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


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

08/05/2023



ACCIDENT STATEMENT

Date of accident: 06/05/2023 Time: 07:50PM

Location of accident: TAMPINES AVE 5

Vehicle Number: SLF6186D Make/Model: JAGUAR

Insurer: CHINA THIPING Eng. cc & Transmission:

Policy No: DMPCSNW00192562203 Policy Type: CAT/PT/TPD

Name: ONG THIAM HUAT NRIC/FIN no: S0212879I

Email: THONG@FIDENS.COM.SG Contact no: 92304889

Name: ONG THIAM HUAT NRIC/FIN no: S0212879I

Email: THONG@FIDENS.COM.SG Contact no:

Occupation: Indoor / Outdoor D.O.B: 30-05-1952

Address: BLK 705 TAMPINES STREET 71 #16-54 SINGAPORE 520705

Driving pass date: 10-06-1972 Relationship with Policyholder: OWNER

Weather conditions: Clear / Raining Road surface: Dry / Wet

Police report: Yes / No Video Footage: Yes / No

Prosecution Letter: Yes / No If Yes against whom:

Passenger (incl. Driver): 1 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes / No	Yes / No
		Yes / No	Yes / No

Vehicle no: SHD3501K

Driver name:

NRIC / FIN no.:

Contact no.:

Insurance Co.:

Remarks:

Witness, Victim, Passenger property info to file

Claim Type: Car Damage / Third Party / Rep (circled) Policyholder/

Workshop: Signature:

Motor Private Car

MX1E

R SN

AN0325A

Cov Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules 1997
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No	DMPCSNW00192562203	Engine No. 160707W0374204DTD	
		Cha. No. SAJAB4AN5HCP01080	
1. Index Mark and Registration Number of Vehicle	SLF6189B		
2. Name of Policy Holder	ONG THIAM HUAT		
3. Effective date of the Commencement of insurance for the purposes of the Regulations Ordinance or Enactment	31/08/2022 (00:00:00)	Named Drivers Ex Sect. I	SS1,350.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4. Date of Expiry of Insurance	30/08/2023	Age as at date of accident	
		EX ON WINDSCREEN	SS100.00
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 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: **Zhang YueQiang**
Authorised Officer



Authorised Signatory