

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 07/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT1230058391	SAS e-filing		
Veh No: SLA1526X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/2023	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SJV5255P 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Ar
NA2301675	1) AR : Accident Reporting (\$30);		Ad
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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	07/06/2023 14:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/06/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF BISHAN STREET 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1526X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG ENG HUAT (WANG RONG FA)
NRIC No	SXXXX937D
Email Address	ALFREDONG5011@GMAIL.COM
Mobile Phone No	(Phone) +65-98755568
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	DMPCSNW00180762201

DRIVER

Name of Driver	ONG ENG HUAT (WANG RONG FA)
NRIC No	SXXXX937D
Date Of Birth	05/06/1980
Occupation	Indoor

Date Of Driving Pass	23/09/1999
Driving experience	23 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98755568
Alt. Phone Number	-
Email Address	ALFREDONG5011@GMAIL.COM
Address	APT BLK 29 GHIM MOH LINK #26-326
Address complement	-
Postcode	S270029
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?	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	SJV5255P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91167588

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Google Maps Bishan Street 21

Slip Road of Bishan street 21

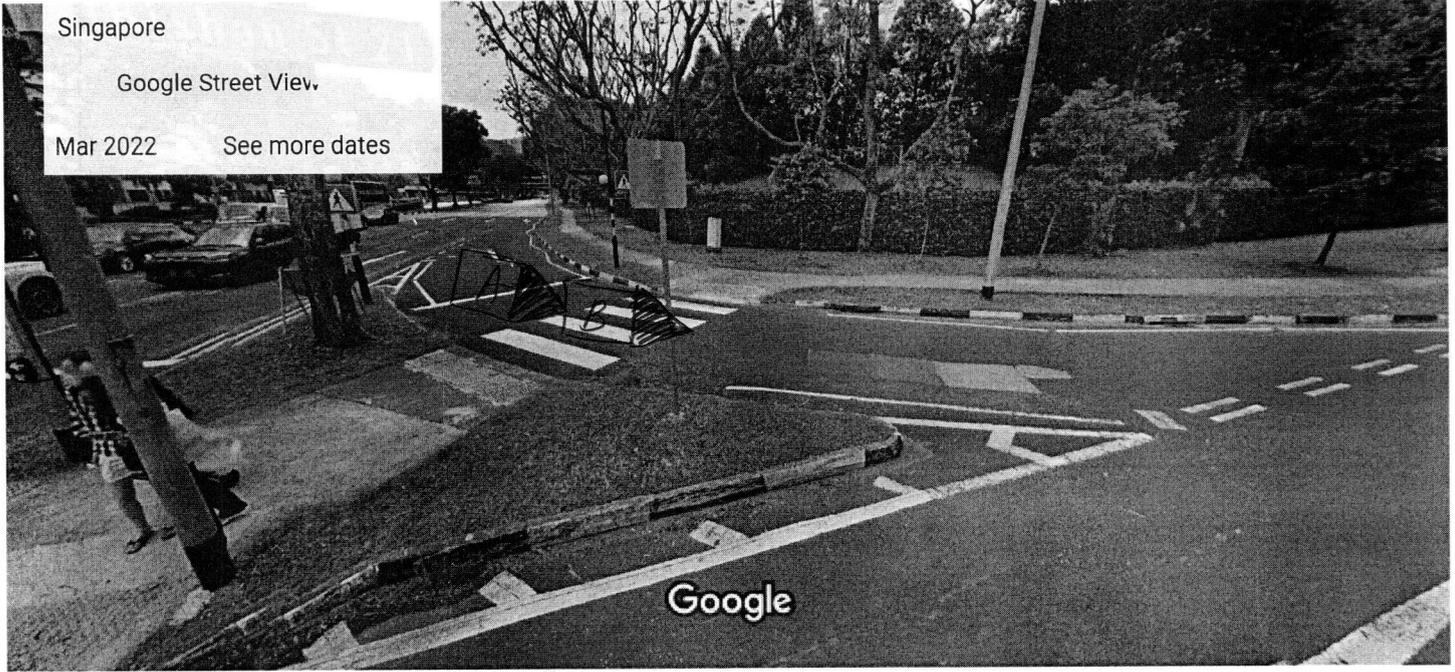
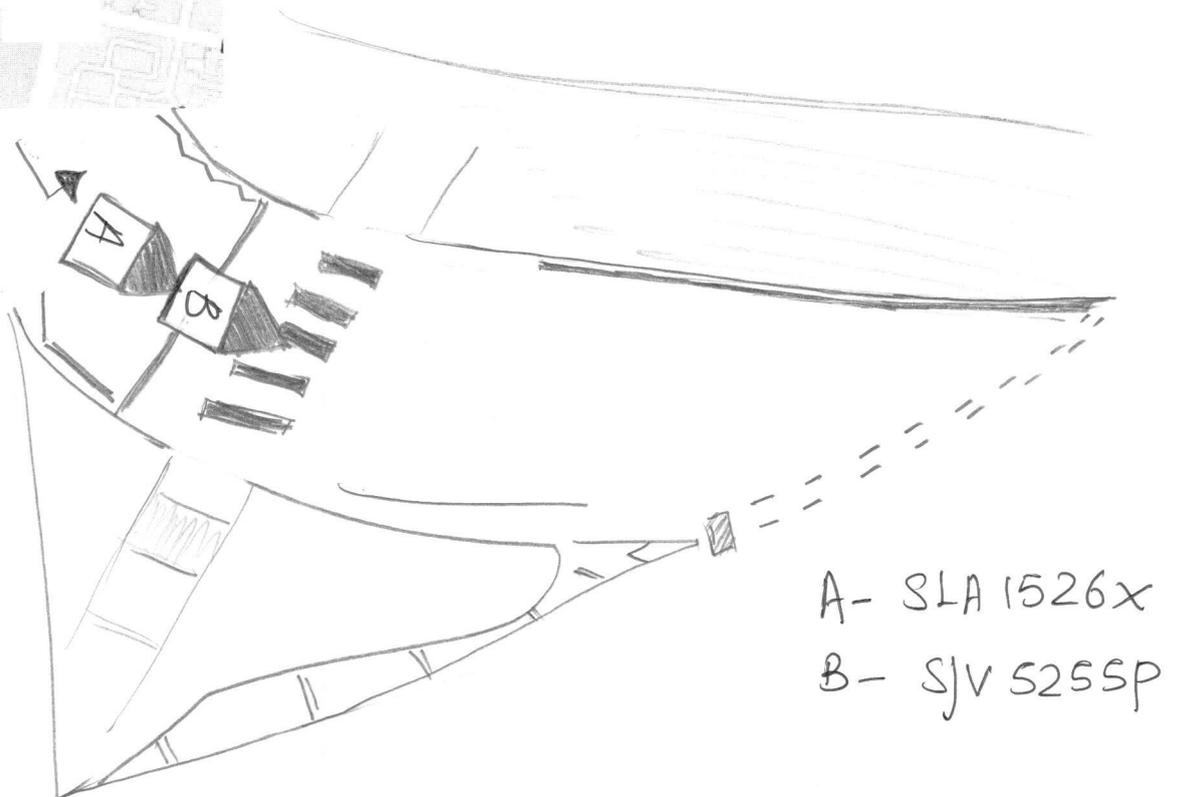


Image capture: Mar 2022 © 2023 Google



A- SLA 1526x
 B- SJV 5255P

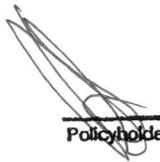
7/6/23

Describe Circumstance of the Accident

on the above stated date and time, I was driving along the slip road of Bishop Street at vehicle B was in front of me. Suddenly vehicle B jam brake and I follow suit but I was unable to brake on time and I hit the rear portion of vehicle B.

