

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SN0823730001

Date In: 03/07/2023 08:35	Job description	Date & Time Completed	Done by
Ref No: N/A2301954/C1223006600/4	SAS e-filing		
Veh No: SNB 2232H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/06/2023 19:20	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:	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

N/A2301954/N/A2301954	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	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	

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	03/07/2023 08:35 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 19:30 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	SLIP ROAD TO KOVAN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB2232H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE BAN SING
NRIC No	SXXXX694Z
Email Address	leebansing@gmail.com
Mobile Phone No	(Phone) +65-94382560
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00072582302

DRIVER

Name of Driver	LEE BAN SING
NRIC No	SXXXX694Z
Date Of Birth	28/03/1989
Occupation	Indoor

Date Of Driving Pass	09/05/2008
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-94382560
Alt. Phone Number	-
Email Address	leebansing@gmail.com
Address	61 HILLSIDE DRIVE #03-01
Address complement	-
Postcode	549010
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 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	GBK6196Y
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-81335715

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 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.

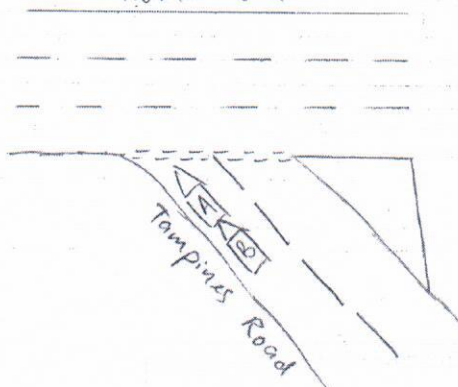
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Kovan Road



Vehicle A: SNB2232H

Vehicle B: GBK6196Y

Describe Circumstances of the Accident

At the stated date and time of accident, I was driving my vehicle A (SNB2232H) along the stated location. As I approach the slip road to Kovan Road, I gradually slow down to look at the oncoming traffic. Suddenly, vehicle B (GBK61964) crashed into the rear portion of my vehicle A.

Declaration

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 & Time



Witnessed by Reporting Centre Personnel

Date of Accident : 30/06/2023 Accident Time: 1930HR (24-HR-FORMAT)
Accident Place : Tampines Road Slip Road to Kovan Road
Vehicle Reg. No (Car plate No.) : SNB2232H Vehicle Make/Model: Toyota Camry
Insurance Company : China Policy No. DMPLSNW00072582302
Name of Registered Owner : Company / Individual Lee Ban Sing
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S8910694Z
: Co Contact No: _____ Owner's Contact No: 9438 2560
DRIVER'S Name : Lee Ban Sing DRIVER'S NRIC No: S8910694Z
DRIVER'S Date of Birth : 28/03/1989 DRIVER'S License Pass Date 09/05/2008
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 61 Hillside Drive #03-01 S(549010)
DRIVER'S Contact No/ Alt No : (1) 9438 2560 (2) _____
DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
Email Address : LEEBANSING@GMAIL.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): 01 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No	<u>GBK61964</u>	Vehicle Reg No	_____
Vehicle Make/Model	<u>Nissan NV200</u>	Vehicle Make/Model	_____
Name DRIVER	_____	Name DRIVER	_____
IC No DRIVER	_____	IC No DRIVER	_____
DRIVER'S Contact & add	<u>8133 5715</u>	DRIVER'S Contact & add	_____

Other Party Driver's Particulars (if any)

Vehicle Reg No	_____	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	_____

Motor Private Car

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)

MX1F

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AN0688A

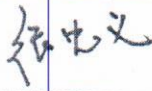
Cov. Type:C

CERTIFICATE No.	DMPCSNW00072582302	Engine No. A25A0369333	
		Cha. No.:MR2B63HK904002104	
1. Index Mark and Registration Number of Vehicle	SNB2232H		
2. Name of Policy Holder	LEE BAN SING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/06/2023 (00:00:00)	Named Drivers Ex Sect. I	S\$1,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	20/05/2024	* Age as at date of accident	
		EX ON WINDSCREEN .	S\$100.00
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 S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
* 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: THIS MARKETING INSURANCE AGENCY
Authorised Officer
Authorised SignatoryChina Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
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