

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Shri 2280007

Date In: 20/06/2023 17:51	Job description	Date & Time Completed	Done by
Ref No: NIA2801825	SAS e-filing		
Veh No: SAV, 2812L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/06/2023 03:00	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SAH 1496E 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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt
			1st Bill	Add
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 2 / 3:	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	20/06/2023 17:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/06/2023 03:00 (SGT)
Exact Location of Accident	Singapore Marina Bay Sands Hotel, Singapore
Additional Location Information	DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV2812L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO HWEE KHOON
NRIC No	SXXXX975E
Email Address	aimuay888@gmail.com
Mobile Phone No	(Phone) +65-91604059
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00274782201

DRIVER

Name of Driver	KHOO HWEE KHOON
NRIC No	SXXXX975E
Date Of Birth	01/03/1962
Occupation	Indoor

Date Of Driving Pass	01/09/1981
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91604059
Alt. Phone Number	-
Email Address	aimuay888@gmail.com
Address	BLK 413 PANDAN GARDENS #18-133
Address complement	-
Postcode	600413
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)	0
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 SKETCH PLAN

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	SHD1496E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

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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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 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;

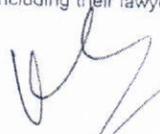
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(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")

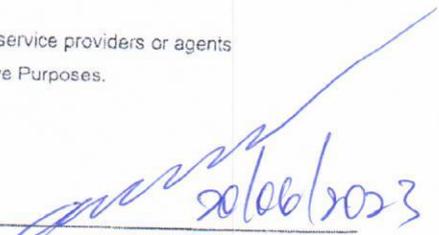
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



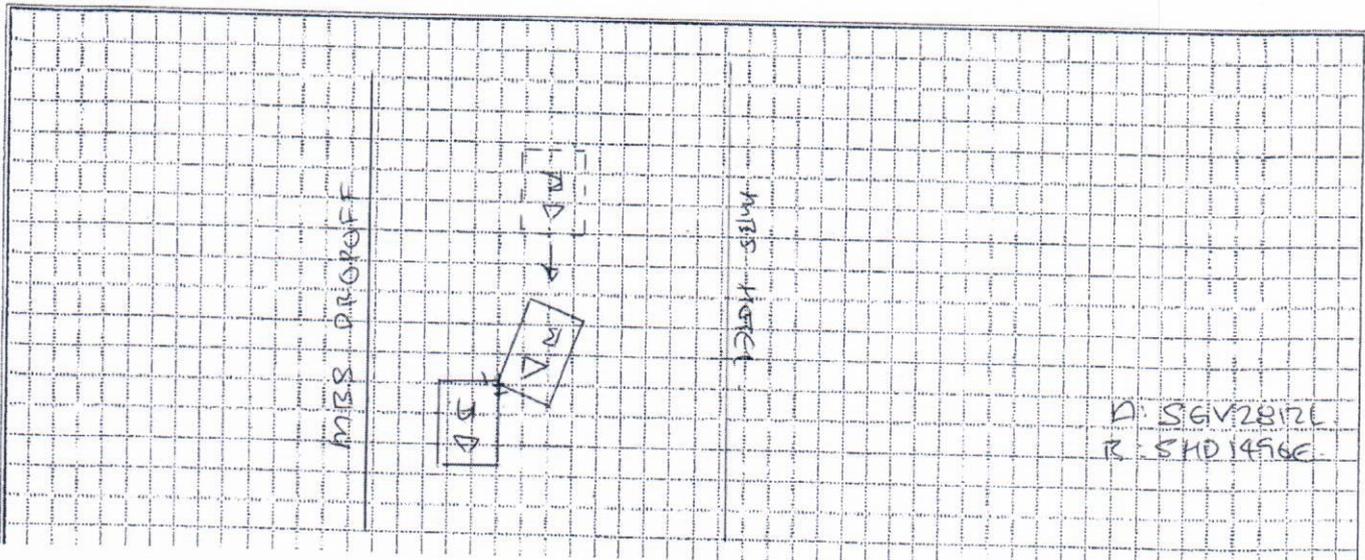
Policyholder's Signature / Date & Time

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


20/06/2023

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

Sketch Plan



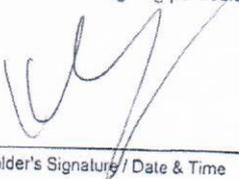
Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, MY VEHICLE
WAS PARCED.

OUT OF NOWHERE, VEH R COLLIDED ONTO
MY VEHICLE'S LEFT AND REAR PORTION.

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


20/06/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: SGV 282L

MAKE & MODEL: MERC S700

AUTO / MANUAL
C.C.

DATE OF ACCIDENT	<u>18 / 06 / 23</u>
TIME OF ACCIDENT	<u>0300</u> <u>AM</u> / PM
LOCATION OF ACCIDENT	<u>MRS DROPOFF</u>
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE <u>PARKED</u>
NAME OF OWNER	<u>KHO HLEE KHON</u>
EMAIL	<u>AIMUAY888@gmail.com</u>
NRIC	<u>S1520975C</u>
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>
FLEET POLICY	<u>YES</u> / NO?
INCURENCE CO.	<u>CN THING</u>
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>
POLICY NO.	<u>DHPCSN400274782201</u>
NAME OF DRIVER	<u>AS ABOVE / IF NO: "</u>
NRIC	<u>"</u>
DATE OF BIRTH	<u>01 / 03 / 62</u>
ANY PASSENGER	<u>YES</u> / NO: <u>NOBODY IN CAR</u>
NAME OF PASSENGER	<u>-</u>
GENDER OF PASSENGER	<u>MALE</u> / FEMALE
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>
DATE OF DRIVING PASS	<u>01 / 09 / 81</u>
GENDER	<u>MALE</u> / FEMALE
CONTACT NO.	Mobile: <u>9160 4059</u> Office: Home:
EMAIL	<u>AIMUAY888@gmail.com</u>
ADDRESS	<u>413 PANDAN GARDENS #18-133 S(600 413)</u>
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE: <u>-</u>
RELATIONSHIP	Employee / If No: <u>SELF</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes, Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?
VEHICLE B NO.	<u>SHD1996E</u> Any Passenger: <u>UNKNOWN</u>
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>
WHO IS REPORTING	<u>DRIVER</u> / OWNER / <u>BOTH</u>
Original Language Used	<u>English</u> / Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>

Motor Private Car

MX1E

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)

R SN

AN0661A

Cov. Type:C

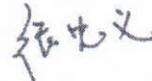
CERTIFICATE No.	DMPCSNW00274782201	Engine No.: 27294630642827	
		Cha. No.: WDD2211542A145485	
1. Index Mark and Registration Number of Vehicle	SGV2812L	AUTOSAFE =====	
2. Name of Policy Holder	KHOO HWEE KHOON		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/12/2022 (00:00:00)	Named Drivers Ex Sect. I	SS\$1,500.00
4. Date of Expiry of Insurance	10/12/2023	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
		* Age as at date of accident	
5. Persons or Classes of Persons entitled to drive*		EX ON WINDSCREEN .	SS\$100.00
(a) The Policyholder.			
(b) Any other person who is driving on the Policyholder's order or with his permission.			
<p>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.</p>			
6. Limitations as to use:*	<p>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.</p>		
<p>HIRE PURCHASE CO. : MAYBANK * 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.</p>			

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: GREATLINK INSURANCE AGENCY PTE
Authorised Officer



Authorised Signatory