

# NATIONAL Assessment Centre Services

(Int'l. Invoicing)

NA/01/18024439

Date In: 20/02/2018 14:03	Job description	Date & Time Completed	Done by
Ref No: NBA/CI/18003265/Y	SAS e-illing		
Veh No: SJH 6439A	E-mail (white sheet, A10 sheet)		
D.O.A: 20/02/2018 07:25	1-Motor Claim Form		
OD: (TP) Reporting Only	1-Motor W/O (white sheet, TP sheet)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars	Yeh No: SAC 4198B	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note: Est. Status (WO): NI: 0-20%; P: 21-79%; P: 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 repaller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co: ( )

Remarks:	IN 1801186	Drive-In Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury: ( )

Date/Time	Action

NA/01/184

Human Particulars	Invoice Preparation Charge	Invoice	Invoice Bill
river/Owner:	1) AR: Accident Reporting (\$30)		
contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
amaged Portion:	3) TP: Towing Fee	\$10/15	
	4) PT: Follow-Through Survey	\$10	
	5) FT: Follow-Through Survey (Recovery)	\$10	
	6) TR: Re-inspection	\$10	
	7) NI: 180 DA + SMRT Survey	\$140	
	8) NTUC Additional Services		
	Q11:		
	*NI: Courtesy Car / Tpl Allowance	\$1	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$10	
	*NI: BY / Collect Excess Coordination	\$1	
	TE (NI) / TP (Non-INC) actual INC	\$10	
	9) NI: 180e bills	\$10	
	Invoice dated		
	Invoice total		

Not Charged

Not 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	20/02/2018 14:03
Date Of Accident	20/02/2018 07:25
Exact Location Of Accident	PIE EXIT TOWARDS LOYANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU6439A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAWN WONG ZIHANG
NRIC No	S8126784G
Email Address	MONGOL@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-84880760
Alternative Phone No	OTHERS-84880760

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	DMPCSN1768601700
Cover Note Number	

### Driver

Name of Driver	SHAWN WONG ZIHANG
NRIC No	S8126784G
Date Of Birth	27/08/1981
Occupation	INDOOR
Date Of Driving Pass	13/08/2005
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84880760
Fax Number	
Contact Number	OTHERS-84880760
Email Address	MONGOL@HOTMAIL.SG

Address	BLK 407 FAJAR ROAD #07-331
Postcode	670407
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 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	2
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)	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	SHC4198B
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG SIEW KAI
NRIC/Passport Number	S1274525G
Contact Number	84067418
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 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: 20 FEB 2018  
1200

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

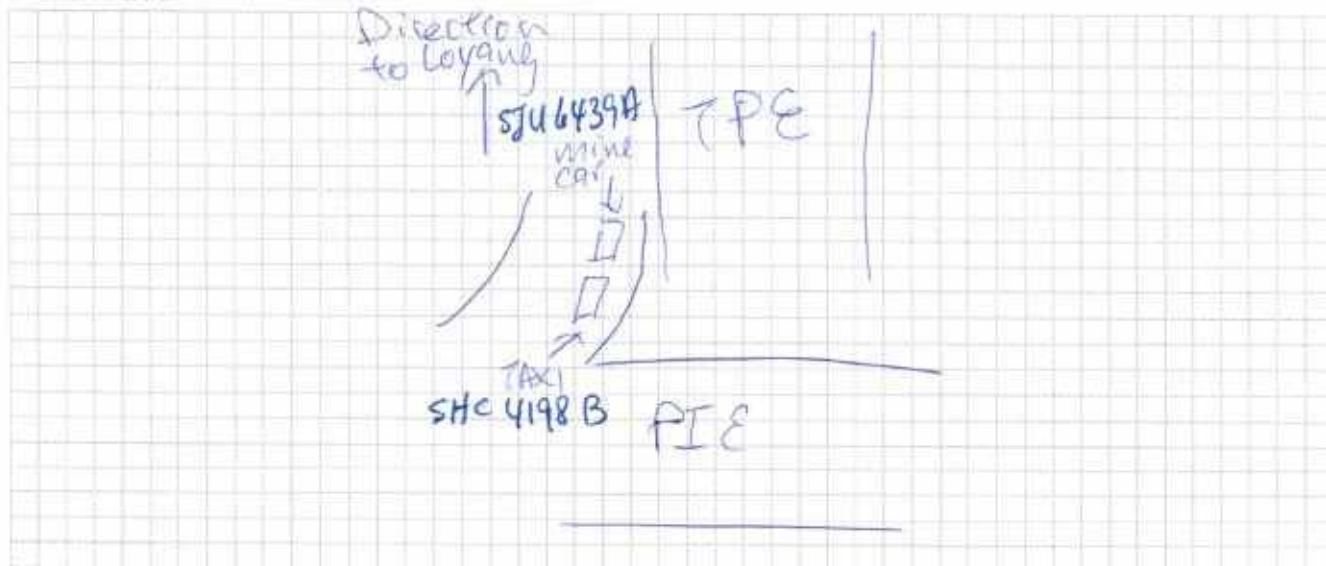
Name:

