

NATIONAL Assessment Centre Services

Date: 17/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/C1123005052/04	E-mail (within 3hrs, A/P 2hrs):		
Veh No: SMX 67264	I-Motor Claim Form:		
DOA: 16/05/2023 14:20	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/Wksp:		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBL 1923T	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

NA2301463	Invoice Preparation Checklist	Amf (\$)	Amf
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) NI: Idao 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: Idao 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	17/05/2023 11:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/05/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW UPPER CHANGI ROAD TOWARDS CHANGI ROAD AFTER APSN KATONG SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX6726U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BENSON OH BOON TECK
NRIC No	SXXXX061A
Email Address	BENSONOHBOT@GMAIL.COM
Mobile Phone No	(Phone) +65-97507686
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00000542301

DRIVER

Name of Driver	BENSON OH BOON TECK
NRIC No	SXXXX061A
Date Of Birth	04/10/1982



Occupation	Outdoor
Date Of Driving Pass	26/08/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97507686
Alt. Phone Number	-
Email Address	BENSONOHBOT@GMAIL.COM
Address	653A JURONG WEST STREET 61
Address complement	# 09-436
Postcode	641653
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 WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL1923T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MOHAMAD FAIZAL BIN MOHAMAD YUSOFF
Contact Number	(Phone) +65-88082587
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	BENSON OH BOON TECK
Gender	Male
Phone No	(Phone) +65-97507686
Address	653A JURONG WEST STREET 61
Address Complement	# 09-436
Post Code	641653
Approximate Age Years Old	-
Injuries Sustained	NECK,BACK AND HEADACHE
Injured person in which vehicle?	SMX6726U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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. 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)

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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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

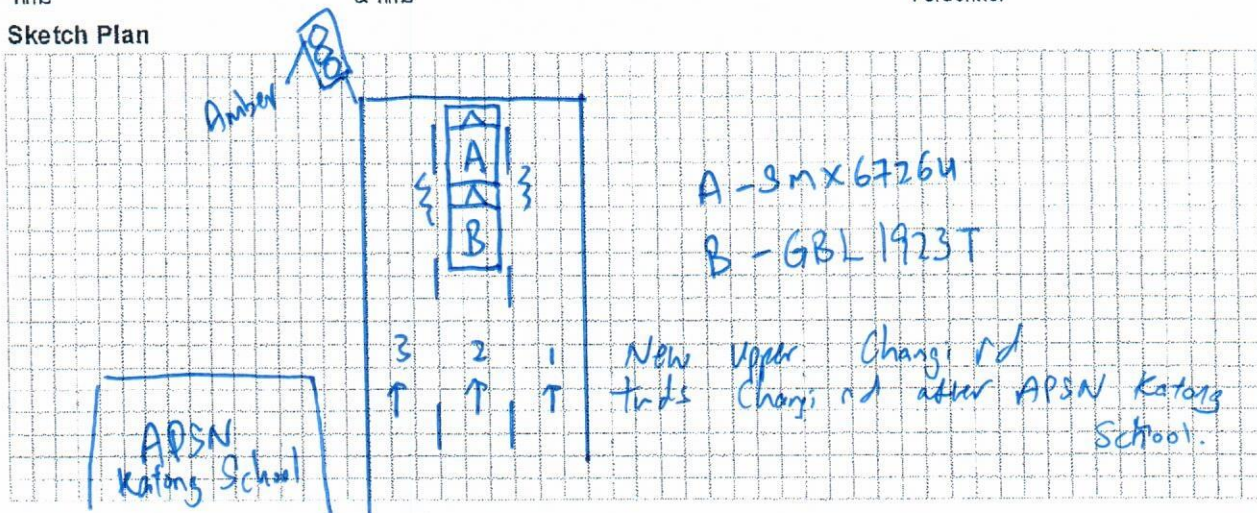
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstance of the Accident

As per above date and time, I was driving
3MX6726U along New Upper Changi rd
towards Changi rd on the center lane.
Somewhere after APSN Katong School, traffic light
ahead turned Amber. As such, I applied
brake and stopped accordingly. Out of sudden,
I felt a huge impact from the rear.
I alighted and discovered Vch (B) GBL1923T
front portion collided onto my vehicle rear
portion.

Declaration

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

x Hullende
Policyholder's Signature / Date & Time

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

gmmml 17/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	Smx6726u		
DATE OF ACCIDENT:	16/05/23		AUTO / MANUAL
TIME OF ACCIDENT:	14:20	HRS	CC: 1.8
LOCATION OF ACCIDENT:	New Upper Changi rd fnd Changi rd after APSN		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER:	Benson Oh Boon Teck		
TEL NO:	H/P: 9750 7686	OFFICE:	HOME:
NRIC:	8823 6061A		
ADDRESS:	653A Jurong West Str 61 #09-436 (S) 641653		
EMAIL:	BENSONOHBT@gmail.com		
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:	DMHCSNA00000542301		
NAME OF DRIVER:	AS ABOVE / IF NO:		
NRIC:	As above		
DATE OF BIRTH:	04/10/1982	ANY PASSENGER:	N.A.
OCCUPATION:	OUTDOOR / INDOOR	LICENCE PASSED DATE:	26/08/2004
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:		
RELATIONSHIP:	Owner		
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:		
ROAD SURFACE:	DRY / WET / OTHER:		
ANY INJURIES:	NO / IF YES, WHO? Neck Back headache		
NAME & CONTACT:	Benson Oh Boon Teck, 9750 7686		
NAME & CONTACT:			
POLICE REPORT:	NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B REG NO:	GBL1923T		
NAME OF DRIVER:	Mohamad Faizal Bin		
VEHICLE C REG NO:	Mohamad Yusoff		
VEHICLE D REG NO:	ANY PASSENGERS:		
VEHICLE E REG NO:	CONTACT NO: 8808 2527		
VEHICLE F REG NO:	ANY PASSENGERS:		
VEHICLE G REG NO:	ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	ANY PASSENGERS:		
WAS THERE ANY VIDEO CAPTURE?	WITNESS CONTACT:		
WAS THERE ANY AUDIO RECORDED?	YES / NO With Whisp		
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:	Tencent Automotive Pte Ltd		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	Jun Ming		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		

Motor Hire Car

MZ406L/B

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)

R SN

AN0621A

Cov. Type:C

CERTIFICATE No.	DMHCSNA00000542301	Engine No.: 2ZR2F93289
		Cha. No.: ZWR800421826
1. Index Mark and Registration Number of Vehicle	SMX6726U	AUTOSAFE =====
2. Name of Policy Holder	BENSON OH BOON TECK	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/01/2023 (00:00:00)	Excess Sect I . S\$1,250.00 Excess Sect. I (Outside Singapore) S\$2,500.00 Excess Sect. II S\$1,250.00 Excess Sect.II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN . S\$100.00
4. Date of Expiry of Insurance	24/01/2024	
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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. BENSON OH BOON TECK	
6. Limitations as to use:*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	

** 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: _____
B2B-Name
Authorised Officer

Authorised SignatoryChina 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