

# NATIONAL Assessment Centre Services

NA 418011628

Date In: 23/01/2018 17:41  
 Ref No: NBA/INC/8001408/Y  
 Vch No: SFW 24087  
 D.O.A: 23/01/2018 01:35  
 OD / TP / Reporting Only

| Job description                        | Date & Time Completed | Done by |
|----------------------------------------|-----------------------|---------|
| SAS e-filing                           |                       |         |
| E-mail (withins 24hrs, 24hrs)          |                       |         |
| I-Motor Claim Form                     | 24/01/2018 10:26      |         |
| I-Motor W/O (withins 24hrs, 24hrs)     |                       |         |
| I-Photo Uploaded                       |                       |         |
| Assessment/Survey Report               |                       |         |
| Ass'l Report by Fax/Hand to Owner/Wksp |                       |         |

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Point/culvert: Vch No: SKW 9788A INC ( ) / Non-INC ( )  
 Owner / Driver: ( )  
 Policy No: ( ) Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: Est. Status (WO): M: 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 repeller.  
 ( ) Total Loss Case: To e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Removals: ( )  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury:

| Date/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

NA 41800580

Human's Particulars:  
 Driver/Owner:  
 Contact No:  
 Damaged Portion:  
 Checked by (Engr-In-Charge):

| Invoice Preparation Checklist                | Amount      | Amount |
|----------------------------------------------|-------------|--------|
| 1) AR: Accident Reporting (\$30)             |             |        |
| 2) DA: Damage Assessment (\$100) INC (\$30)  |             |        |
| 3) TP: Towing Fee \$40/\$40                  |             |        |
| 4) PT: Follow-Through Survey \$120           |             |        |
| 5) RT: Follow-Through Survey (Resurvey) \$20 |             |        |
| Excluding GST (INC Only) (as of 10 Jan 2018) |             |        |
| 6) TR: Repairation \$33                      |             |        |
| 7) NI: Inc DA + SMART Survey \$160           |             |        |
| 8) NTUC Additional Services                  |             |        |
| 9) NI: Courtesy Car / Tol Allowance \$1      |             |        |
| 10) NI: Repair Coordination \$10             |             |        |
| 11) NI: Post Repair Inspection \$12          |             |        |
| 12) NI: BY / Collect Excess Coordination \$1 |             |        |
| TP (NI) / TP (In INC) against INC \$20       |             |        |
| 13) NI: Inc Mobile \$20                      |             |        |
| Invoice dated                                | Not Charged |        |
| Invoice date                                 | Not Charged |        |

Comments:  
 L 2/2

## 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 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                                                               | 23/01/2018 17:41                           |
| Date Of Accident                                                             | 23/01/2018 07:35                           |
| Exact Location Of Accident                                                   | WOODLANDS DRIVE 72 OUTSIDE WOODSVALE CONDO |
| Country/State of Loss                                                        | SINGAPORE                                  |
| DETAILS OF OWN VEHICLE                                                       |                                            |
| Vehicle Registration Number                                                  | SFW2108T                                   |
| <b>Insured/Policyholder</b>                                                  |                                            |
| Name Of Registered Owner                                                     | CHONG WAN FUNG                             |
| NRIC No                                                                      | S7625223H                                  |
| Email Address                                                                | LAWRENCE81976@HOTMAIL.COM                  |
| Mobile Phone No                                                              | (LOCAL) +65-96479891                       |
| Alternative Phone No                                                         | OTHERS-96479891                            |
| <b>Vehicle Particulars</b>                                                   |                                            |
| Manufacturer                                                                 | FORD                                       |
| Model                                                                        | FOCUS                                      |
| Exact Purpose for which vehicle was being used at time of accident           | DRIVING TO WORK                            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                         |
| If No, Please state action to be taken                                       | REPORTING ONLY                             |
| Vehicle Category                                                             | PRIVATE CAR                                |
| <b>Insurance Company</b>                                                     |                                            |
| Name of Insurance Company                                                    | NTUC INCOME INSURANCE CO-OPERATIVE LTD     |
| Type Of Coverage                                                             | COMPREHENSIVE                              |
| Fleet Policy                                                                 | NO                                         |
| Policy Number                                                                | 5074098888-02                              |
| Cover Note Number                                                            |                                            |
| <b>Driver</b>                                                                |                                            |
| Name of Driver                                                               | CHONG WAN FUNG                             |
| NRIC No                                                                      | S7625223H                                  |
| Date Of Birth                                                                | 19/08/1976                                 |
| Occupation                                                                   | INDOOR                                     |
| Date Of Driving Pass                                                         | 07/11/2002                                 |
| Driving Experience                                                           | 15 YEARS AND 2 MONTHS                      |
| Gender                                                                       | MALE                                       |
| Mobile Number                                                                | (LOCAL) +65-96479891                       |
| Fax Number                                                                   |                                            |
| Contact Number                                                               | OTHERS-96479891                            |
| EMail Address                                                                | LAWRENCE81976@HOTMAIL.COM                  |

|                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| Address                                             | BLK 886A WOODLANDS DRIVE 73<br>#10-42 |
| Postcode                                            | 731686                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | OWNER                                 |
| Vehicle Registration Number of Driver's Own Vehicle | -                                     |
|                                                     | -                                     |
|                                                     | -                                     |
| Insurance Company of Driver's Own Vehicle           | -                                     |
|                                                     | -                                     |
|                                                     | -                                     |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - HEAD ON COLLISION |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles involved in the accident                                                 |     |
| Was any body injured in the Accident?                                                       | NO  |
| Was any injured conveyed to hospital by ambulance?                                          |     |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                             |
|-------------------------------------|-----------------------------|
| Vehicle Registration Number         | SKW9788A                    |
| Vehicle Make/Model/Colour           | SUBARU                      |
| Details Of Properties               |                             |
| Vehicle Category                    | PRIVATE CAR                 |
| Name of Driver                      | LIM CHUAN JEFFERY(LIN QUAN) |
| NRIC/Passport Number                | S1739536Z                   |
| Contact Number                      |                             |
| Address                             |                             |
| Postcode                            |                             |
| Insurance Company Name              |                             |
| Nature Of Damage                    |                             |
| No. Of Passenger (Including Driver) | 2                           |

### 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 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 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: \_\_\_\_\_

23/1/2018 1653

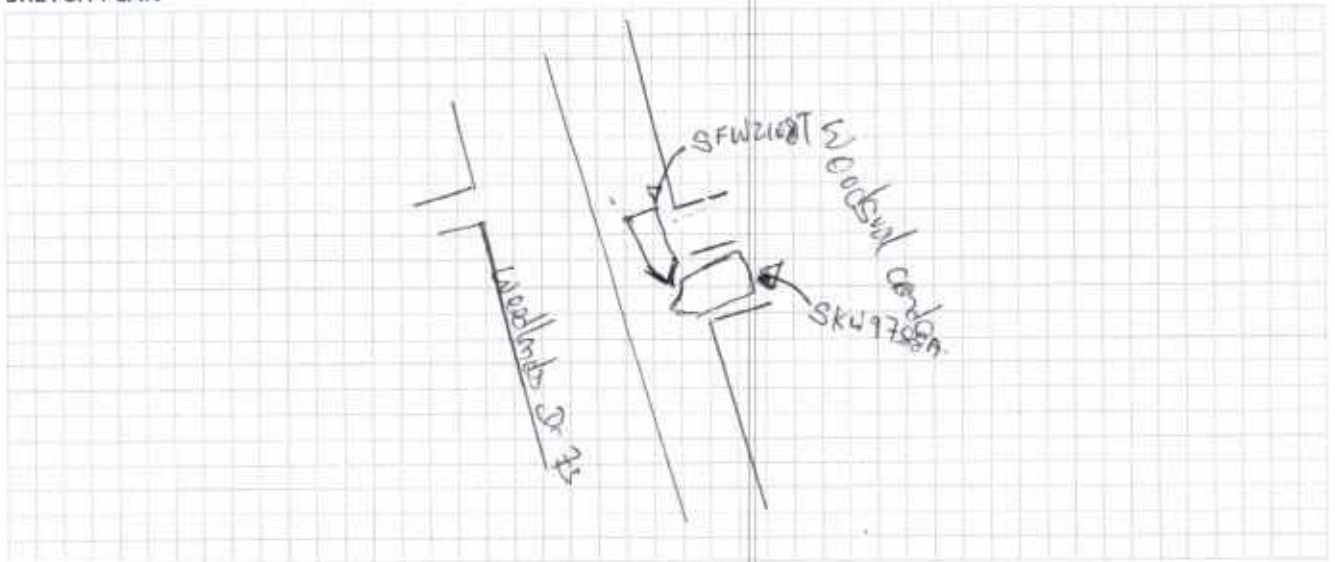
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

23

Reporting Centre Personnel's Signature:  
Name: Paul Wainwright  
NRIC/FIN No.: 123456789

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along woodlands drive 72, after dropping daughter at Riverside primary, towards woodlands drive 73. At the exit of Woodvale condo, a red car dash out as I was approaching the yellow box and jammed brake. After the red car had move off, seeing a space after the yellow junction box, I moved forward but suddenly SKW9788A also moved out and I hit it right front fender and bumper. There was no injuries.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

23/11/2018 1653

REPORT CENTRE FORM VI

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 23/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*[Signature]*

## Claim Handling

Accident MT/0979230

|                                         |                                                               |                               |                                                               |                        |                  |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|------------------|
| Policy No.                              | 5074098888-02                                                 | Vehicle No.                   | SFW2108T                                                      | GST Registration No.   |                  |
| Policyholder Name                       | CHONG WAN FUNG                                                | Cover Type                    | drive CLASSIC                                                 | Policyholder NRIC      |                  |
| Product Code                            | PRIVATE CAR INSURANCE                                         | Contact No.(Office)           |                                                               | Loading                |                  |
| Contact No.(Mobile)                     | 96479891                                                      | Special Remark                |                                                               | Contact No.(Home)      |                  |
| Email Address                           |                                                               | TCA                           | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode                  |                  |
| KPK                                     | <input type="radio"/> No <input checked="" type="radio"/> Yes | NCD Entitlement(%)            | 30                                                            | eCode Reason           |                  |
| NCD Protection                          | No                                                            |                               |                                                               | Private Hire           | Not available    |
| <b>Accident Details</b>                 |                                                               |                               |                                                               |                        |                  |
| Report Date                             | 24/01/2018 10:18                                              | Accident Report Within 24 hrs | Yes                                                           | Accident Type          | Collision - Head |
| Date of Accident                        | 23/01/2018                                                    | Time of Accident hh:mm        | 07:35                                                         | Country of Accident    | Singapore        |
| Reporting Centre                        |                                                               | Orange Force                  |                                                               | ICM No.                |                  |
| Accident Location                       | WOODLANDS DRIVE 72 OUTSIDE WOODSVALE CONDO                    |                               |                                                               |                        |                  |
| <b>Benefits</b>                         |                                                               |                               |                                                               |                        |                  |
| <b>Excess</b>                           |                                                               |                               |                                                               |                        |                  |
| Own damage Excess                       | 600.00                                                        | Additional Excess             | 0.00                                                          | Windscreen Excess      |                  |
| Unnamed Driver Excess                   | 0.00                                                          | Outside Singapore OD Excess   | 600.00                                                        |                        |                  |
| Third Party Excess                      | 0.00                                                          | Outside Singapore TP Excess   | 0.00                                                          |                        |                  |
| <b>GST Registered Information</b>       |                                                               |                               |                                                               |                        |                  |
| GST Registered                          | No                                                            | GST Registration Date         |                                                               | GST Status Verified    | Yes              |
| GST Registration No.                    |                                                               |                               |                                                               |                        |                  |
| Modification History                    |                                                               |                               |                                                               |                        |                  |
| <b>Policyholder Mailing Address</b>     |                                                               |                               |                                                               |                        |                  |
| Address 1                               | BLK 686A #10-42                                               | Address 2                     | WOODLANDS DRIVE 73                                            | Address 3              |                  |
| Address 4                               |                                                               | Address Type                  | Singapore address                                             | Post Code              |                  |
| Unit No.                                |                                                               | Related Policy Number         | 5074098888-02                                                 |                        |                  |
| <b>OI Driver Info</b>                   |                                                               |                               |                                                               |                        |                  |
| Driver Name                             | CHONG WAN FUNG                                                | Driver Type                   | Main Driver                                                   | Driver DOB             |                  |
| Unnamed driver Name                     |                                                               | Driver NRIC                   | S7625223H                                                     | Driving Experience     |                  |
| Register Date of Driver License         | 07/11/2002                                                    | Driver Age                    | 41                                                            | Contact No.(Home)      |                  |
| Contact No.(Mobile)                     |                                                               | Contact No.(Office)           |                                                               | Address 3              |                  |
| Address 1                               | BLK 686A #10-42                                               | Address 2                     | WOODLANDS DRIVE 73                                            | Post Code              |                  |
| Address 4                               |                                                               | Address Type                  | Singapore address                                             |                        |                  |
| Unit No.                                |                                                               | Driver Vehicle No.            | SFW2108T                                                      | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No |                               |                                                               |                        |                  |
| Declaration                             |                                                               |                               |                                                               |                        |                  |
| Breathalyser or Blood Test Reading?     | 0 mg                                                          | Any injury?                   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                  |
| Modification History                    |                                                               |                               |                                                               |                        |                  |

Claim 001 OD-MX

New

|                                           |                                    |                         |                                  |                            |  |
|-------------------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type *                              | OD-MX                              | Insured Name            | CHONG WAN FUNG                   | Insured NRIC               |  |
| Contact No.(Mobile)                       | 96479891                           | Contact No.(Home)       | 67837094                         | Contact No.(Office)        |  |
| Email Address                             | LAWRENCE81976@HOTMAIL.CO           | OT Vehicle Number       | SFW2108T                         | TP Vehicle Number          |  |
| Claim Description                         | SFW2108T / SKW9788A ON 23 Jan 2018 |                         |                                  |                            |  |
| Preferred Workshop Contact No.            |                                    | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |  |
| Require Finalisation                      | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 |  |
| Date Registered                           | 24/01/2018 10:26                   | Claim Close Date        |                                  | Date Received              |  |
| Report Taken By                           | ROSLI WAHAB                        | Workshop Repairer       |                                  | Total Loss but Repaired    |  |
| <input type="checkbox"/> Print All letter |                                    |                         |                                  |                            |  |

Save Submit

## Attachment

|                                                                               |                                                               |             |                  |
|-------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|------------------|
| Accident No.                                                                  | MT/0979230                                                    | Claim No.   | 001              |
| Last Doc. Received                                                            | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/01/2018 10:26 |
| Path *                                                                        |                                                               |             |                  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> |                                                               | Category *  | Confidential     |
|                                                                               |                                                               | Urgency     | Normal           |

|                                       |                                      |               |   |      |   |        |
|---------------------------------------|--------------------------------------|---------------|---|------|---|--------|
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | 10/1 | → | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | 10/1 | → | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | 10/1 | → | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | 10/1 | → | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ▼ | 10/1 | → | Normal |

Attachment List

| Attachment | Uploaded By/Date                                                                                 | Category              | Urgency | De            |
|------------|--------------------------------------------------------------------------------------------------|-----------------------|---------|---------------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 10:26 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 10:26 | SAS                   | Normal  | SAS           |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 10:25 | Photos                | Normal  | Photo         |
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|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 24 Jan 2018 10:22 | Photos                | Normal  | Photo         |

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 01 / 2008 (DD/MM/YYYY), TIME: 07 : 33 (HH:MM)

LOCATION: Woodlands Drive 72 outside Woodvale carb

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GFW2108T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 50408888-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: FORD Focus  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHONG WAN FUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7625223H CONTACT: 96479891  
 c) ADDRESS: Blk 686A Woodlands Dr 3 #10-42 S(731686)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger  
(Including driver)  
(1)

- DRIVER  
 a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 19 / 08 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 14 Nov 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
(2)

- a) VEHICLE NUMBER: 8kw 9788A MODEL: Subaru  
 b) DRIVER'S NAME: LIM CHUAN JEFFERY (LIN GUAN)  
 c) NRIC/FIN/PASSPORT: S17395362 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

- d) VEHICLE NUMBER: NIL MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = lawrence81976@hotmail.com

fax =

V1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7625223H



Name

CHONG WAN FUNG  
(ZHANG YUNFENG)

张云峰

Race

CHINESE

Date of birth

19-08-1976

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7625223H

CHONG WAN FUNG  
(ZHANG YUNFENG)

Birth Date 19 Aug 1976

Issue Date 04 Oct 2003



3924096

NRIC No. S7625223H



Date of issue

28-08-2006

Address

4 T BLK 685A WOODLANDS DRIVE 73 #10-42  
SINGAPORE 731685

NRIC No. S7625223H

Date: 07-01-2007

No: 5669127

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

PASS DATE

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

07 Nov 2007

NP 428A



eBaoTech

General Claim

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## Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

[Search](#)

| Select                   | Policy No.    | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="checkbox"/> | 5074098888-02 | CHONG WAN FUNG    | 57925223H         | GPC     | drive CLASSIC | SFW2108T    | SFW2108T       | 20/10/2017    | 19/10/2018  |

[Continue](#)

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MA46011628 Vehicle Registration No: SFW 2108 T  
Name (as shown in NRIC): CHENG WONG KUN NRIC/FIN/Passport No: S76252234  
(\*Vehicle Driver / Vehicle Owner) ( ) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96479891  
Email Address : \_\_\_\_\_  
Date of Accident : 23/01/2018 Time of Accident : 07:35  
Place of Accident : WOODLAND DR 72 OUTSIDE WOODVALE CONDO  
Insurance Company: MML

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPE OF COLLISION IS HEAD ON COLLISION

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: ROSE WONG  
NRIC/FIN No: \_\_\_\_\_  
Date: 24/01/2018