

# NATIONAL Assessment Centre Services

Date: 26/05/2023	Job description	Date & Time Completed	Done by
RefNO NA/C1/23005374/04	SAS e-filing		
VehNo SGD 8699C	E-mail (within 2hrs, A/C 2hrs)		
DOA 26/05/2023	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/Vlcs		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLJ 8376T.

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 6610)

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

NA2301556

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments

Call 1:

Call 2/3:

Invoice Preparation Checklist

Amc (S) :  
Adc

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

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: Idno 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: Idno Mobile \$0

Invoice date/

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	26/05/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/05/2023 11:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	10 CIRCUIT LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8699C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN ENG HOE @ CHUA ENG HOE
Company Reg No	SXXXX794I
Email Address	terencetph@gmail.com
Mobile Phone No	(Phone) +65-90880033
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q70
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	2496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00175912200

#### DRIVER

Name of Driver	TAN ENG HOE @ CHUA ENG HOE
Company Reg No	SXXXX794I
Date Of Birth	23/05/1950
Occupation	Outdoor



Date Of Driving Pass	02/08/1968
Driving experience	54 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90880033
Alt. Phone Number	-
Email Address	terencetph@gmail.com
Address	APT BLK 423 BUKIT BATOK WEST AVENUE 2
Address complement	# 04-135
Postcode	650423
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)	2
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	-

#### PASSENGER 1

Name	TAN PENG HERNG TERENCE
Gender	Male

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ8376T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA KIAN WEI , WILLIAM
NRIC No	SXXXX410J
Contact Number	(Phone) +65-93497343
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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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)

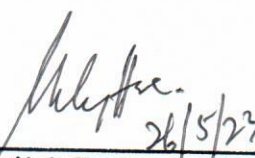
I understand, acknowledge, agree and consent that:

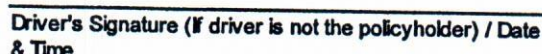
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