NRIC/FIN No.:

20/02/2018  
RESLI WAHAB



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 7.25am, 20 FEB 2018, I exit from PTE to Loyang. At the slip road, I stopped my car and an SMRT taxi, SHC 4198B Toyota Prius, driven by Ong Siew Kai, hit my car, Toyota Aklis, SJU 6439A, from the back. Due to the morning heavy traffic, I drive further up and stopped by the roadside to assess my damage. Then the SMRT taxi followed suit. We took pictures of each other's car impact area and follow by exchanging of mobile number. I have taken a photo of his vocational license as well.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 20/02/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/02/2018 (DD/MM/YYYY), TIME: 07.25 (HH:MM)

LOCATION: PIE EXIT TO LOYANG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSU 6A39A  
 b) INSURANCE COMPANY: CHINA TAI PING  
 c) POLICY NUMBER: DMPCSN 176801700  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA ALTIS  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL 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: SHAWN WONG ZIHANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8126784G CONTACT: 8188 0760  
 c) ADDRESS: BLK 407 Fajar Road #07-331 S670407

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

# No of passengers  
(including driver)  
(1)

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

d) DATE OF BIRTH: 27/08/1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

# No of passengers  
(including driver)  
(2)

- a) VEHICLE NUMBER: SHC 4198B MODEL: TOYOTA PRIUS  
 b) DRIVER'S NAME: ONG SIEW KAI  
 c) NRIC/FIN/PASSPORT: S12745256 CONTACT: 8906 7418

## 9. THIRD PARTY VEHICLE

# No of passengers  
(including driver)  
( )

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

email = mongol@hotmail.sg

fax = 8

✓ I OWE YES

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8126784G



Name

SHAWN WONG ZIHANG  
(HUANG ZIHANG)

黄子行

Race

CHINESE

Date of birth

27-08-1981

Sex

M

Country of birth

SINGAPORE

4709100



NRIC No. S8126784G



Date of issue

09-09-2011

Address

APT BLK 407 FAJAR ROAD  
#07-331  
SINGAPORE 670407



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S 81267840**

Name:

**WONG ZIHANG**  
**(HUANG ZIHANG)**



Birth Date: **27 Aug 1981**

Issue Date: **13 Aug 2005**





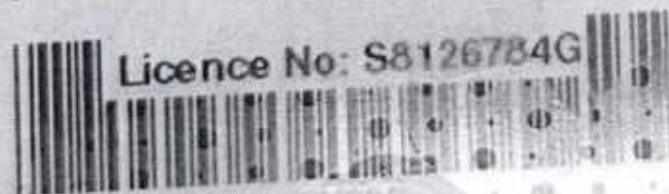
ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

13 Aug 2005



428A



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #10-00 Springleaf Tower Singapore 079808

Tel: 6389 6111 Fax: 6222 1033

Website: www.sg.chinataiping.com

Co. Reg. No. 20028384E

ORIGINAL

ENDORSEMENT

Agency	AN0589A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN1768601700
Account	AN0589A	Issued on	..... 05/12/2017 in SINGAPORE	Endorsement No.	.... SNM1716113/1
Client	3186493	Acceptance Date	05/12/2017		
		Effective Date	01/12/2017		

Period of Insurance from 01/12/2017 to 20/12/2018 , both dates inclusive

Insured's Name....	SHAWN WONG ZIHANG
Address.	BLK 407 FAJAR ROAD
	#07-331
	SINGAPORE 670407

Premium .....	Base Annual Premium .....	S\$2,224.00		
	Less 35% Autosafe Scheme .....	S\$778.40-		
	No Claim Discount .....	50.00%	S\$722.80-	
	Promotion Discount .....		S\$150.00-	
	Total Annual Premium .....	S\$572.80	Premium Due	S\$0.00
			Total Due	S\$0.00

Risk No. 001 MOTOR PRIVATE CAR  
1. Registration SJU6439A

It is hereby declared and agreed that the Insured's name is amended to read as above with effect from the effective date.

Other terms and conditions remain unchanged.

Signed for and on behalf of the Company

Authorised Signature