

Date In: 30/11/2017 14:27	Job description	Date & Time Completed	Done by
Ref No: NGA/CTI/702294/Y	SAS e-filing		
Veh No: SH 426S	E-mail (with 3hrs, A/C 3hrs)		
D.O.A: 29/11/2017 17:35	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (with 3hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: S2D 78749	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: B/L 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 & Supply NO refer of repeler.
() Total Loss Cost: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Hotline: 6788 0016	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: _____

On-site Actions:

NA1707416	Invoice Preparation Checklist	Wksp	AMU/29
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (300) INC (300)		
Damaged Portion:	3) TP: Towing Fee 340/340		
	4) FT: Follow-Through Survey 300		
	5) PT: Follow-Through Survey (Resurvey) 300		
	For claimant approval INC Only (ver 10 Jan 2007)		
	6) TR: Re-inspection 300		
	7) NI: (See DA + SMRT Survey) 300		
	8) NTUC Additional Services		
	Q11:		
	*N1: Courtesy Car / Tol Allowance 30		
	*N2: Repair Coordination 30		
	*N3: Post Repair Inspection 30		
	*N4: DY / Collect Unseen Coordination 30		
	TP (N1): TP (Non INC) against INC 30		
	*N5: Idle Mobils 30		
	Invoice dated	File Charge	
	Invoice dated	File Charge	

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 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 ability.
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 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 Report	30/11/2017 14:27
Date Of Accident	29/11/2017 17:35
Exact Location Of Accident	PIE OUTSIDE NANYANG DRIVE LAMPOST 1964
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4256S
Insured/Policyholder	
Name Of Registered Owner	WOO BO SHENG
NRIC No	S8328093Z
Email Address	ANG.YIXUAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97365430
Alternative Phone No	OTHERS-96399175

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1550821701
Cover Note Number	

Driver

Name of Driver	ANG YI XUAN(HONG YIXUAN)
NRIC No	S8430550B
Date Of Birth	21/09/1984
Occupation	INDOOR
Date Of Driving Pass	10/07/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96399175
Fax Number	
Contact Number	OTHERS-97365430
Email Address	ANG.YIXUAN@YAHOO.COM

Address	3 CLOVER WAY
Postcode	579100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171130/2060

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7874J
Vehicle Make/Model/Colour	BLACK MASERATI
Details Of Properties	
Name of Driver	FADLI SHAFUDDIN BIN MOHAMED SANI
NRIC/Passport Number	S8741260A
Contact Number	98560587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR3557D
Vehicle Make/Model/Colour	BLACK MERCEDES
Details Of Properties	
Name of Driver	LOO SHENG RONG JASPER
NRIC/Passport Number	S8408840D
Contact Number	81985131
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	ANG YI XUAN(HONG YIXUAN)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH4256S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Veh A: SJH 4256 S

Veh B: SJD 7874 J

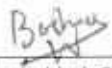
Veh C: SLR 3557 D

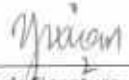
IMPORTANT NOTICE

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 lodgment 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:

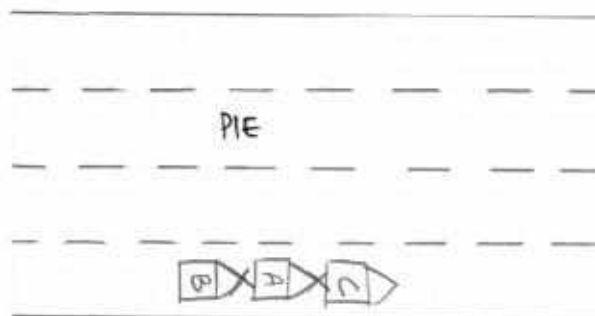
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/11/2017
12.30pm


Reporting Centre Personel's Signature
Name: Rosdi Watar
NRIC/FIN No:

Veh C: SLR3557D



As per Police Report. T/2017/130/3060

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/11/2017
12:30pm

Reporting Centre Personnel's Signature
Name: Randi Winters
NRIC/FIN No.:



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20171130/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 13:19	Vide Report No.:	Station Diary No.: 30
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ANG YI XUAN			Address: 31 CLOVER WAY SINGAPORE 579100		
ID Type / ID No.: NRIC NO / S8430550B			Contact No.: Home/Office: Mobile: 96399174		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 21/09/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Policy and planning manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2017 17:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 NANYANG DRIVE				
PIE towards KHE outside Nanyang Dr LP: 1964				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7674J	Car				Slightly Damaged	0
SJH4258S	Car				Seriously Damaged	0
SLR3557D	Car				Slightly Damaged	0



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No: T/20171130/2060

CONTINUATION OF REPORT

Brief Details.

