

# NATIONAL Assessment Centre Services

Form: NA-180 (09/15)

Date In: 21/2/2018 11:04	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/II 18003278/K4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SK 9 6840K	i-Motor Claim Form		
D.O.A: 15/02/2018 13:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 2226L	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:-	Date & Time Completed	Done by
(INC hotline: 6788-6616)		
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:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: 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 2025)		
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 (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	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	21/02/2018 11:04
Date Of Accident	15/02/2018 13:45
Exact Location Of Accident	REPUBLIC BOULEVARD TWDS REPUBLIC AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6840K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG YUEN SHENG EVELYN
NRIC No	S1436330J
Email Address	MEBE983@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90114823
Alternative Phone No	OTHERS-90114823

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF MATCH 1.4 TSI DSG 5K12G5
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M493167
Cover Note Number	

### Driver

Name of Driver	NG CHIN WEI, ADELE (HUANG QINWEI )
NRIC No	S9108543G
Date Of Birth	03/03/1991
Occupation	INDOOR
Date Of Driving Pass	19/07/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87779978
Fax Number	
Contact Number	OTHERS-87779978
Email Address	MEBE983@GMAIL.COM

Address	52A TOH TUCK ROAD #05-02
Postcode	596744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180219/2154

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2226L
Vehicle Make/Model/Colour	TOYOTA / VELLFIRE/ WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81279213
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

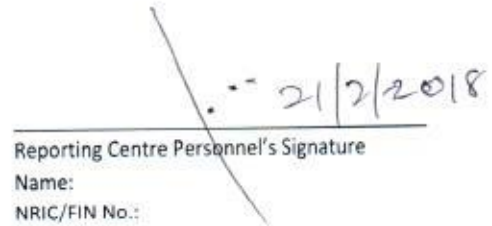
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

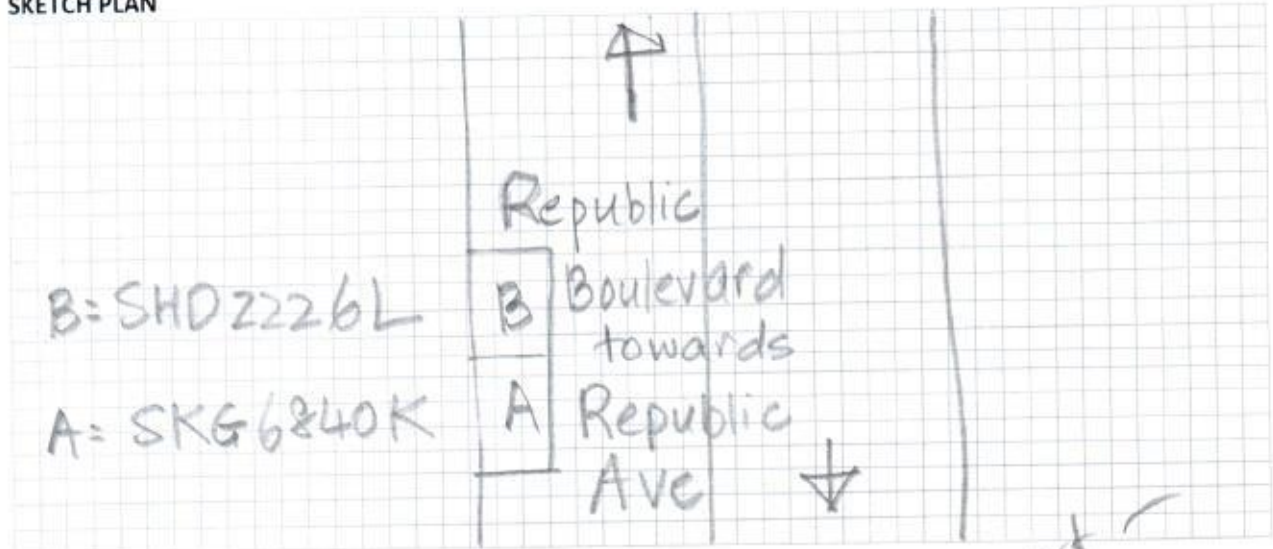


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report  
T/20180219/2154

DECLARATION

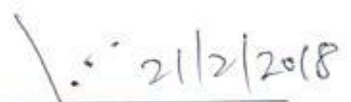
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:



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

 21/2/2018

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





# SINGAPORE POLICE FORCE



T/20180219/2154

1 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20180219/2154

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2018 21:26	Vide Report No.:	Station Diary No.: 44
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<b>Informant's Particulars</b>			
Name of Informant: NG CHIN WEI, ADELE		Address: 52A TOH TUCK ROAD #05-02 SINGAPORE 596744	
ID Type / ID No.: NRIC NO / S9108543G		Contact No.: Home/Office: Mobile: 87779978	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 26	Date of Birth: 03/03/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Doctor		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 13:45	Type of Location: Straight Road
Location:  REPUBLIC BOULEVARD REPUBLIC AVENUE Along Republic Boulevard towards Republic Ave				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2226L	Van	TOYOTA	VELLFIRE	White	Slightly Damaged	1
SKG6840K	Car	VOLKSWAGO N	Golf	Black	No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

Report No. T/20180219/2154

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	-	ID No.	-
Related Vehicle	SHD2226L (Van)	Contact No.	81279213
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NG CHIN WEI, ADELE	ID No.	S9108543G
Related Vehicle	SKG6840K (Car)	Contact No.	87779978
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/02/2018 at about 1345hrs, I was driving my car (Reg: SKG6840K) along Republic Boulevard towards Republic Ave. The traffic was rather heavy and I was traveling at a speed of about 10-20 Km/hr. There was a taxi (Reg SHD2226L) that was driving in front of me.

