

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/02/18         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CTE18003159/13 | SAS e-filing                             |                       |         |
| Veh No: SLN5454A          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 15/02/18 2045      | i-Motor Claim Form                       |                       |         |
| OD: (P) Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
| TP Insurer                | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )   | Fax: ( )              |
| TP Particulars:                            | Veh No: SHC716H  | INC ( ) / Non-INC ( ) |
| Owner / Driver: ( )                        | Period: ( )  | Cover Type: ( )       |
| Policy No: ( )                             | Date: ( )  | Time: ( )             |
| Confirmed by: ( )                          | 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:-   | 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 |
|-----------|---------|
|           |         |
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|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA1800996                       | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | Inc Bill    | Add Bill  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |           |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Cat. 1:                         | 6) TR: Re-inspection \$75                       |             |           |
| Cat. 2/3:                       | 7) N1: Idac DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | QD*   |             |           |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |           |
|                                 | *N6: Repair Co-ordination \$10                  |             |           |
|                                 | *N7: Post Repair Inspection \$25                |             |           |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |           |
|                                 | *N9: 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 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             | 19/02/2018 13:22                                  |
| Date Of Accident           | 15/02/2018 20:45                                  |
| Exact Location Of Accident | NORTH BRIDGE RD TWDS CHINATOWN(OUTSIDE BRAS BASAH |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN5454A             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN HWA BOON         |
| NRIC No                     | S7215454A            |
| Email Address               | HWABOON@GMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-83915454 |
| Alternative Phone No        | OTHERS-83915454      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | ODDYSEY     |
| 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             | DMPCSN3078821700                              |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN HWA BOON          |
| NRIC No              | S7215454A             |
| Date Of Birth        | 30/04/1972            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 10/11/1989            |
| Driving Experience   | 28 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-83915454  |
| Fax Number           |                       |
| Contact Number       | OTHERS-83915454       |
| Email Address        | HWABOON@GMAIL.COM     |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 613A PUNGGOL DRIVE<br>#09-851 |
| Postcode  | 821613                            |
| 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   | SIDE SWIPE |
| 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?  | NO  |
| 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)   | 2   |
| Passenger 1   | NAME: : CHRISTOPHER KOH<br>GENDER: : MALE |

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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         | SHC716H        |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | TAXI           |
| Name of Driver                      | CHEW HOCK MENG |
| NRIC/Passport Number                | S1188346Z      |
| Contact Number                      | 97810903       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |



## 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 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:

 19/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

CASHIN ST.

NORTH BRIDGE

TRAFFIC LIGHT

BINN STREET

Vehicle B : SHC 7164


1. Driving along North Bridge Road (Outside Bras Basah Complex towards chinatown direction). Stopped at traffic light.
2. Upon green light, started to move vehicle forward.
3. Vehicle B, who parked after the traffic light with vehicle hazard light on, suddenly starts to filter out to the left from his original lane.
4. Horn to alert Vehicle B driver who initially stops. However upon Vehicle A moving passed, vehicle B starts to accelerate and hit vehicle A on the right side.
5. Vehicle A driver stops, alight vehicle to examine damage and check for any third party ~~in~~ injury.
6. Vehicle A driver exchange particulars with vehicle B driver.
7. Both parties agreed to report and claim insurance.
8. After incident, vehicle A becomes bumpy when travel on uneven surface or hump.

\* Accident photos available

\* Carcam video available

\* SMS from vehicle B driver admit mistakes available.

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

 19/02/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2018) (DD/MM/YYYY), TIME: (20 : 45) (HH:MM)

LOCATION: North Bridge Road (Outside Bras Basah Complex towards Chinatown)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN5454A  
b) INSURANCE COMPANY: CHINA-TAIPIING  
c) POLICY NUMBER: DMPCSN3078821700  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA ODYSSEY  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

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

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

### DRIVER

- a) NAME: TAN HWA BOON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7215454A CONTACT: 83915454  
c) ADDRESS: 613A Punggol Drive #09-851 S(821613)

\*d) DATE OF BIRTH: (30 / 04 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28

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

6. WAS ANYBODY INJURED (YES / NO)

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

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

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC716H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHEW HOCK MENG  
c) NRIC/FIN/PASSPORT: S1188346Z CONTACT: 97810903

