

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SKF236N0002

Date In: 23/06/2023 09:50	Job description	Date & Time Completed	Done by
Ref No: NKA/C723006357/4	SAS e-filing		
Veh No: SKF 1188 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/06/2023 16:26	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: XE 8184P	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

NA2301853

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$)	Amf
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add
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		
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac 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	23/06/2023 09:50 (SGT)
Reported by	Actual Driver
Date of Accident	07/06/2023 16:36 (SGT)
Exact Location of Accident	8 Kaki Bukit Ave 4, Singapore 415874
Additional Location Information	PREMIER AT KAKI BUKIT #06-41
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF1188Z

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BESTAUTO MOTORING
Company Reg No	5XXXX388C
Email Address	reporting.gt@gmail.com
Mobile Phone No	(Phone) +65-85859495
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
Variant	
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1991

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00014542301

#### DRIVER

Name of Driver	ANDY TAN BOON YEW
NRIC No	SXXXX474E
Date Of Birth	10/09/1972
Occupation	Indoor

Date Of Driving Pass	26/01/1993
Driving experience	30 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85859495
Alt. Phone Number	-
Email Address	reporting.gt@gmail.com
Address	BLK 619C PUNGGOL DRIVE #16-759
Address complement	-
Postcode	822619
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Hit and run / Vandalism / Damaged whilst parked
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	XE8184P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

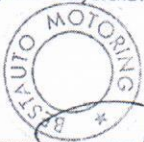
### IMPORTANT NOTICE

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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.



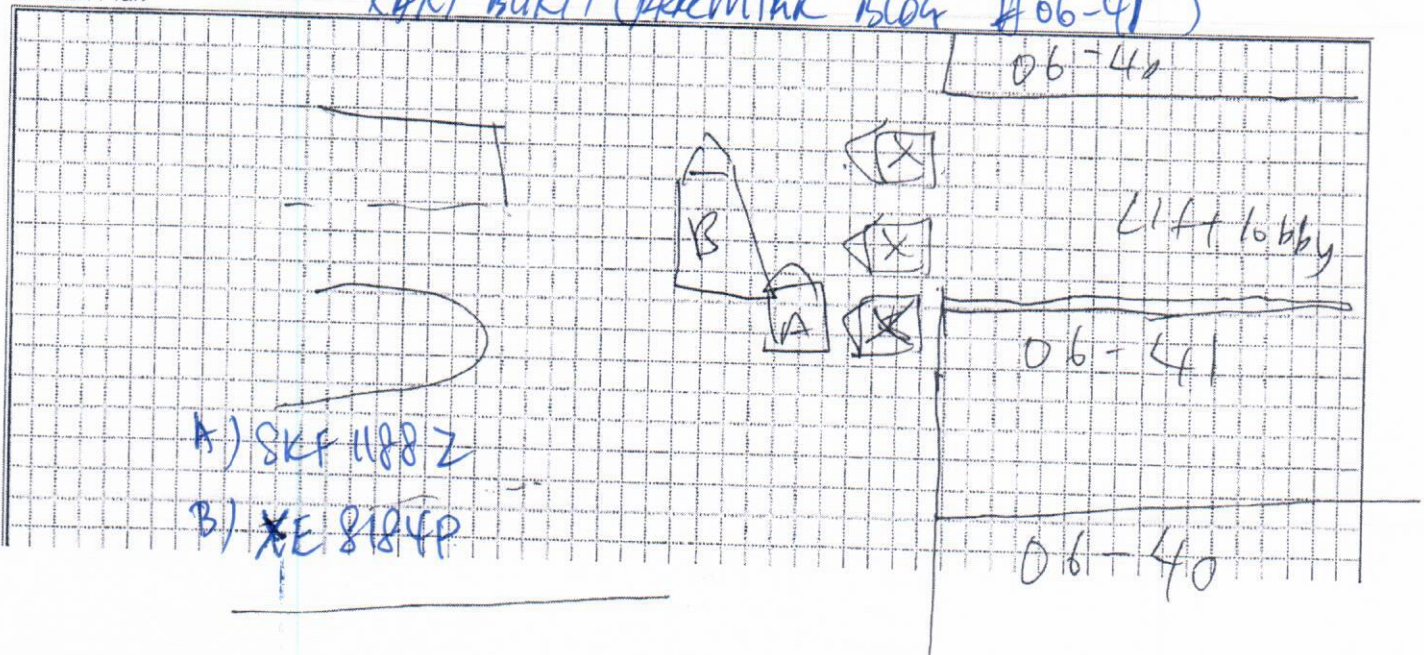
Policyholder's Signature / Date & Time

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

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

Sketch Plan

KAKI BUKIT (PREMIER) Bldg #06-41





Describe Circumstance of the Accident

my vehicle was parked outside my unit.  
vehicle B hit onto my vehicle & the driver  
came into my unit & inform me.

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

Witnessed by Reporting Centre Personnel

23/06/2023

(3)

Date of Accident : 7/6/23 Accident Time: 4:36pm (24-HR-FORMAT)

Accident Place : Kaki Bukit Pagar #06-41

Vehicle Reg. No (Car plate No.) : SKF11882 CC: 2000 Vehicle Make/Model: Merc GLC 250

Insurance Company : China Taiping Policy No. 0MPC82000014542301

Name of Registered Owner : Company / Individual Best Auto Motoring

ID of Registered Owner : Co Reg No: Owner's NRIC No: 53326388C

OWNER EMAIL ADDRESS:

reporting.gi@gmail.com : Co Contact No: Owner's Contact No: 85859495

DRIVER'S Name : Andy Tan Boon Yew DRIVER'S NRIC No: S7224474E

DRIVER'S Date of Birth : 10/9/1972 DRIVER'S License Pass Date 21/1/1993

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: self

DRIVER'S Address : 619C Punggol Drive #16-759

DRIVER'S Contact No./ Alt No. : 1) 85859495 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 0 Name & Gender: \_\_\_\_\_

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes(name of the injured person) \_\_\_\_\_

Other Party Driver's Particulars (if any)

Vehicle Reg No: XE 8184P Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_ Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_ IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_ DRIVER'S Contact & add: \_\_\_\_\_

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER \ BOTH





中国太平  
CHINA TAIPING

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

\$1578.75

Motor Private Car

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1967  
Road Transport Act 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

MX4E

R SN

AN0096A

Cov Type C

CERTIFICATE No.	DMPQSNV00014642301	Engine No.	27452031116548
1. Index Mark and Registration Number of Vehicle	SXT1188Z	Chassis No.	WDC2533462F324545
2. Name of Policy Holder	BESTAUTO MOTORING	AUTOSAFE	*****
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/01/2023 (00:00:00)	Named Drivers Ex. Sect. 1	\$5750.00
4. Date of Expiry of Insurance	24/01/2024	Additional Ex. Other than Named Drivers	
		Ex. Sect. 1 - Age < 25	\$33,000.00
		Ex. Sect. 1 - Age > 25	\$3500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$100.00

5. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with their 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 damage 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 \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRED PURCHASE CO. TECK WEI CREDIT PTE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Section 95 of the Road Transport Act 1967 (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 185) and Part IV of the Road Transport Act 1967 (Malaysia).

Please see reverse  
TECK WEI CREDIT PTE LTD  
Co. Reg. No. 200612300K For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 267995  
Issued By: TECK WEI CREDIT PTE LTD Tel: 6465 0022 Fax: 6465 0017  
Email: info@teckwei.com.sg  
Authorised Officer: [Signature]

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200268384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

IMPORTANT NOTICE