

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: <b>14/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAICT12300-7118 / d4</b>	SAS e-filing		
Veh No: <b>SLL 1179G</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>13/07/2023 11:50</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SHC8017P** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA2302116	Invoice Preparation Checklist	Am't (\$)
<b>Claimant's Particulars:</b>	1) AR : Accident Reporting (\$30);	1st Bill
	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	
	<b>For claiming against INC Only (wef 10 Jan 2005)</b>	
	6) TR : Re-inspection \$75	
	7) N1 : Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*	
<b>Auditors Comments:</b>	*N5: Courtesy Car / Tpt Allowance	\$5
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
Cat. 1:	TP (N11) : TP (Non INC) against INC	\$20
Cat. 2 / 3:	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 ..... 14/07/2023 08:08 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 13/07/2023 11:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... OUTSIDE SENTOSA HARD ROCK HOTEL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLL1179G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GILBERT LEOW WEILIANG  
NRIC No ..... SXXXX893Z  
Email Address ..... kelmond.leow@gmail.com  
Mobile Phone No ..... (Phone) +65-86879009  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00019262303

### DRIVER

Name of Driver ..... KELMOND LEOW JIANJIE  
NRIC No ..... SXXXX127G  
Date Of Birth ..... 09/03/1993  
Occupation ..... Indoor

Date Of Driving Pass .....	16/05/2013
Driving experience .....	10 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86879009
Alt. Phone Number .....	-
Email Address .....	kelmond.leow@gmail.com
Address .....	APT BLK 40 SIMS DRIVE
Address complement .....	# 02-211
Postcode .....	380040
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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 .....	SHC8017P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHOO SWEE HWA
NRIC No .....	SXXXX456F

Contact Number ..... (Phone) +65-96842659  
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

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 Authorised 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. 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

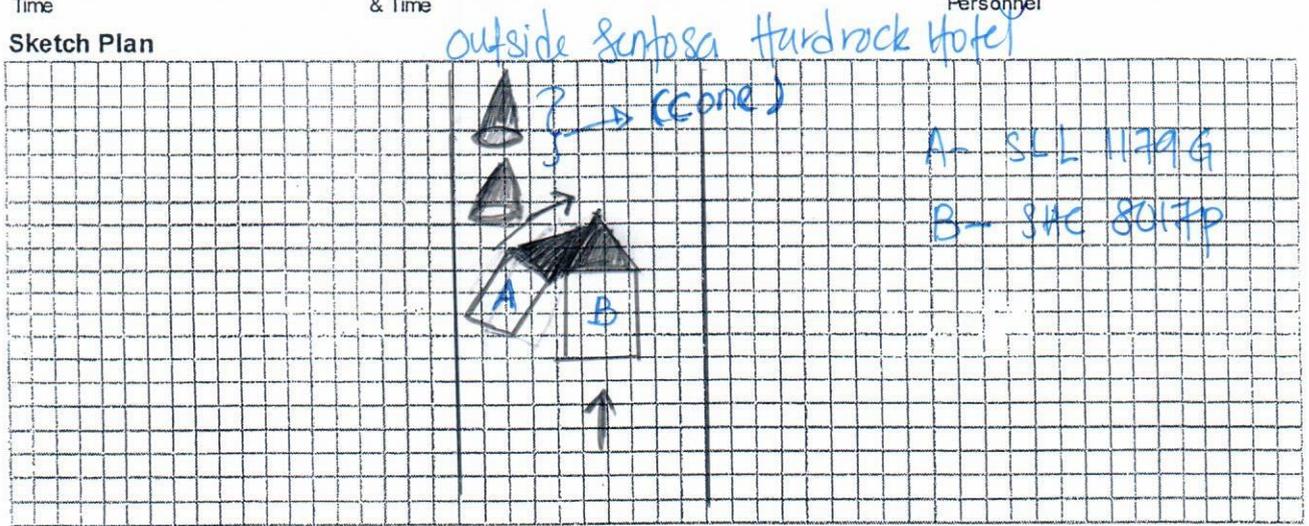
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
13/7/2023  
Policyholder's Signature / Date & Time

*[Signature]* 13/07/2023  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 14/7/2023  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstance of the Accident**

on the above stated date and time, I was outside Santosa Hardrock Hotel waiting area. I was inside the vehicle and my vehicle was stationary. I wanted to exit out from the parked place and I did check my mirror but I did not check my blind spot side so I swerve out to the right to exit and I hit vehicle B's front left side of the vehicle. Also to mention, I did turn on my indicator to exit the space.

**Declaration**

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

  
13/7/23  
Policyholder's Signature / Date & Time

  
13/7/2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  
14/7/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 13/07/2023	TIME OF ACCIDENT : 11:50 am
VEHICLE NO : SLL 1179G	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Honda Civic	LOCATION : Sentosa Hard Rock Hotel
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : China Taiping	POLICY NO : DMPCSNW00019262303
TYPE OF COVERAGE :	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Gilbert Leow Weiliang	NRIC : S1813893Z
ADDRESS :	CONTACT NO : 8687 9009
EMAIL ADDRESS : kelmond.leow@gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : kelmond leow jianjie	NRIC : S9308127G CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : Son	PASSENGER : <input checked="" type="radio"/> MALE ( ) FEMALE ( )
DATE OF BIRTH : 09/03/1993	DRIVING PASSING DATE : 16/05/2013
OCCUPATION: INDOOR / OUTDOOR	ADDRESS : Apt B1k 40 Sims Drive # 02-211, S380040
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 : SHC 8017 P	VEHICLE C REG NO : _____
DRIVER NAME : choo swee hwa	DRIVER NAME : _____
NRIC : S1301456F	NRIC : _____
CONTACT : 9684 2659	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

**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  
R SN  
AN0055A  
Cov. Type:C

CERTIFICATE No.	DMPCSNW00019262303	Engine No.: R16B21601220 Cha. No.:MRHFC5650GT000950
1. Index Mark and Registration Number of Vehicle	SLL1179G	AUTOSAFE =====
2. Name of Policy Holder	GILBERT LEOW WEILIANG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/02/2023 (00:00:00)	Named Drivers Ex Sect. I \$S500.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	13/02/2024	Ex Sect. I - Age <= 25 \$S3,000.00 Ex Sect. I - Age >= 26 \$S500.00 * Age as at date of accident EX ON WINDSCREEN \$S100.00
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.	
<p>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.</p>		
6. Limitations as to use*	<p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>HIRE PURCHASE CO. : TOKYO CENTURY LEASING (S) 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.</p>		

**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: COWELL INSURANCE (AGENCY) PTE LTD  
Authorised Officer



Authorised Signatory