### 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(including driver)  
(2)

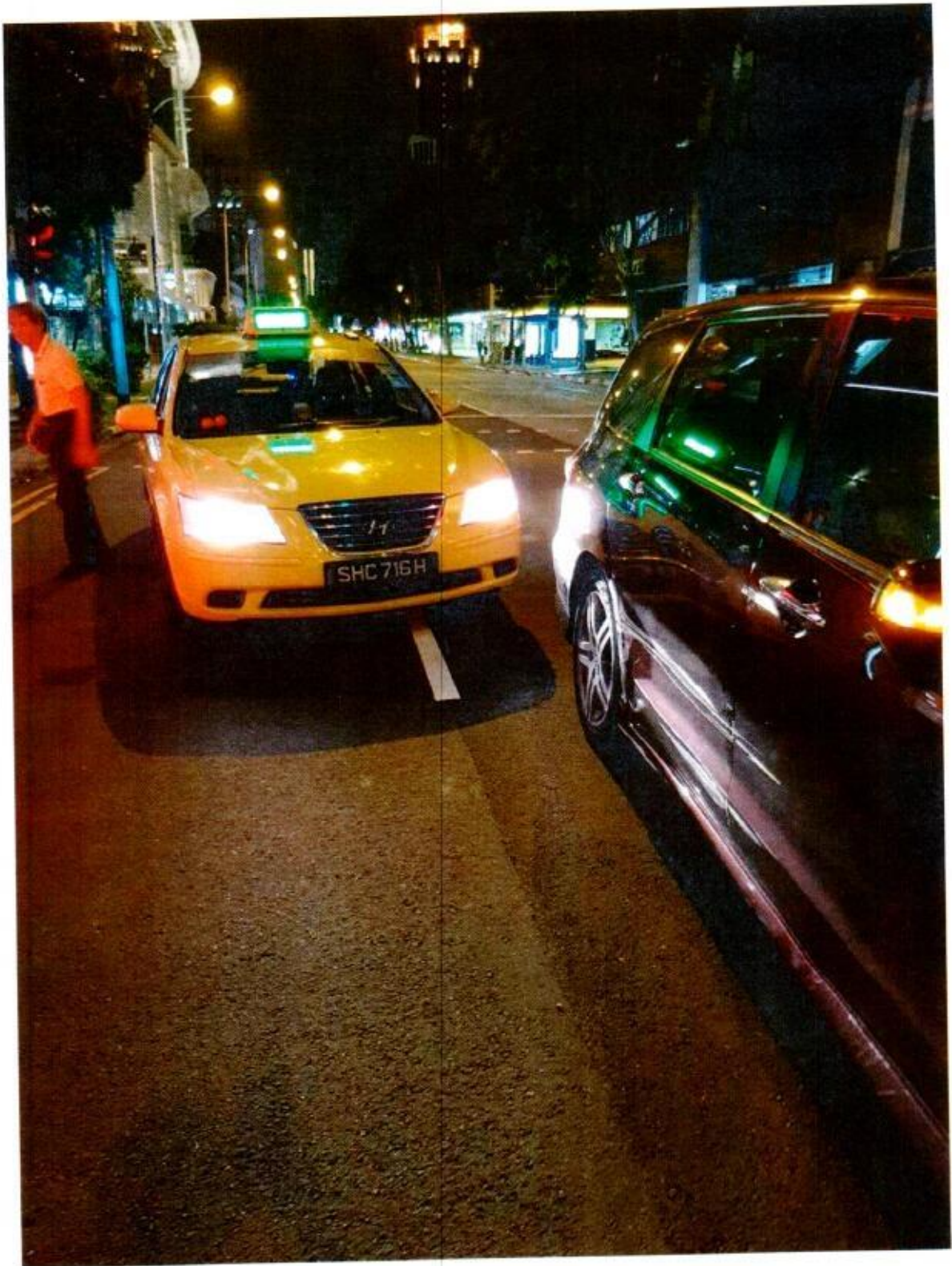
\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

