

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>05/12/17</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA17023013/13</b>	SAS e-filing		
Veh No: <b>SGK 81995</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>05/12/17 0920</b>	i-Motor Claim Form		
OD: <b>(TP)</b> Reporting Only	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: ( <b>N-51</b> )		Tel:	Fax:
TP Particulars:	Veh No: <b>GB08282E</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%; 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

<b>NA1707489</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)			
<b>Contact No:</b>	3) TF: 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:-			
	OD:			
	*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 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	05/12/2017 11:38
Date Of Accident	05/12/2017 09:20
Exact Location Of Accident	BARTLEY RD TWDS BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK8199S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG CHAI CHUEN
NRIC No	S7536255B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96257119
Alternative Phone No	OTHERS-96257119

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M492793
Cover Note Number	

### Driver

Name of Driver	WONG CHAI CHUEN
NRIC No	S7536255B
Date Of Birth	06/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96257119
Fax Number	
Contact Number	OTHERS-96257119
Email Address	NOEMAIL

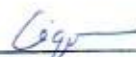
## SKETCH PLAN


### IMPORTANT NOTICE

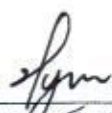
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

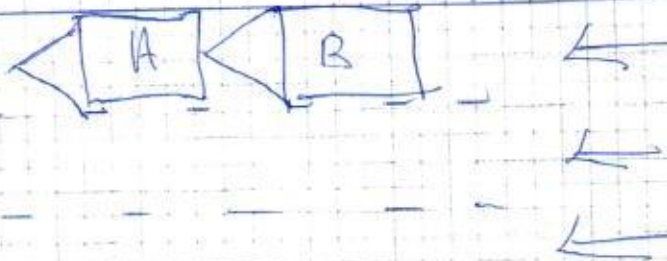
 05/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

BARTLEY RD TOWNS BRADDELL RD

A - SGK 81995

B - GBD 8282F



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A on the above mention date n time. The veh in front slow down n stop n I slow down n stop. A few second later I felt an impact when I alight I notice Veh B could not stop in time n hit the rear of my veh A. I felt giddy n neck ache might be consulting a doctor if it worsen

## 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:

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

<b>Vehicle No.</b>	SGK 81995		<b>Model / Make</b>	Arco Chevrolet
<b>Date of Accident</b>	5/10/17			
<b>Time of Accident</b>	9:20am		<b>HRS</b>	
<b>Location of Accident</b>	Bartley Rd towards Braddell Rd			
<b>Exact purpose use during accident</b>	Private Use			
<b>Name of Owner</b>	Wong Chai Chuen			
<b>Telephone No.</b>	H/P : 96257119	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S7536255B			
<b>Address</b>	Blk 407 Bedok North Ave 3 #16-181 S(460407)			
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	Indica			
<b>Type of Coverage</b>	Comprehensive	<b>Third Party</b>	Third Party / Fire / Theft	
<b>Policy No.</b>	M492793			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>				
<b>Date of birth</b>	6/11/1975		<b>Any Passengers :</b> Nil	
<b>Occupation</b>	Outdoor / Indoor			
<b>Driving License Pass Date</b>	28 Aug 2000			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No, If yes, Reg No.			
<b>Relationship</b>	Employee, (If no, state owner)			
<b>Weather condition</b>	Clear Raining Other			
<b>Road Surface</b>	Dry Wet Other			
<b>Any Injuries</b>	No, If Yes, Who?			
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, If Yes, Where?			
<b>Vehicle B No.</b>	G-80 8282E		<b>Any Passengers :</b> Nil	
<b>Name of Driver</b>	<b>Contact No. :</b>			
<b>Vehicle C No.</b>	<b>Any Passengers :</b>			
<b>Vehicle D No.</b>	<b>Any Passengers :</b>			
<b>Vehicle E no.</b>	<b>Any Passengers :</b>			
<b>Vehicle F No.</b>	<b>Any Passengers :</b>			
<b>Vehicle G No.</b>	<b>Any Passengers :</b>			
<b>Witness Name</b>	<b>Witness Contact :</b>			
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	Yes / (No)			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>				
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg clwongsg@yahoo.com.sg			

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7536255B**

Place

**WONG CHAI CHUEN**  
(WANG CAIQUAN)

Birth Date: 06 Nov 1975  
Issue Date: 22 Jul 2003

000675993J

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO: **S7536255B**



Wong Chai Chuen

**WONG CHAI CHUEN**  
(WANG CAIQUAN)

王才权

Race  
**CHINESE**

Date of birth 06-11-1975 Sex M

Country of birth  
**SINGAPORE**

**YOU ARE LICENCED 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  
26 Aug 2000


NP 428A

Licence No: S7536255B

3797517



APIC No: **S7536255B**



Date of issue  
18-11-2005

Address  
APT BLK 407 BEDOK NORTH AVENUE 3  
#16-181  
SINGAPORE 460407

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.  
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code **61301SE**

Third Party Only

Insured/Named Drivers Excess: **Nil**

Young &/or Inexperience Drivers Excess: **S2500/- Sect. 11 for age < 21 years or > 65 years &/or S'pore D.L. < 2 years**

CERTIFICATE NO.

**M492793**

1. Index Mark and Registration Number of Vehicle

**SGK 8199 S**

2. Name of Policy Holder

**Wong Chai Chuen**

3. Effective date of the Commencement of Insurance for the purposes of the Act

**26<sup>th</sup> August 2017**

4. Date of Expiry of Insurance

**25<sup>th</sup> August 2018**

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to himself or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her 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 only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover** use for hire or reward, 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.

\*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).

Date of Issue: **1m/25.07.2017**

for **India International Insurance Pte. Ltd.**  
(APPROVED INSURERS)

**MX-1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP**

*Authorized Signature*

### IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **MIPlus**