The taxi moved forward and I moved forward. The taxi braked and so did I, however, I was not able to stop in time and hit slightly on to the rear bumper of the taxi.

I alighted and checked, there was no damage to my car. I believe, the rear sensor of the taxi had come off. The taxi driver and I exchanged phone numbers and left. There was no injury to anyone during the accident. Thus, I did not lodge any report as I did not see the need to.

On 19/02/2018 at about 0825hrs, I received a call for the taxi driver and he informed me that he has visited the A&E and was given 5 days of MC. Thus, I decided to lodge a police report. My car is installed with a on board dash cam that has recorded the accident.





**SINGAPORE  
POLICE FORCE**



T/20180219/2154

3 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20180219/2154

**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:

D /

Staff Sgt HASSANOOR AL RASHAD S/O SHAIK  
BASHEER MOHAMED

Signature Of Interpreter:

Not applicable

*Selina = WONG@SPF.GOV.SG*

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

19/02/2018 21:26

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9108543G



Driver



Name

NG CHIN WEI, ADELE  
(HUANG QINWEI)

黄沁玮

Race

CHINESE

Date of birth

03-03-1991

Sex

F

S9108543G

Country of birth

SINGAPORE

4391487



NRIC No. S9108543G

Date of issue

04-04-2009

Address

52A TOH TUCK ROAD  
#05-02  
SINGAPORE 596744



driver

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9108543G**

Name:

**NG CHIN WEI, ADELE  
(HUANG QINWEI)**

Birth Date: **03 Mar 1991**

Issue Date: **19 Jul 2010**



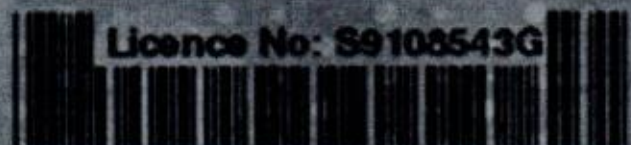
## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg  
with =< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg

**19 Jul 2010**

NP 428A



# ~~X~~ Drivers Informer

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1436330J



Name  
NG YUEN SHENG EVELYN  
黄 韻 仙

Race  
CHINESE

Date of birth  
11-06-1960

Sex  
F

Country/Place of birth  
SINGAPORE

5319886



NRIC No. S1436330J



Date of issue  
04-06-2014

Address  
52A TOH TUCK ROAD  
#05-02  
SINGAPORE 596744



2017 - 2018  
27 Sep - 26 Sep

## 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)

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

Agency Code: <b>01204SE</b>	Insured/ Named Drivers Excess: <b>\$600/- Sect 1</b>
Comprehensive	Unnamed Drivers Excess: <b>\$1100/- Sect. 1 &amp; additional \$2500/- Sect. 1 for age &lt; 21 years or &gt; 65 years &amp;/or S'pore D.L. &lt; 2 years</b>
	Windscreen Excess: <b>\$100/-</b>
<b>CERTIFICATE NO.</b>	<b>M493167</b>
1. Index Mark and Registration Number of Vehicle	<b>SKG 6840 K</b>
2. Name of Policy Holder	<b>Ng Yuen Sheng Evelyn</b>
3. Effective date of the Commencement of Insurance for the purposes of the Act	<b>27<sup>th</sup> September 2017</b>
4. Date of Expiry of Insurance	<b>26<sup>th</sup> September 2018</b>
5. Person or Classes of Persons entitled to drive*	
(a) The Policyholder	The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use*	Use only for social, domestic and pleasure purposes and for the Policyholder's business. <b>The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade</b>

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: **SJ/21.08.2017**

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

M.X.1 (PRIVATE CAR)  
INDIVIDUAL OWNERSHIP

Authorized Signatory

### IMPORTANT NOTICE

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

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

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

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

Agent/Broker Name: **Aetna**

Hire Purchase Company: **NA**

**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 : MNA118024932 Vehicle Registration No: SKG 6840K  
Name (as shown in NRIC) : NG CHIN WEI, ADELE (HUANG QINWEI) NRIC/FIN/Passport No : S9108543G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 52A TOH TUCK ROAD #05-02 Singapore (S96744)  
Contact (Tel) : - Mobile No. : 8777 9978  
Email Address : MEBE983@GMAIL.COM  
Date of Accident : 15/02/2018 Time of Accident : 13:45  
Place of Accident : REPUBLIC BOULEVARD TWDS REPUBLIC AVE  
Insurance Company: India International Insurance Pte Ltd.

**(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:

Amend the Occupation, Add in Model of TP  
Vehicle, Number of passenger in TP Vehicles,

Policyholder / Driver's Signature  
Date:

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