

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 03/07/2023	Job description	Date & Time Completed	Done by
Ref No: NALCT23006700 /d4	SAS e-filing		
Veh No: 8Q 7673 E	E-mail (within 8hrs. AIC 2hrs)		
D.O.A : 01/07/2023 12:03	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: SMF 23404	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

NA2301999

Invoice Preparation Checklist

Am't (\$)

An

1st Bill

Ad

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 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:-
- OD*
- *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 03/07/2023 17:35 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 01/07/2023 12:03 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7673E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH BIN,ROBIN (LUO BIN)
NRIC No SXXXX975H
Email Address ROBINLOH4@HOTMAIL.COM
Mobile Phone No (Phone) +65-93892428
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00091632300

DRIVER

Name of Driver LOH BIN,ROBIN (LUO BIN)
NRIC No SXXXX975H
Date Of Birth 28/08/1988
Occupation Indoor

Date Of Driving Pass	31/12/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93892428
Alt. Phone Number	-
Email Address	ROBINLOH4@HOTMAIL.COM
Address	APT BLK 315A ANG MO KIO STREET 31
Address complement	# 07-333
Postcode	562315
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 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	SMF2340U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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' law yers/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' law yers/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 law yers/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

ANG MO KIO AVE 1

A: SLQ7673E

B: SMF2340U



Describe Circumstances of the Accident


I (SLQ7673E) WAS TRAVELLING ALONG ANG MO KIO AVE 1. UPON APPROACHING THE JUNCTION, TRAFFIC LIGHT TURNED AMBER THEN RED, I SLOWED DOWN AND STOPPED. SUDDENLY, VEHICLE B (SMF2340U) REAR-ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 31/7/2023
Witnessed by Reporting Centre Personnel

Accident Reporting Draft

VEHICLE NO: SLQ7673E

MODEL: MERCEDES-BENZ CLA 180

AUTO/MANUAL

DATE OF ACCIDENT	1/7/2023		C.C: 1,595
TIME OF ACCIDENT	1203	HRS	AM/PM
LOCATION OF ACCIDENT	ANG MO KIO AVE 1		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	LOH BIN, ROBIN (LUO BIN)		
CONTACT NO.	93892428	EMAIL: ROBINLOH4@HOTMAIL.COM	
NRIC	S8830975H		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: LOH BIN, ROBIN (LUO BIN)		
NRIC	S8830975H	ANY PASSENGER: 0	
DATE OF BIRTH	28/8/1988		
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS	31/12/2010		
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	93892428	EMAIL: ROBINLOH4@HOTMAIL.COM	
ADDRESS	APT BLK 315A ANG MO KIO STREET 31 #07-333 S(562315)		
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.		
RELATIONSHIP	<u>EMPLOYEE</u> / IF <u>NO</u> : OWNER		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	<u>NO</u> / IF <u>YES</u> : <u>YES - DRIVER</u>		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?		
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?	
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES	
VEHICLE B NO.	SMF2340U	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP			
MOBILE NO.			
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES		

Ryder

Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921

Email: ryderautoworkshop@gmail.com

Tel: 67418277



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)

MX1E

N SN

AN0501A

Cov. Type C

CERTIFICATE No.	DMPCSNW00091632300	Engine No.	27091030801376
		Chassis No.	WDD1173422N287015
1. Index Mark and Registration Number of Vehicle	SLO7673E	AUTOSAFE	*****
2. Name of Policy Holder	LOH BIN ROBIN (LUO BIN)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/06/2023 (09:55:26)	Named Drivers Ex Sect. I	\$5500.00
4. Date of Expiry of Insurance	20/07/2024	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
5. Persons or Classes of Persons entitled to drive*		EX ON WINDSCREEN	\$5100.00
(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.			
HIRE PURCHASE CO. - UNITED OVERSEAS BANK LIMITED			
* 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: SHC AGENCY
Authorised Officer

Authorised Signatory