

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 31/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1/23005549/d4	SAS e-filing		
Veh No: SKP 9409G	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 30/05/2023 17:30	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMV 826p	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

NA 2301621	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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: Idac Mobile \$30			
	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	31/05/2023 15:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS BKE SENJA EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9409G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEY CHEE KEONG
NRIC No	SXXXX833A
Email Address	Alex841106@hotmail.com
Mobile Phone No	(Phone) +65-98233643
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00250292204

#### DRIVER

Name of Driver	TEY CHEE KEONG
NRIC No	SXXXX833A
Date Of Birth	06/11/1984
Occupation	Indoor

Date Of Driving Pass	29/08/2013
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98233643
Alt. Phone Number	-
Email Address	Alex841106@hotmail.com
Address	APT BLK 327C ANCHORVALE ROAD
Address complement	# 03-300
Postcode	543327
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 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	SMV826P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX186F

Contact Number	.....	(Phone) +65-81233832
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

- 1 - Please report correctly the details of the accident to speed up the claims process.
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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 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.

*[Signature]* 31/5/23

Policyholder's Signature / Date & Time

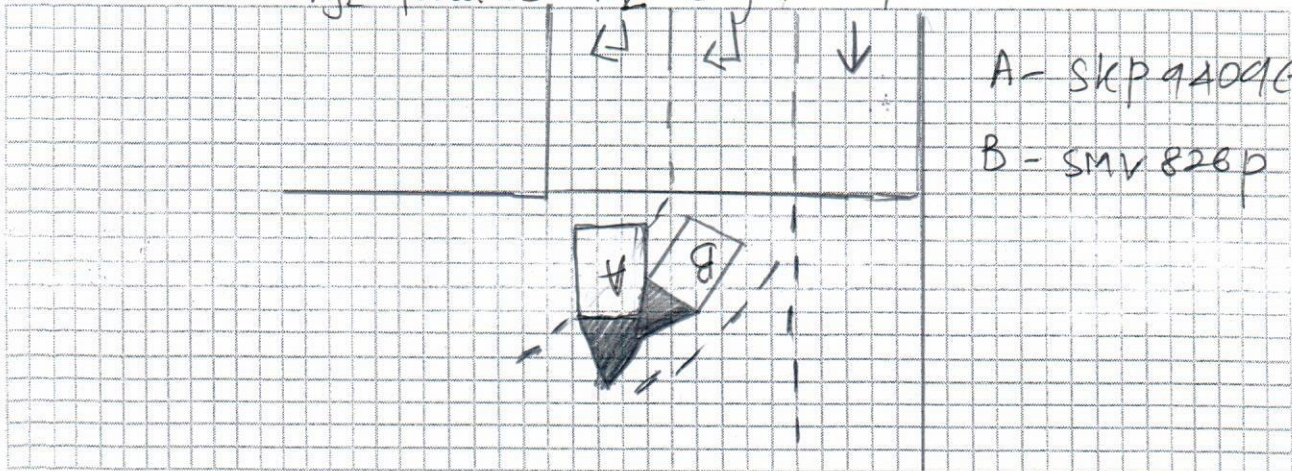
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 31/5/2023

Witnessed by Reporting Centre Personnel

#### Sketch Plan

KJE towards BKE senja exit






**Describe Circumstance of the Accident**

On the above stated date and time, I was driving along KJE towards Bke senja exit. I was on the extreme right turning to right lane. I was suppose to turn right but I heard straight and vehicle B was on the second lane which is turning to right as well. so as vehicle B turns and I went straight which makes her vehicle to hit the left portion of my vehicle.

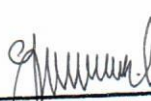
**Declaration**

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

 31/5/23

Policyholder's Signature / Date & Time

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

 31/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/05/2023	TIME OF ACCIDENT : 17:30 pm
VEHICLE NO : SKP 94099	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Mazda 5	LOCATION : KJE towards Bke Senja exit
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY : China Taiping	POLICY NO : DMPCSNAA00250292204
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : <u>(SALOON)</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Tey Chee Keong	NRIC : 88463833A
ADDRESS : Apt Blk 327C Anchorvale Road # 03-300, S 543327	CONTACT NO : 9823 3643
EMAIL ADDRESS : Alex841106@hotmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : <u>                    </u> CONTACT NO : <u>                    </u>
DRIVER OWNER RELATIONSHIP : <u>owner</u>	PASSENGER : <u>0</u> MALE ( ) FEMALE ( )
DATE OF BIRTH : 06/11 / 1984	DRIVING PASSING DATE : 29/08 / 2013
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : <u>                    </u>
ANY INJURIES : NO, IF YES : <u>                    </u>	POLICE REPORT : <u>NO</u> / IF YES WHERE ? <u>                    </u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SMY 826P</u>	VEHICLE C REG NO : <u>                    </u>
DRIVER NAME : <u>                    </u>	DRIVER NAME : <u>                    </u>
NRIC : <u>87422186F</u>	NRIC : <u>                    </u>
CONTACT : <u>8123 3832</u>	CONTACT : <u>                    </u>
VEHICLE D REG NO : <u>                    </u>	ANY WITNESS ? NO, IF YES :
DRIVER NAME : <u>                    </u>	NAME : <u>                    </u>
NRIC : <u>                    </u>	CONTACT : <u>                    </u>
CONTACT : <u>                    </u>	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / <u>NO</u> ) IF YES, AGAINST WHOM : <u>                    </u>	WERE SEAT BELTS WORN ? : YES / <u>NO</u> WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

### CERTIFICATE OF INSURANCE

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

MX1F

R SN

AN0132A

Cov. Type: C

CERTIFICATE No.

DMPCNA00250292204

Engine No.: PE30679909

Cha. No.: JM6CW1071F0119746

1. Index Mark and Registration  
Number of Vehicle

SKP8409G

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

TEY CHEE KEONG

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

12/11/2022  
(00:00:00)

Named Drivers Ex Sect. I \$S750.00  
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

4. Date of Expiry of Insurance

11/11/2023

\* Age as at date of accident  
EX ON WINDSCREEN \$S100.00

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 \$S500 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.: LAKE VIEW CREDIT PTE LTD AS HP OWNER

\* 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:

Ho Li Hwa Irene

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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