

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: <b>18/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAICT23007387/1d4</b>	SAS e-filing		
Veh No: <b>SNJ2349M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>14/07/2023 15:08</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</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>FBR671G</b>	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% P: 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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

<b>NA2302183</b>	<b>Invoice Preparation Checklist</b>		Amr (\$)	Amr
<b>Claimant's Particulars:-</b>	1) AR : Accident Reporting (\$30);		1st Bill	Add
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TP : Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120			
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30			
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)			
<b>Cat. 1:</b>	6) TR : Re-inspection \$75			
<b>Cat. 2 / 3:</b>	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	18/07/2023 15:50 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 15:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEW UPPER CHANGI ROAD BESIDE DECATHLON BUS STOP
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNJ2349M

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHIONG KAH
NRIC No	SXXXX083J
Email Address	lesterong8888@gmail.com
Mobile Phone No	(Phone) +65-93888869
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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	3993

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00020182300

#### DRIVER

Name of Driver	LESTER ONG BOON LIN
NRIC No	SXXXX466B
Date Of Birth	11/03/1980
Occupation	Indoor

Date Of Driving Pass	16/02/2001
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93888869
Alt. Phone Number	-
Email Address	lesterong8888@gmail.com
Address	37 JALAN SAYANG
Address complement	-
Postcode	418654
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	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	3
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)	2
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	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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR6171G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MANI UDAIYAR MURUGANANDAN
Passport No/FIN	0XXXX3155
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKV8247C
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

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

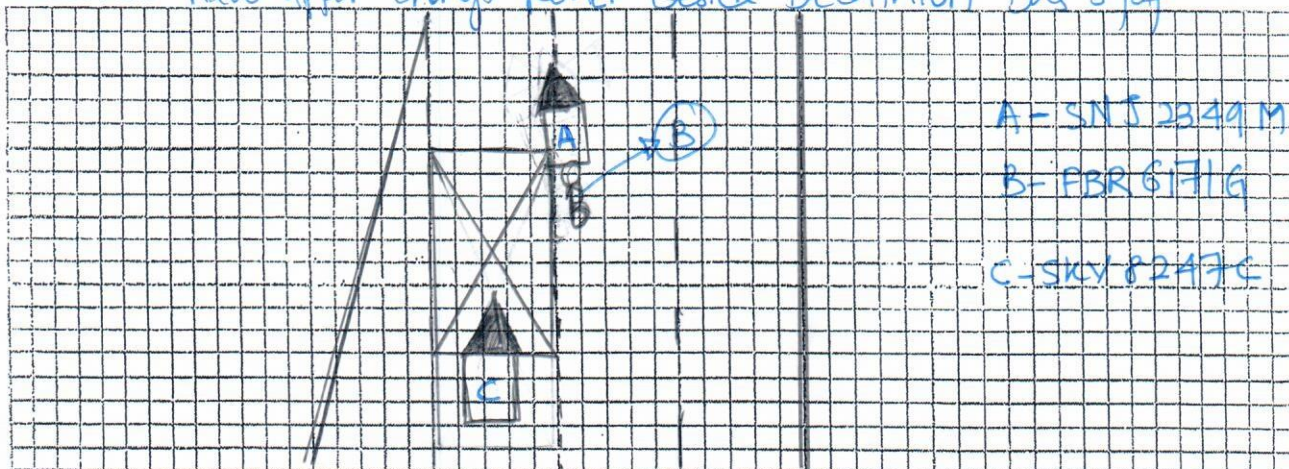
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

New upper changi Road Beside Decathlon Bus stop.





**Describe Circumstance of the Accident**

on the above mentioned date and time, I was at New upper changi Road beside decession Bus stop and I was at lane 2 and my vehicle was slightly slanting to lane three as I wanted to proceed to lane 3 and I was stationary. suddenly vehicle B hit the rear portion 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 : 14/07/2023		TIME OF ACCIDENT : 15:08 pm	
VEHICLE NO : SNJ 2349 M		TRANSMISSION : AUTO / MANUAL	
MAKE & MODEL : Bentley Continental		LOCATION : upper changi rd beside deaathlon bus stop	
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY	
INSURANCE COMPANY : chuan tuiping		POLICY NO : DMPCSNW00020182300	
TYPE OF COVERAGE :		VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)	
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT		NRIC : S0093083J	
NAME OF OWNER : Ong chiong Kah		CONTACT NO : 93888869	
ADDRESS : 37 Julien sydney, s418654		VIDEO RECORDING : YES / NO	
EMAIL ADDRESS : lesterong8888@gmail-com		NRIC : S8007466B CONTACT NO : 93888869	
NAME OF DRIVER : AS ABOVE / IF NO : Lester ong Boon Lin		PASSENGER : 2(1) MALE ( ) FEMALE (1)	
DRIVER OWNER RELATIONSHIP : child		DRIVING PASSING DATE : 16 / 02 / 2001	
DATE OF BIRTH : 11 / 03 / 1980		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 : FBR 6171G		VEHICLE C REG NO :	
DRIVER NAME : Mani udaiyar Munigandan		DRIVER NAME :	
NRIC : 032783155		NRIC :	
CONTACT : 98995954		CONTACT :	
VEHICLE D REG NO :		ANY WITNESS ? NO, IF YES :	
DRIVER NAME :		NAME :	
NRIC :		CONTACT :	
CONTACT :			
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO )		WERE SEAT BELTS WORN ? : YES / NO	
IF YES, AGAINST WHOM :		WERE INJURY CONVEYED BY AMBULANCE : YES / NO	
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / NO			
VEHICLE NUMBER:		HANDLING INSURER:	



Motor Private Car

MX1F

N SN

AN0008A

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.

DMPCSNW00020182300

Engine No.: CMM006693

Cha. No. SCBFN63W5DC086363

1. Index Mark and Registration  
Number of Vehicle

SNJ2349M

2. Name of Policy Holder

ONG CHIONG KAH

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (09:29:05)  
Ordinance or Enactment

19/01/2023

Named Drivers Ex Sect. I S\$8,000.00  
Excess Sect. I (Outside Singapore) S\$16,000.00  
EX ON WINDSCREEN S\$1,000.00

4. Date of Expiry of Insurance

18/01/2024

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\$500 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.: GENIE FINANCIAL SERVICES 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.

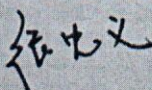
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ALPINE FINANCIAL PTE LTD

Authorised Officer

  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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