

# NATIONAL Assessment Centre Services

(wef 1 Jan 03)

SN 0923830001

Date In: 03/08/2023 10:12  
 Ref No: NBA/C7228007880/V  
 Veh No: SMJ 6902B  
 D.O.A : 03/08/2023 07:10

OD / TP / Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs, AIC 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: PC5847K

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 repalrer.  
 ( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: (

Remarks: (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

## Invoice Preparation Checklist

Am't (\$)  
 Inc Bill Ad

1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$30)	
3) TP : 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 : 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 \$0	

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:



## 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 First Submission	03/08/2023 10:12 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2023 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE ALONG STEVEN ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6902B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JIANG BO
NRIC No	SXXXX769J
Email Address	SAMUELNGYQ@GMAIL.COM
Mobile Phone No	(Phone) +65-92711850
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017042200

### DRIVER

Name of Driver	SAMUEL NG YANG QUAN
NRIC No	SXXXX395J
Date Of Birth	27/09/1962
Occupation	Outdoor

Date Of Driving Pass	05/10/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92711850
Alt. Phone Number	-
Email Address	SAMUELNGYQ@GMAIL.COM
Address	APT BLK 518 WEST COAST RD
Address complement	#11-607
Postcode	S120518
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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	PC5847K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHOKE MUN TUCK
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

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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

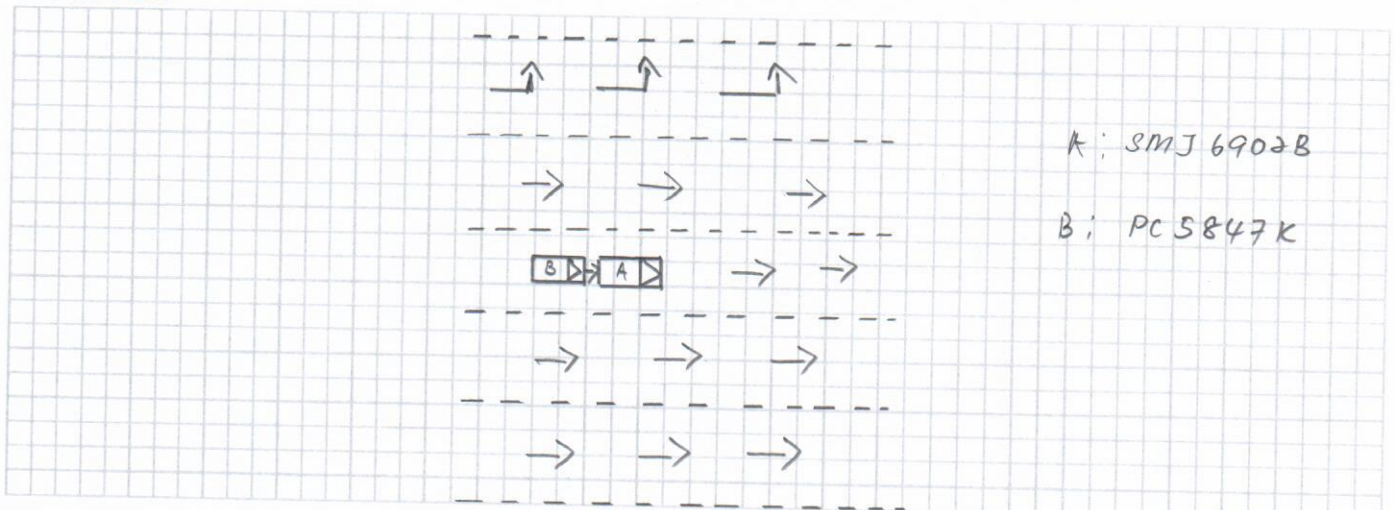
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**


ON 03/08/2023 at about 0710hrs, I WAS travelling along <sup>along</sup> ME ~~9~~ Steven Road Exit,


It was a slow traffic, suddenly vehicle B (PC5847K) bumped into my rear portion of my car.

**Declaration**

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

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

 3/8/23  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



VEHICLE NO: SMJ6902B

MAKE &amp; MODEL : Honda Freed

AUTO/MANUAL

DATE OF ACCIDENT	03 / 08 / 2023		*C.C:
TIME OF ACCIDENT	0710hrs AM / PM		
LOCATION OF ACCIDENT	PIE Along Steven Road Exit		
Exact Purpose use during accident	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
<b>NAME OF OWNER</b>	Jiang Bo		
EMAIL		Office:	Mobile: 9277 2572
NRIC	S2747769J		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO ?		
INSURANCE CO.	China Taiping		
TYPE OF COVERAGE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.	DMHCSNW00017042200		
<b>NAME OF DRIVER</b>	As above / If No: Samuel Ng Yang Guan @ Ng cheow Beng Samuel		
NRIC	S1529395J		
DATE OF BIRTH	27 / 09 / 1962		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	05 / 10 / 1982		
GENDER	Male / Female		
CONTAC NO.	Mobile: 9271 1850 Office: Home:		
EMAIL	samuelngyg@gmail.com		
ADDRESS	B1K 518 West coast Road #11-607 S(120518)		
DOES DRIVER OWN OTHER VEHICLES?	No / If yes, Reg No: INSURER:		
RELATIONSHIP	Employee / If No: Friend		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other :		
ANY INJURIES	No / If yes : Who? Driver		
CONTAC NO.			
POLICE REPORT	No / If yes, Where?		
Notice of Intended Prosecution Given?	No / If yes : WHO ?		
VEHICLE B NO.	PC 5847K Any passenger:		
NAME	choke Mun Tuck		
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.			
WAS THERE ANY VIDEO CAPTURE ?	YES / NO		
WAS THERE ANY AUDIO RECORDED ?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN ?	YES / NO		
<b>**WORKSHOP:</b>			
Have you been approach by unknown person soliciting (s)			
Offering accident claims assistance?	YES / NO		

Motor Hire Car

MZ406L/B

N SN

AN0770A

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. DMHCSNW00017042200

Engine No.: LEB5624997

Cha. No.:GB71087045

1. Index Mark and Registration Number of Vehicle SMJ6902B

AUTOSAFE  
=====

2. Name of Policy Holder JIANG BO

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21/09/2022 (00:00:00)

Excess Sect I . \$S\$1,250.00

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

Excess Sect. II \$S\$1,250.00

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

EX ON WINDSCREEN . \$S\$100.00

4. Date of Expiry of Insurance 20/09/2023

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.

JIANG BO

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.

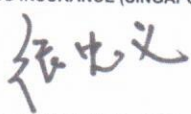
HIRE PURCHASE CO. : PRIME MOTOR &amp; LEASING PTE LTD

\* 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: ASSURE (SINGAPORE) PTE LTD  
Authorised Officer  
Authorised Signatory