

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 10/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA1C1123006922/d4	SAS e-filing		
Veh No: 8NG2103X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/2023 11:55	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: 35W 9377P	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

NA2302058	Invoice Preparation Checklist	Amf (\$)	A
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)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idao 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: Idao 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	10/07/2023 10:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/07/2023 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVENUE 1 CTE ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG2103X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOO SEOW YONG (LU XIAOYONG)
NRIC No	SXXXX408F
Email Address	s.yong18@hotmail.com
Mobile Phone No	(Phone) +65-91446620
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00012452200

DRIVER

Name of Driver	LOO SEOW YONG (LU XIAOYONG)
NRIC No	SXXXX408F
Date Of Birth	15/11/1988
Occupation	Outdoor

Date Of Driving Pass	19/03/2009
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91446620
Alt. Phone Number	-
Email Address	s.yong18@hotmail.com
Address	APT BLK 102 AMK AVENUE 3
Address complement	# 12-1431
Postcode	560102
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)	4
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
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
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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	SJW9377P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANSELM LOPEZ
NRIC No	SXXXX737G
Contact Number	(Phone) +65-91138080
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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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.

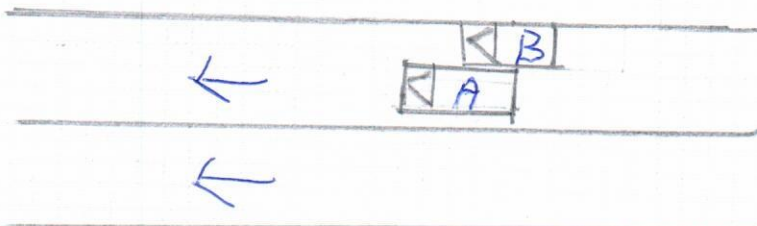
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-SNG 2103X
B-SJW 9377P



AMK AVE 1 CTE ENTRANCE

Describe Circumstance of the Accident

on the above stated date and time I was driving
along AMK Avenue 1 towards CTE entrance.
Suddenly vehicle B hit the rear right side of my
vehicle.

Declaration

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

Policyholder's Signature / Date & Time

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

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 09/07/2023		TIME OF ACCIDENT : 11:55 am	
VEHICLE NO : SNG 2103X		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Toyota Noah		LOCATION : AMK Ave 1 CTE Entrance	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE (PH)		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : China Taiping		POLICY NO : DMHCSNW00012452200	
TYPE OF COVERAGE :		VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		NRIC : S8844408F	
NAME OF OWNER : Loo Seow Yong (Lu xiaoyong)		CONTACT NO : 9144 6620	
ADDRESS : Apt B1k 102 Amk Avenue 3 # 12-1431, S 560102		VIDEO RECORDING : YES / NO with owner	
EMAIL ADDRESS : s.yong18@hotmail-com		NRIC : — CONTACT NO : —	
NAME OF DRIVER : AS ABOVE / IF NO :		PASSENGER : MALE (3) FEMALE (1)	
DRIVER OWNER RELATIONSHIP : owner		DRIVING PASSING DATE : 19 / 03 / 2009	
DATE OF BIRTH : 15 / 11 / 1988		ADDRESS :	
OCCUPATION: INDOOR / OUTDOOR		POLICE REPORT : NO / IF YES WHERE ?	
ANY INJURIES: NO, IF YES :		ROAD SURFACE: DRY / WET / OTHERS	
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		VEHICLE B REG NO : SJW 9377P	
VEHICLE C REG NO : —		DRIVER NAME : Anselm Lopez	
DRIVER NAME : —		NRIC : 81547737G	
NRIC : —		CONTACT : 911 380 80	
CONTACT : —		ANY WITNESS? NO, IF YES :	
VEHICLE D REG NO : —		NAME : —	
DRIVER NAME : —		CONTACT : —	
NRIC : —		WAS NOTICE OF PROSECUTION GIVEN? (YES / NO)	
CONTACT : —		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		HANDLING INSURER:	
VEHICLE NUMBER:			



Motor Hire Car

MZ406L/B

N SN

AN0723A

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.

DMHCSNW00012452200

Engine No.: 2ZR2R64740

Cha. No.: ZWR900011466

1. Index Mark and Registration
Number of Vehicle

SNG2103X

AUTOSAFE
=====

2. Name of Policy Holder

LOO SEOW YONG (LU XIAOYONG)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

18/07/2022
(09:42:41)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

17/07/2023

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

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.

LOO SEOW YONG (LU XIAOYONG)

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : SSL HOLDINGS PTE. LTD.

* 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: _____
SSL & CO PTE LTD
Authorised Officer

Authorised Signatory