

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 04/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALC123006665/d4	SAS e-filing		
Veh No: SGP 737R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/07/2023 19:30	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: 9PG969K	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

NA2301973	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill:	Ad
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		
	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 \$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	04/07/2023 09:41 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP737R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM SIEW HAR
NRIC No	SXXXX086D
Email Address	sabahlee05@gmail.com
Mobile Phone No	(Phone) +65-97319693
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00074372308

DRIVER

Name of Driver	LEE CHUNG YIN
NRIC No	SXXXX871E
Date Of Birth	30/03/1969
Occupation	Indoor

Date Of Driving Pass	12/01/2000
Driving experience	23 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97319693
Alt. Phone Number	-
Email Address	sabahlee05@gmail.com
Address	10 SIMEI RISE
Address complement	# 09-27
Postcode	528804
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	YP6969K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88585848

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHUNG YIN
Gender	Male
Phone No	(Phone) +65-97319693
Address	10 SIMEI RISE
Address Complement	# 09-27
Post Code	528804
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SGP737R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

4/7/23

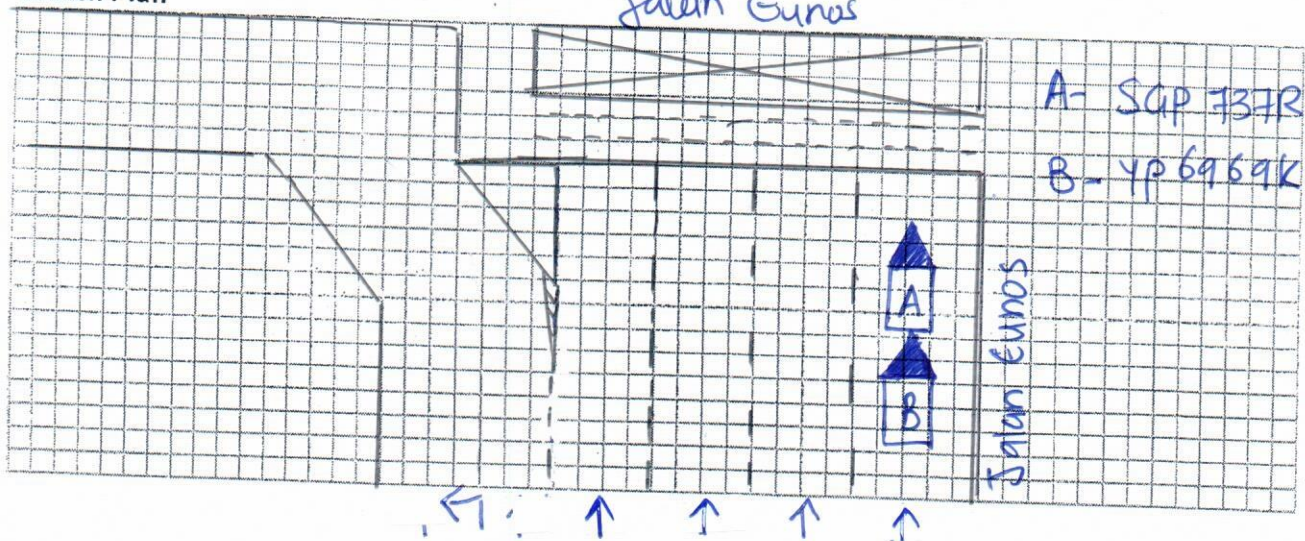
Driver's Signature (If driver is not the policyholder) / Date & Time

Jaleen Eunus

Witnessed by Reporting Centre Personnel

4/7/2023

Sketch Plan





Describe Circumstance of the Accident

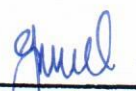
on the above stated date and time, I was travelling along Jalan Eunos and I was on the first lane. The traffic signal ahead of me was turning to amber so I slowed down and stopped my vehicle. Suddenly vehicle B hit the rear portion of my vehicle. He couldn't stop on time as the surface of the road was wet and upon the impact I could hear the screeching of vehicle B. Both of us had agreed to private-settle and I am lodging this report for a safety purpose.

Declaration

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


4/7/23
Policyholder's Signature / Date & Time


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


4/7/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 03/07/2023	TIME OF ACCIDENT : 19:30 pm
VEHICLE NO : SQP 737R	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mercedes	LOCATION : Julian euros
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMPCSNA00074372308
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	NRIC : S1831086D
NAME OF OWNER : Lam Siew Har	CONTACT NO : 9731 9693
ADDRESS :	VIDEO RECORDING : YES / NO
EMAIL ADDRESS : sabahlee05@gmail.com	NRIC : S6972871E CONTACT NO : 9731 9693
NAME OF DRIVER : AS ABOVE / IF NO : Lee chung yin	PASSENGER : (0) MALE () FEMALE ()
DRIVER OWNER RELATIONSHIP : Spouse	DRIVING PASSING DATE : 12 / 01 / 2000
DATE OF BIRTH : 30 / 03 / 1969	ADDRESS : 10 Simei Rise, # 09-27, S528804
OCCUPATION : INDOOR / OUTDOOR	POLICE REPORT : NO / IF YES WHERE ?
ANY INJURIES : NO, IF YES : Neck pain	ROAD SURFACE : DRY / WET / OTHERS
WEATHER CONDITION : CLEAR / RAINING / OTHERS :	VEHICLE B REG NO : YP 6969K
VEHICLE B REG NO : YP 6969K	DRIVER NAME :
DRIVER NAME :	NRIC :
NRIC :	CONTACT :
CONTACT : 8858 5848	ANY WITNESS ? NO, IF YES :
VEHICLE D REG NO :	NAME :
DRIVER NAME :	CONTACT :
NRIC :	WERE SEAT BELTS WORN ? : YES / NO
CONTACT :	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
WAS NOTICE OF PROSECUTION GIVEN ? (YES / NO) IF YES, AGAINST WHOM :	DOES THE ACTUAL DRIVER OWN OTHER VEHICLES : YES / NO
VEHICLE NUMBER :	HANDLING INSURER :

Motor Private Car

MX1E

R SN

DR0555P

Cov. Type:C

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)

CERTIFICATE No.	DMPCSNA00074372308	Engine No.: 27195231056905 Cha. No.: WDD2040462A148134
1. Index Mark and Registration Number of Vehicle	SGP737R	AUTOSAFE =====
2. Name of Policy Holder	LAM SIEW HAR	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29/05/2023 (00:00:00)	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 S\$3,000.00 Ex Sect. I - Age >= 26 S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	28/05/2024	
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\$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.	


* 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: Ho Li Hwa Irene
Authorised Officer



Authorised Signatory