On 29/11/2017 at about 1736hrs, I was driving along PIE towards KJE (Outside NanyangDr) LP 1964 , a vehicle(SLR 3557D) in front of me made a sudden break, and while I was about to break, vehicle (SJD7874J) behind me, collided to the back of my vehicle as he unable to stop in time. . My car back bonnet was seriously damaged and front bumper was slightly dislodge. Vehicle (SJD7874J) front bonnet was slight damaged and Vehicle (SLR3557D) had some scratches at his back of his car.

I went to Mt Elizabeth Hospital as I felt pain on my right shoulder and was given 5 days MC from 29/11/2017 to 03/12/2017.

Traffic police was at scene and no ambulance was at scene. I am unsure if there is any CCTV around the vicinity and I do not have any in built camera inside my car.



**SINGAPORE
POLICE FORCE**



T/20171130/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20171130/2060

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 1 LIM TIAN WEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No: 65476138

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/11/2017 13:19

Classification Of Case:

Accord Auto Services Pte Ltd

Particular of Insured / Driver & Details of the Accident

Location of Accident: PIE outside Nanyang Drive
Landmark of Accident Area (IF ANY): lamp post 1964
No. of Passenger (Including Driver): 0

Date of Accident: 29/11/17
Time of Accident: 5:36pm

Details of Own Vehicle

Vehicle Registration Number: SJH 4256 S Make/Model: Honda Civic 1.8L
Name of Preferred workshop: Accord Auto Services Pte Ltd Contact: 62717433

Insured/ Policy Holder

Name of Registered Owner: Woo Bo Shiang NRIC: S83280932

Address: 37 Punggol Field #07-37 S1

Occupation: Engineer (Indoor / Outdoor) Mobile No: 97365930

Email: _____

Driver

Name of Driver: Ang Yi Xuan NRIC/Fin: S8430330B

Driving License Pass Date: 10/07/2003 DOB: 21/09/1984

Address: 31 Clover Way S179100

Occupation: Engineer Indoor / Outdoor) Mobile No: 96399175

Gender: Male/ Female Other Contact: Home No. / Office / Others: _____

Email: ang.yixuan@yahoo.com

Insurance Company

Insurance Company: China Taiping Insurance (SG) Pte Ltd (C/TFPT/TPO) Policy No: DMPCSNI530821701

* Comprehensive/Third Party Fire & Theft/Third Party Only

Driver an employee: Yes / No if no, what is relationship with the policyholder: Spouse

*If Driver is a policyholder, kindly ignore this question

Details of other vehicle Property 1

Vehicle Registration No.: SJD7874T Veh B
Vehicle Make/Model/Colour: Black Maserati
Name of Driver: Fadli Sharfuddin Bin Mohamed Sani
NRIC: S8741260A
No. of Passenger (Including Driver): 0
Contact Number: 98560587
Nature of Damage: _____

Details of other vehicle Property 2

Vehicle Registration No.: SLR3337D Veh C
Vehicle Make/Model/Colour: Black Mercedes
Name of Driver: Lo Shang Rong Jasper
NRIC: S8408840D
No. of Passenger (Including Driver): 0
Contact Number: 81985131
Nature of Damage: _____

For Official use only

Claiming Own Insurance: Yes / No If No, Reporting only / Third Party Claim

General Information of Accident

Type of Accident: Head-Rear / Side Swipe / Others: Chain Collision

Weather Conditions: Clear / Raining / Others: Chain Collision

Road Surface: Dry / Wet / Others: _____ Material / Property damaged: Yes / No

Any police report made: Yes / No Injured party: Yes / No 1. Ang Yi Xuan SJH 4256 S

Any Video Cam: Yes / No 2. _____

Summon Against Whom: _____ 3. _____

*For Injured Party details, it must be supported by police report

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S8430550B**
 Name
ANG YI XUAN
(HONG YIXUAN)
 Birth Date: **21 Sep 1984**
 Issue Date: **10 Jul 2003**

1000645841D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8430550B


 Name
ANG YI XUAN
(HONG YIXUAN)
洪 艺 璇
 Race
CHINESE
 Date of birth
21-09-1984
 Country/Place of birth
SINGAPORE

5434726

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S):

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
10 Jul 2003

Licence No: S8430550B

NIP 428A


 NRIC No: S8430550B

Date of issue
03-10-2015

Address
21 CLOVER WAY
SINGAPORE 579100

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	IMPCEP1550421701	Engine No. R18A15041016	Chassis No. JHMFC163085118349
1. Index Mark and Registration Number of Vehicle	SCH42565		
2. Name of Policy Holder	MR. WOO BO SHENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	6 FEBRUARY 2017	NAMED DRIVERS EX SECT. 1 \$8750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 15 \$63,000.00 EX SECT. 1 - AGE >= 16 \$8500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN \$8100.00	
4. Date of Expiry of Insurance	5 FEBRUARY 2018		
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 RENTAL TUITION DRIVING TEST RACING RACE-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 \$6500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.		

* 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, 1967 (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, 1967 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:


Authorised Officer


Authorised Signatory