

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 03/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C123006677/d4	SAS e-filing		
Veh No: SLL1098G	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 30/06/2023 11:40	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8MC8761P	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

NA2361980	Invoice Preparation Checklist	Ant (\$)	An
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		
Auditors' Comments :-	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*		
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5		
Cat. 2 / 3:	*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	03/07/2023 10:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/06/2023 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STILL ROAD SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1098G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOK NYUK LING (ZHUO YULING)
NRIC No	SXXXX727H
Email Address	yvchok@gmail.com
Mobile Phone No	(Phone) +65-96857004
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A1
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00160402200

DRIVER

Name of Driver	CHOK NYUK LING (ZHUO YULING)
NRIC No	SXXXX727H
Date Of Birth	13/08/1973
Occupation	Indoor

Date Of Driving Pass	10/07/2007
Driving experience	15 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96857004
Alt. Phone Number	-
Email Address	yvchok@gmail.com
Address	7 LUCKY VIEW
Address complement	-
Postcode	467439
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	Side Swipe
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)	3
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	-

PASSENGER 1

Name	DAUGHTER
Gender	Female

PASSENGER 2

Name	NIECE
Gender	Female

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC8761P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MAKHAU KHEONG
Contact Number	(Phone) +65-97478563
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

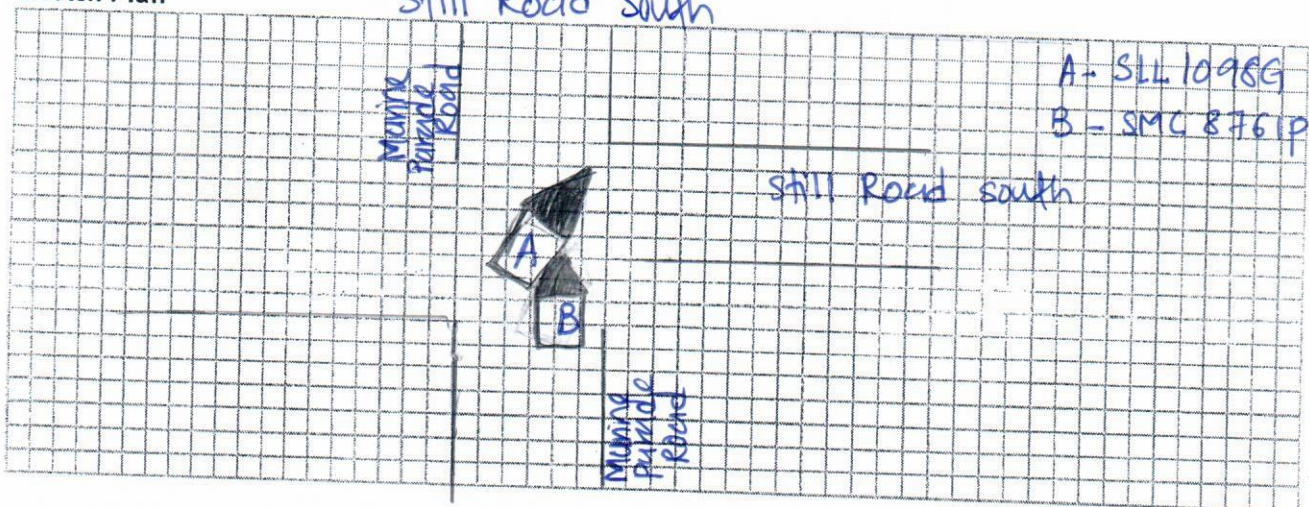
[Signature] 3/7/23
Policyholder's Signature / Date & Time

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

[Signature] 3/7/23
Witnessed by Reporting Centre Personnel

Sketch Plan

Still Road South



Describe Circumstance of the Accident

On the above stated date and time, I was travelling along Marine Parade turning into still Road south. As I was making the turn, vehicle B was on my right side and while making the turn, I accidentally went into vehicle B lane and his front left portion hit my rear right portion of my vehicle.

Declaration

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

 3/7/23

Policyholder's Signature / Date & Time

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

 3/7/23

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30/06/2023	TIME OF ACCIDENT : 11:40 a.m
VEHICLE NO : SLL1098G	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Audi A1	LOCATION : Still Road South
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : China Taping	POLICY NO : DMPCSNW00160402200
TYPE OF COVERAGE :	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : chok Nyuk Ling (zhao yuling)	NRIC : S7328727H
ADDRESS : 7 lucky view S467439	CONTACT NO : 9685 7004
EMAIL ADDRESS : yvchok yvchok@gmail.com	VIDEO RECORDING : YES / NO with owner
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : - CONTACT NO : -
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : 3(2) MALE () FEMALE (2)
DATE OF BIRTH : 13 / 08 / 1973	DRIVING PASSING DATE : 10 / 07 / 2007
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : -
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS :	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SMC 8761 P	VEHICLE C REG NO :
DRIVER NAME : Makhau kheong	DRIVER NAME :
NRIC :	NRIC :
CONTACT : 9747 8563	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO	
VEHICLE NUMBER:	HANDLING INSURER:



Motor Private Car

MX1E

N SN

AN0667A

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.	DMPCSNW00160402200	Engine No.: CHZ150140	Cha. No.:WAUZZZ8X3HB032313
1. Index Mark and Registration Number of Vehicle	SLL1098G	AUTOSAFE	=====
2. Name of Policy Holder	CHOK NYUK LING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	02/07/2022 (00:00:00)	Named Drivers Ex Sect. I	\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$3,000.00
4. Date of Expiry of Insurance	13/08/2023	Ex Sect. I - Age >= 26	\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$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\$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: TRILLIUM INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory