

NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

Date In: 06/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18002224/13	SAS e-filing		
Veh No: SGZ7668H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/01/18 0150	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MOTOR INTEL	Tel:	Fax:
TP Particulars:	Veh No: SCK1012	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

Claimant's Particulars:-	NA1800809	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:		6) TR: Re-inspection \$75		
		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 (N11) 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 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	06/02/2018 14:28
Date Of Accident	28/01/2018 01:50
Exact Location Of Accident	JUNC OF PASIR RIS DR 1 & PASIR RIS DR 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ7668H
Insured/Policyholder	
Name Of Registered Owner	CWA ISSAC TERRY
NRIC No	S7602745E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94893868
Alternative Phone No	OTHERS-94893868

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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 HIRE

Insurance Company

Name of Insurance Company	MŞIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29048663 QMX
Cover Note Number	

Driver

Name of Driver	CWA CHENG KIAT
NRIC No	S1761953E
Date Of Birth	03/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98378338
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 225 PASIR RIS ST 21 #03-64
Postcode	510225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SCK101Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CWA CHENG KIAT
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SGZ7668H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 reudiate 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:

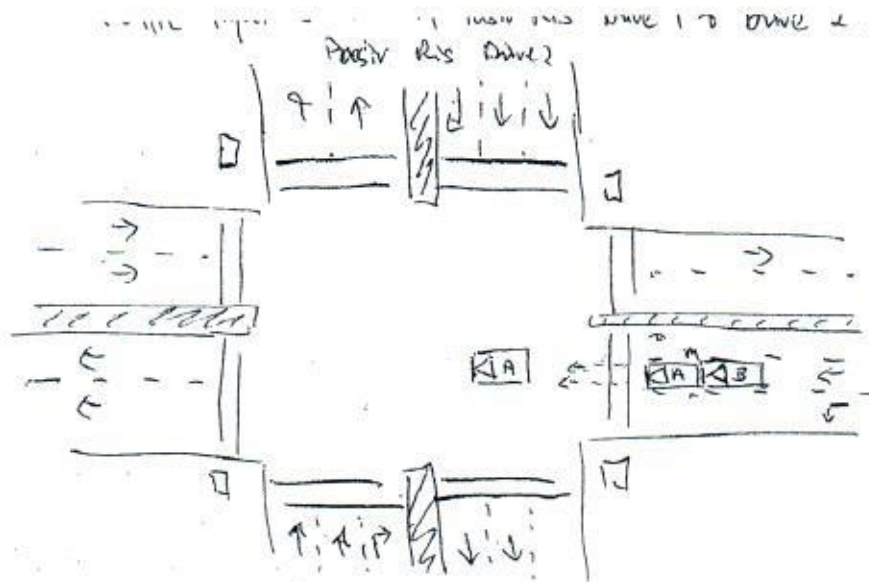
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



Veh A: SGZ 768H

Veh B: SCK 101Z

Passiv Ric Drive 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Passiv Ric Drive 1 on the center lane of a 3-lane road somewhere before Junction of Passiv Ric Drive 1 and Drive 2, I stopped at traffic light due to red lights. While waiting for the traffic light to turn green, I suddenly a very strong impact from the rear portion of my vehicle. After the accident, I was semi-conscious and only remember a passer-by informing me that he had informed the police and the ambulance. I was hospitalised from 28 Jan 2018 till further notice by hospital. I applied for hospitalization leave for purpose of doing accident reports and traffic police report.

Veh A SGZ 768H

Veh B. SCK 101Z

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.:

06/02/18



**SINGAPORE
POLICE FORCE**



T/20180206/2075

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180206/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 13:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CWA CHENG KIAT			Address: APT BLK 225 PASIR RIS STREET 21 #03-64 SINGAPORE		
ID Type / ID No.: NRIC NO / S1761953E			Contact No.: Home/Office: Mobile: 98378338		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 03/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2018 01:50	Type of Location: X-Junction
Location: PASIR RIS DRIVE 1 ALONG PASIR RIS DRIVE 1 JUNCTION OF PASIR RIS DRIVE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK101Z		BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Silver		0
SGZ7668H	Car	NISSAN	LATIO 1.5L A	White		0



**SINGAPORE
POLICE FORCE**



T/20180206/2075

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180206/2075

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING ALONG PASIR RIS DRIVE 1 ON THE CENTER LANE OF A 3-LANE ROAD
SOMEWHERE BEFORE THE JUNCTION OF PASIR RIS DRIVE 1 AND DRIVE 2, I STOPPED AT
TRAFFIC LIGHT DUE TO RED LIGHTS. WHILE WAITING FOR THE TRAFFIC TO TURN GREEN.
SUDDENLY A VERY STRONG IMPACT FROM MY REAR PORTION OF MY VEHICLE. AFTER THE
ACCIDENT, I WAS SEMI-CONSCIOUS AND ONLY REMEMBER A PASSER-BY INFORMING ME THAT
HE HAD INFORMED THE POLICE AND THE AMBULANCE. I WAS HOSPITALISED FROM 28
JANUARY 2018 TILL FURTHER NOTICE BY THE HOSPITAL. I APPLIED FOR HOSPITALISATION
LEAVE FOR PURPOSE OF DOING ACCIDENT AND TRAFFIC POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20180206/2075

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180206/2075

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476209

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/02/2018 13:03

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Vehicle No.

SGZ 76684

Make / Model:

Nissan Latio

Date of Accident

28 Jan 2018

Time of Accident

0150 hrs.

Location of Accident

Traffic light junction of Pasir Ris Drive 1 & Pasir Ris Ave 2.

Purpose of Use

On the way home.

Name of Owner

CWA ISSAC TERRY.

NRIC / Business UEN:

S7602745E

Contact No:

HP: 9489 3868 Home:

Claim Type:

Own Damage Third Party Reporting Only

Private Hire:

Uber / Grab

Insurance Company:

MSIG

Type Of Coverage:

Comprehensive

TPFT

Policy No:

A29048663 QMX

Name Of Driver: (as above)

CWA CHENG KIAT

No. Of Passenger:

NRIC:

S1761953E

Male:

Female:

Date Of Birth:

03-06-1966

License Pass Date:

05 Jul 2005

Gender:

Male

Female

Occupation:

Courier

Contact No:

HP: 9837 8338

Home:

Address:

Bik 225 Pasir Ris Street 21 #03-64

Singapore 510225

brother

Driver Own Vehicle:

Relationship:

Employee / Relative / Friend brother

Weather Condition:

Day

Night

Raining

Road Surface:

Dry

Wet

Any Injuries:

Yes, convey to hospital.

Contact No:

Police Report:

TP/IP/06193/2018.

Vehicle B No.:

SCK 101E

No. Of Passenger:

Driver / NRIC

Male:

Female:

Driver Contact:

Vehicle C:

No. Of Passenger:

Driver / NRIC

Male:

Female:

Driver Contact:

Vehicle D:

No. Of Passenger:

Driver / NRIC

Male:

Female:

Driver Contact:

Vehicle E:

No. Of Passenger:

Driver / NRIC

Male:

Female:

Driver Contact:

Particulars of Workshop:

Motor Intel Automo Pte. Ltd.

Tel no: 6281 0087

Fax No: 6281 0187

Person In Charge:

Wilson Ong (HP: 8838 3318)

Address:



Bartley Biz Centre, 13 Kaki Bukit Rd 4, #01-20 S(417807)

Email:

sales@mia.com.sg

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7602745E




Name
CWA ISSAC TERRY

Race
CHINESE

Date of birth
26-01-1976

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving licence number
S7602745E



CWA ISSAC TERRY

Birth Date: 26 Jan 1976

Issue Date: 24 Aug 2017



002717148C

5797841



License No: S7602745E



Date of issue
23-08-2017

Address

APT BLK 641 PASIR RIS DRIVE 1
#06-504
SINGAPORE 510641

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

09 Jan 2021

Class 1

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$



License No: S7602745E

NP 428A



NRIC No. S1761953E



Date of Issue
07-04-2012

Address
APT BLK 225 PASIR RIS STREET 21
#03-64
SINGAPORE 510225

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

Class	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	EFFECTIVE DATE
Class 3		05 Jul 2005



Licence No: S1761953E

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1761953E



Name

CWA CHENG KIAT

柯清傑

Race

CHINESE

Date of birth

03-06-1966

Country of birth

SINGAPORE

Sex

M

S1761953E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1761953E

Name:

CWA CHENG KIAT



Birth Date: 03 Jun 1966

Issue Date: 21 Dec 2016



K02640758H

Driver



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29048663 QMX	15/11/2017 to 15/11/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Cwa Issac Terry 641 Pasir Ris Drive 1 #06-504 Singapore 510641		16/11/2017
		Account Number
		156408
Premium	GST	Total Due
SGD975.48	SGD68.28	SGD1,043.76

RISK NUMBER 1**MOTORMAX****OCCUPATION***Sales Executive***FINANCIAL INTEREST**

United Overseas Bank Limited
as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SG2766BH
MAKE/MODEL Nissan Latio 1.5L A
ENGINE NUMBER HR15189208A
CHASSIS NUMBER JN1BAAC11Z0006367
YEAR OF MFG 2007
CAPACITY 1498 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	NIL
NCD PROTECTOR	NOT COVERED
EXCESS	SGD500
ANNUAL PREMIUM	SGD972.61

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit,
rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Cwa Issac Terry