

NATIONAL Assessment Centre Services

Date: 08/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CT/23004682/d4	E-mail (within 2hrs, A/P 2hrs):		
Veh No: 8KE 8383K	I-Motor Claim Form		
DOA: 08/05/2023 10:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VLCS		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLG 9996M	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% P: 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	Action

NA2301341	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idag 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: Idag Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	08/05/2023 13:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/05/2023 10:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG EAST DRIVE BESIDE BLK 116B HDB RIVERVALE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8383K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NICHOLAS NEO CHEE KIONG
NRIC No	SXXXX655E
Email Address	nck9366@yahoo.com.sg
Mobile Phone No	(Phone) +65-90669366
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00270432202

DRIVER

Name of Driver	NICHOLAS NEO CHEE KIONG
NRIC No	SXXXX655E
Date Of Birth	28/05/1974
Occupation	Indoor



Date Of Driving Pass	15/10/1996
Driving experience	26 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90669366
Alt. Phone Number	-
Email Address	nck9366@yahoo.com.sg
Address	21 PUNGGOL FIELD WALK
Address complement	# 09-16
Postcode	828749
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9996M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG HONG AIK

Contact Number	(Phone) +65-91110325
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	NICHOLAS NEO CHEE KIONG
Gender	Male
Phone No	(Phone) +65-90669366
Address	21 PUNGGOL FIELD WALK
Address Complement	# 09-16
Post Code	828749
Approximate Age Years Old	-
Injuries Sustained	BODYPAIN
Injured person in which vehicle?	SKE8383K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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.

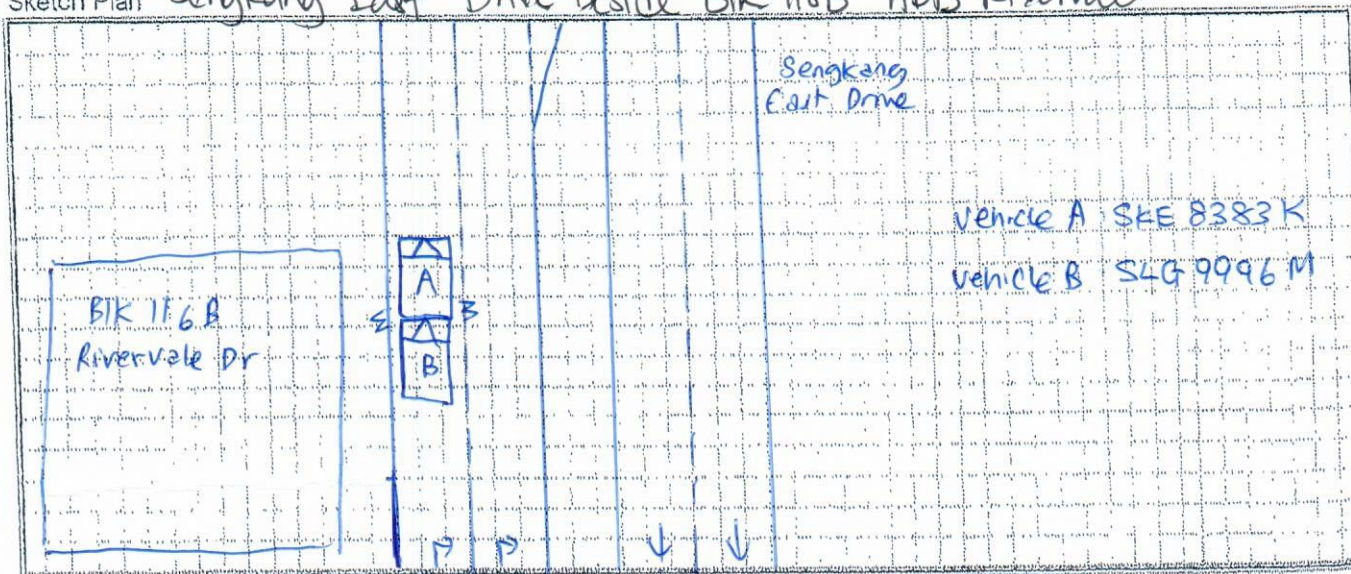
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sengkang East Drive Beside BIK 116B HDB Rivervale.



Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle
(SKE 8383K) along Sengkang East Pr on the left
lane of a 2 lane Rd. I slowed down & stopped
my vehicle due to traffic beside BIK 116B Riverside Dr.
while waiting for traffic, vehicle B (SLG 9996M) suddenly
collided into the rear portion of my vehicle.

Declaration

I/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

 8/5/2023

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

VEHICLE NO:	SKE 8383 K		MAKE & MODEL	Mercedes C180	AUTO / MANUAL
DATE OF ACCIDENT:	08 / 05 / 2023		CC:	1-6	
TIME OF ACCIDENT:	1040 HRS				
LOCATION OF ACCIDENT:	Sengkang East Drive Beside Bk 116B HDB Riverside				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Nicholas Neo Chee Kiong				
TEL NO:	H/P: 9066 9366		OFFICE:	HOME:	
NRIC:	S741 6655 E				
ADDRESS:	21 Punggol Field Walk #09-16 S 828749				
EMAIL:	NCK9366@yahoo.com.sg				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	DMPCSNW00270432202				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	as above		ANY PASSENGER:	N/A	
DATE OF BIRTH:	28 / 05 / 1974		LICENCE PASSED DATE:	15 / 10 / 1996	
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: as above		OFFICE:	HOME:	
ADDRESS:	as above				
EMAIL:	as above				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO, IF YES, WHO? Body Pain				
NAME & CONTACT:	Nicholas Neo Chee Kiong (9066 9366)				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLG 9996 M		ANY PASSENGERS:	N/A	
NAME OF DRIVER:	Ong Hong Ark (S13269362)		CONTACT NO:	9111 0325	
VEHICLE C REG NO:	ANY PASSENGERS:				
VEHICLE D REG NO:	ANY PASSENGERS:				
VEHICLE E REG NO:	ANY PASSENGERS:				
VEHICLE F REG NO:	ANY PASSENGERS:				
VEHICLE G REG NO:	ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:				
WAS THERE ANY VIDEO CAPTURE?	YES / NO Retrieving				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Rear Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Steve 8321 5151				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

Motor Private Car

CERTIFICATE OF INSURANCEMotor 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

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AN0634A

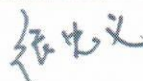
Cov. Type:C

CERTIFICATE No.	DMPCSNW00270432202	Engine No.: 27491030736910 Cha. No.: WDD2050402R218241
1. Index Mark and Registration Number of Vehicle	SKE8383K	AUTOSAFE *****
2. Name of Policy Holder	NICHOLAS NEO CHEE KIONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment	05/12/2022	Named Drivers Ex Sect. I SS500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 SS3,000.00 Ex Sect. I - Age >= 26 SS500.00 * Age as at date of accident EX ON WINDSCREEN . SS100.00
4. Date of Expiry of Insurance	04/12/2023	
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.		
HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) 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: JETSPRINT AUTO ENTERPRISES
Authorised Officer

Authorised Signatory