

NATIONAL Assessment Centre Services (wef 1 Jan 05)

2008236V0004

Date In: 23/06/2023 15:13	Job description	Date & Time Completed	Done by
Ref No: NBS/C7728006209/Y	SAS e-filing		
Veh No: SKF 42207	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/06/2023 09:00	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: SMF 3877G 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

*A2801858	Invoice Preparation Checklist		Am't (\$)	Am't
			1st Bill	Add
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
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)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 2 / 3:	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 \$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	23/06/2023 15:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/06/2023 09:00 (SGT)
Exact Location of Accident	Dorset Rd, Singapore
Additional Location Information	JUNCTION WITH DURHAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4220T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEONG JERN-LIN
NRIC No	SXXXX030I
Email Address	drleong@ascentent.com
Mobile Phone No	(Phone) +65-97585980
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ferrari
Model	ROMA BERLINETTA
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	3855

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00056262300

DRIVER

Name of Driver	LEONG JERN-LIN
NRIC No	SXXXX030I
Date Of Birth	22/04/1969
Occupation	Indoor

Date Of Driving Pass	03/06/1987
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-97585980
Alt. Phone Number	-
Email Address	drleong@ascentent.com
Address	11 RAGLAN GROVE
Address complement	-
Postcode	556260
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 - Change/cross lane
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF3877G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE CHER KEE

NRIC No	SXXXX925B
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

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 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]

[Signature]

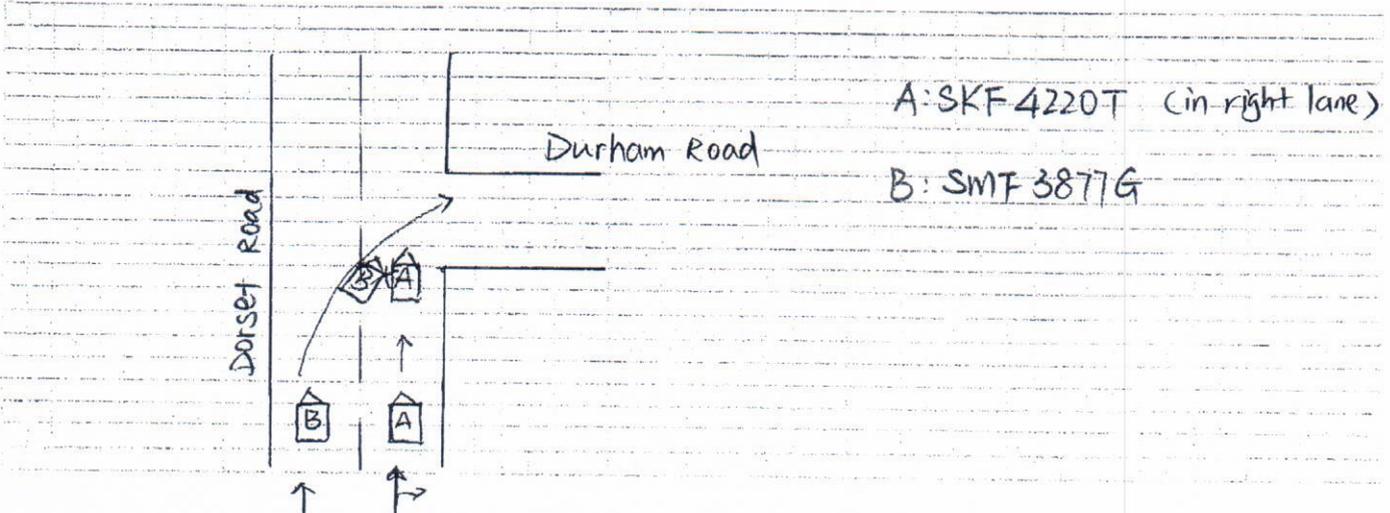
[Signature]
23/06/2023
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 23/06/2023 at about 9:00am at Dorset Road

I was driving along Dorset Road on the right lane. Suddenly the vehicle in the left lane SMF3877G started cutting into my lane, with the intention of turning into Durham Road. It then hit the left flank of my car SKF4220T.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]
23/06/2023
Witnessed by Reporting Centre Personnel

Date of Accident : 23/06/2023 Accident Time: 9am (24-HR-Format)
 Accident Place : Dorset Road & Durham Road
 Vehicle Reg. No. (Car Plate No.) : SKF4220T
 Vehicle Make/Model : Ferrari Roma
 Insurance Company : China Taiping Policy No. DMPCSNW00483822300
 Owner or Company Name /IC No. : Leong Jern-Lin S6998x030I
 Owner or Company Contact No. : _____ Owner's Hp 97585980 Company Tel _____
 DRIVER'S Name / IC No. : Leong Jern-Lin SXXXX030I
 DRIVER'S Date Of Birth : 22-APRIL-1968 DRIVER'S License Pass Date 03 Jun 1987
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 11 Raglan Grove Singapore 556260
 DRIVER'S Contact No./ Alt No. : 1) 97585980 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : drleong@ascentent.com
 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): 1
 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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMF3877G</u>	Vehicle Reg. No: _____
Vehicle Make\Model: <u>Mercedes</u>	Vehicle Make\Model: _____
Name Driver: <u>Lee Chor Kee</u>	Name Driver: _____
IC No. Driver: <u>S2657925B</u>	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Motor Private Car

MX1/B

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)

N SN

AN0569A

Cov. Type:C

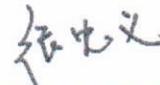
CERTIFICATE No.	DMPCSNW00056262300	Engine No.: F154BH516295	
		Cha. No.:ZFF98RNC000273936	
1. Index Mark and Registration Number of Vehicle	SKF4220T		
2. Name of Policy Holder	LEONG JERN- LIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/03/2023 (00:00:00)	Excess Sect I .	S\$24,000.00
		Excess Sect. I (Outside Singapore)	S\$48,000.00
4. Date of Expiry of Insurance	29/03/2024	EX ON WINDSCREEN .	S\$1,500.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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.		
	LEONG JERN- LIN LOH YU LI	KENJI LOH	
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.		
HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED <i>* 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>			

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: SUPREME INSURANCE SERVICES
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

www.sg.cntaiping.com