Declaration

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



7/6/23

Policyholder's Signature / Date & Time

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



7/6/23

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

SKETCH PLAN

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 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)**

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;

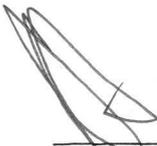
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

 7/6/23
Policyholder's Signature / Date & Time

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

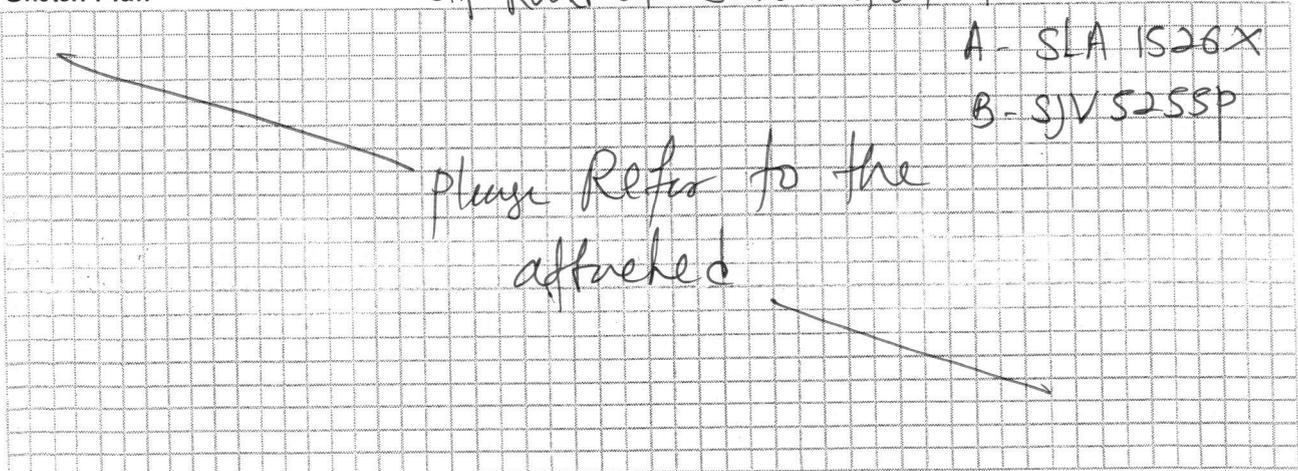
 7/6/23
Witnessed by Reporting Centre Personnel

Sketch Plan

Slip Road of Brasen Street 21

A - SLA 1526X
B - SJV 5255P

Please Refer to the attached



IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 06/06/2023	TIME OF ACCIDENT: 15:00 pm
VEHICLE NO: SLA 1526X	TRANSMISSION: <u>AUTO</u> / MANUAL
MAKE & MODEL: Nissan Qashqai	LOCATION: Slip Road of Bishan st. 21
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY: china Taiping	POLICY NO: DMPCSNW 00180762201
TYPE OF COVERAGE: <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (<u>SALOON</u> / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Ong Eng Huet (wang rong fu)	NRIC: 88015937D
ADDRESS: Apt B1k 29 Ghim Moh Link # 26-326, S270029	CONTACT NO: 98755568
EMAIL ADDRESS: alfredong5011@gmail.com	VIDEO RECORDING: YES / <u>NO</u>
NAME OF DRIVER: <u>AS ABOVE</u> / IF NO: _____	NRIC: _____ CONTACT NO: _____
DRIVER OWNER RELATIONSHIP: <u>owner</u>	PASSENGER: 0 MALE () FEMALE ()
DATE OF BIRTH: 05/06/1980	DRIVING PASSING DATE: 23/09/1999
OCCUPATION: <u>INDOOR</u> / OUTDOOR	ADDRESS: _____
ANY INJURIES: <u>NO</u> , IF YES: _____	POLICE REPORT: <u>NO</u> / IF YES WHERE? _____
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: <u>sjv 5255p</u>	VEHICLE C REG NO: _____
DRIVER NAME: _____	DRIVER NAME: _____
NRIC: _____	NRIC: _____
CONTACT: <u>91167588</u>	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? <u>NO</u> , IF YES: _____
DRIVER NAME: _____	NAME: _____
NRIC: _____	CONTACT: _____
CONTACT: _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN? : <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