#### Sketch Plan

10 Circuit Link

Pls Refer to the attached

A- SED 8699 C

B- SLS 83767



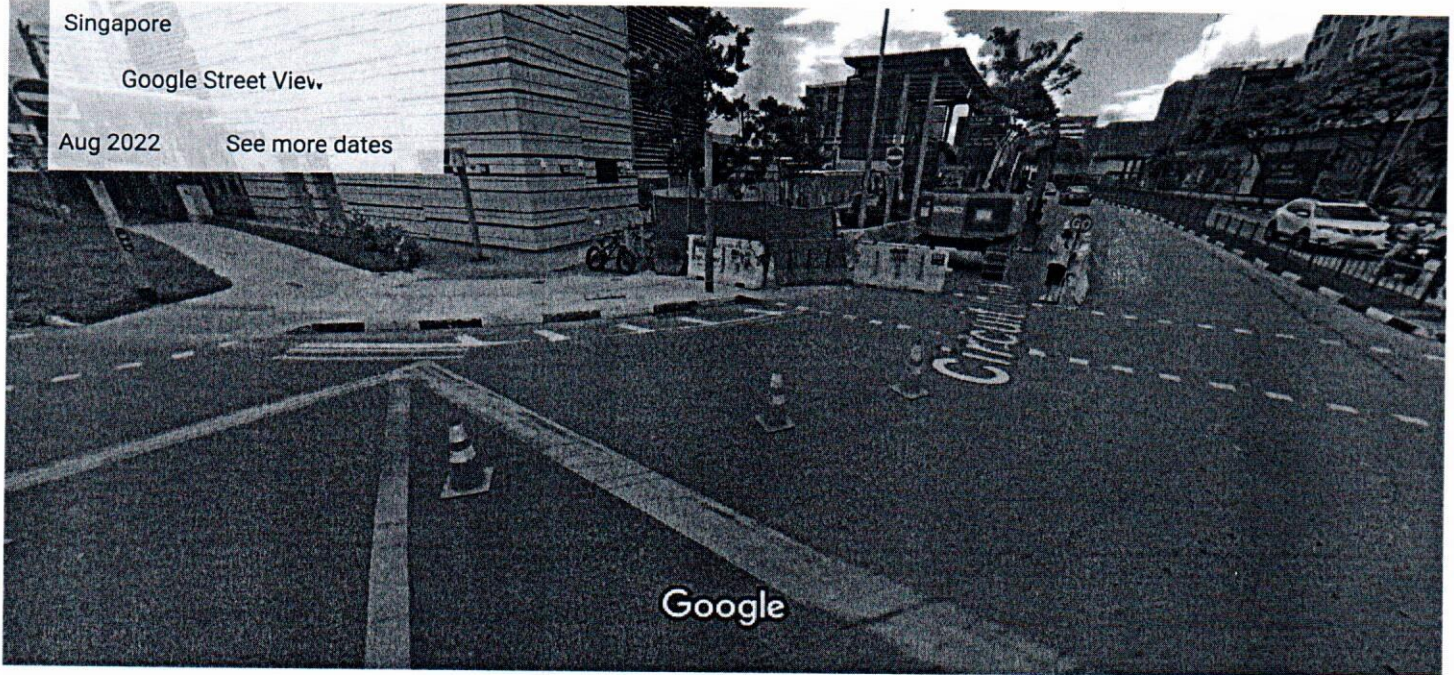
# Google Maps 10 Circuit Link

Singapore

Google Street View

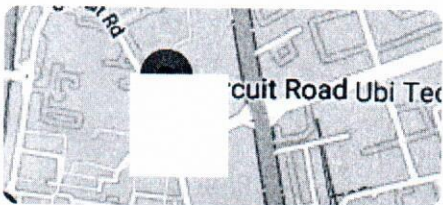
Aug 2022

See more dates

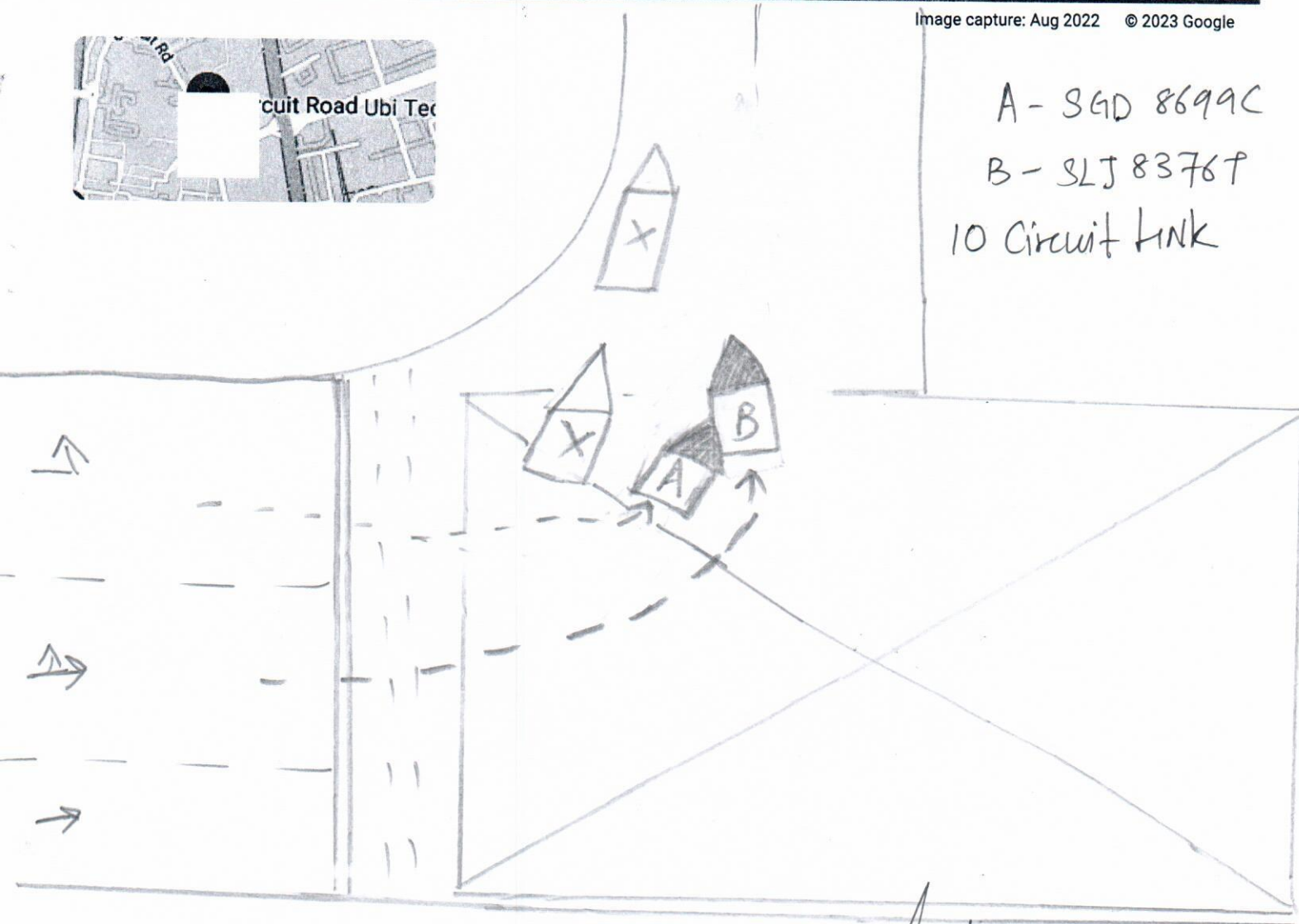


Google

Image capture: Aug 2022 © 2023 Google



A - SGD 8699C  
 B - SLJ 8376T  
 10 Circuit Link



*Julyfar*  
 26/5/23



**Describe Circumstance of the Accident**

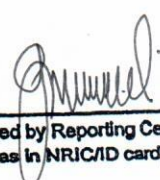
On the above stated date and time, I was travelling along 10 Circuit Link. I was on the third lane which is the turning lane to the left side. It was slightly traffic jam. As the traffic jam slowly starts to move off, I checked my right side to filter to the right and there was no oncoming vehicle on the right so I signalled and made the turning. Suddenly vehicle B came from the right side turning and hit the right side front bumper of mine. His left side rear door hit the front right side bumper of mine.

**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

 26/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 26/05/2023	TIME OF ACCIDENT: 11:27 a.m
VEHICLE NO: SGD 8699C	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Infiniti / Q70 2.5	LOCATION: 10 circuit link
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICY NO: DMPCS NW00175912200
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Tan Eng Hoe @ Chua Eng Hoe	NRIC: S0137794I
ADDRESS: Apt Blk 423 Bukit Barok West Ave 2 # 04-135, S 650423	CONTACT NO: 90880033
EMAIL ADDRESS: terencefph@gmail.com	VIDEO RECORDING: YES / NO
NAME OF DRIVER: AS ABOVE / IF NO:	NRIC: CONTACT NO:
DRIVER OWNER RELATIONSHIP: owner	PASSENGER: 1 MALE (✓) FEMALE ( ) Tan Peng Heng Terence
DATE OF BIRTH: 23 / 05 / 1950	DRIVING PASSING DATE: 02/08 / 1968
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES: NO, IF YES:	POLICE REPORT: NO / IF YES WHERE?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: SLJ 8376T	VEHICLE C REG NO:
DRIVER NAME: Chua Kian wei, William	DRIVER NAME:
NRIC: S8541410J	NRIC:
CONTACT: 9349 7343	CONTACT:
VEHICLE D REG NO:	ANY WITNESS? NO, IF YES:
DRIVER NAME:	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO





Motor Private Car

MX1F

N SN

AN0586A

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.

DMPCSNW00175912200

Engine No.: VQ25884012A

Cha. No.: JN1BCAY51Z0490039

1. Index Mark and Registration  
Number of Vehicle

SGD8699C

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

TAN ENG HOE @ CHUA ENG HOE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

29/07/2022  
(00:00:00)

Named Drivers Ex Sect. I

\$\$\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$\$3,000.00

Ex Sect. I - Age >= 26

\$\$\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

\$\$\$350.00

4. Date of Expiry of Insurance

28/07/2023

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 \$500 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By: GENERAL INSURANCE AGENCY PTE LTD  
Authorised Officer