email =

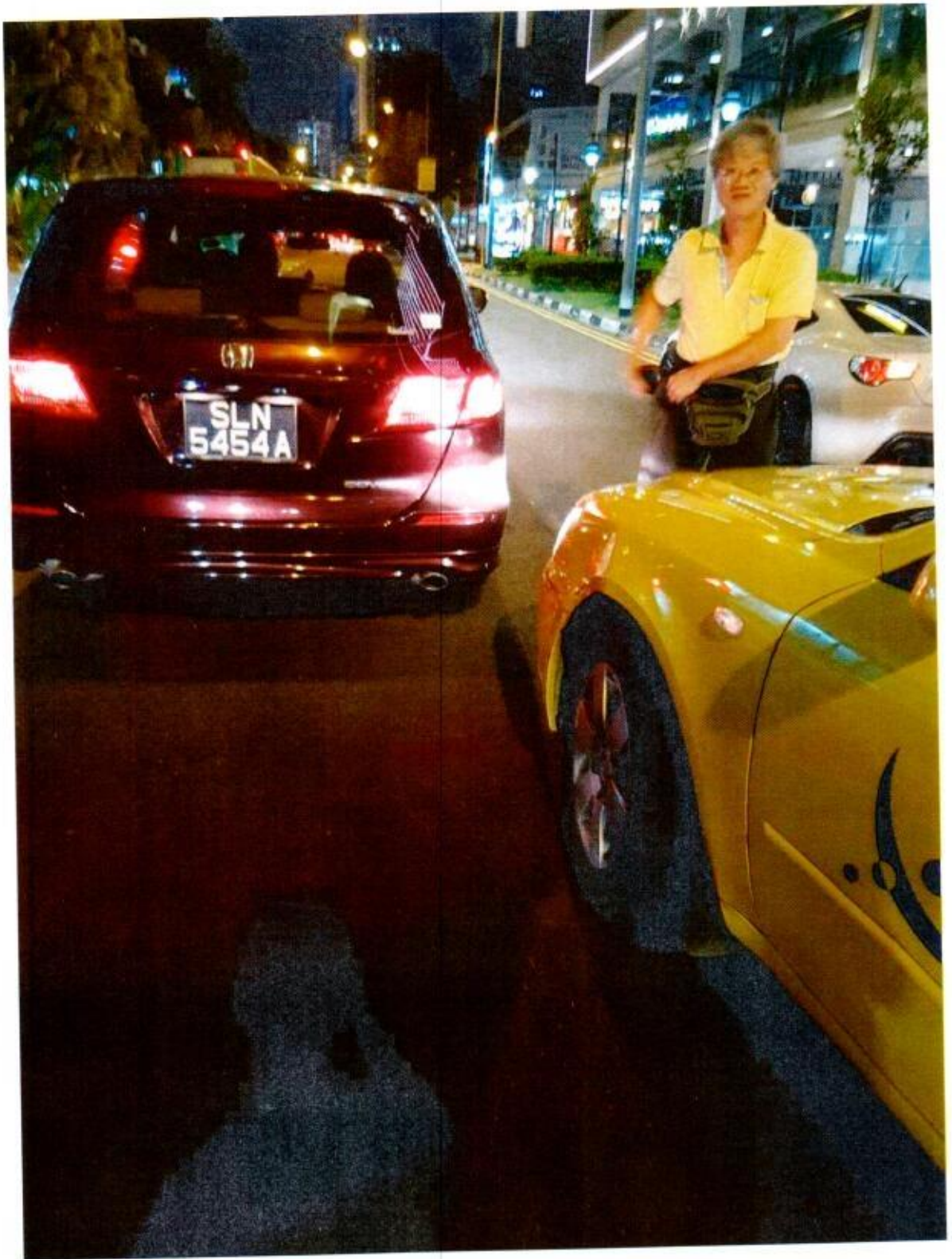
fax =





Vehicle SHC716H hit right side of vehicle SLN5454A










Damaged on vehicle SLN5454A



Damaged on vehicle SHC716H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7215454A



Name  
TAN HWA BOON  
(CHEN HUAWEN)  
陈 华 文

Race  
CHINESE

Date of Birth  
30-04-1972

Sex  
M

Country of Birth  
SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7215454A

Name  
TAN HWA BOON  
(CHEN HUAWEN)

Birth Date 30 Apr 1972

Issue Date 05 Nov 2003

1051091



NRIC No. S7215454A



Blood Group A+ Date of Issue 17-06-1993

APT BLK 613A PUNGGOL DRIVE #09-851  
SINGAPORE 821613


NRIC No. S7215454A Date: 02/05/2012 No: 7036148

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

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc  | 10 May 1991 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 10 Nov 1989 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   | 02 May 1995 |

NP 428A

Licence No: S7215454A





## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

|   |   |  |
|---|---|--|
| CERTIFICATE No.   | DMPCSN3078821700  | Engine No : K24221301447<br>Chassis No: JHMRB38509C201440  |
| 1. Index Mark and Registration Number of Vehicle  | SLN5454A  |  |
| 2. Name of Policy Holder  | TAN HWA BOON  |  |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment  | 11 OCTOBER 2017   | NAMED DRIVERS EX SECT. I .....\$51,000.00<br>ADDITIONAL EX OTHER THAN NAMED DRIVERS:<br>EX SECT. I - AGE <= 25.....\$3,000.00<br>EX SECT. I - AGE >= 26.....\$500.00<br>* AGE AS AT DATE OF ACCIDENT<br>EX ON WINDSCREEN .....\$100.00 |
| 4. Date of Expiry of Insurance  | 6 OCTOBER 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.<br>THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST 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.<br><br>EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED.<br>ONE TIME WAIVER OF EXCESS FOR THE FIRST \$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR. |  |
| HIRE PURCHASE CO. : MAYBANK AS HP OWNER<br>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.                               |   |  |

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer



Authorised Signatory