

NATIONAL Assessment Centre Services

(Unit 1/2/3/4)

NA180/27118

Date In: 26/09/2018 13:28

Ref No: NA180/27118

Veh No: SKW 679R

D.O.A: 21/09/2018 12:05

OD TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 2hrs, A/C 2hrs)

E-Motor Claim Form

E-Motor W/O (within 24 hrs, TP 2hrs)

E-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

Preferred Wksp / INC Ass'n Wksp / OWI

Tell

Fax

TP Particulars: Yeh No: SKW 8675R

INC () / Non-INC ()

Owner / Driver:

Policy No:

Period:

Tell

Cover Type:

Confirmed by:

Date

Time

Insured/Driver Liability:

(%) (Note: Est. Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$)

Loading: \$1,000 () / \$2,000 ()

General Rem:

() Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of rep/rep.

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

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

Remarks: INC () / Non-INC ()

Date & Time Completed

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time

Actions

NA180/247

Human Resources

river/Owner:

contact No:

arranged Portion:

C. Checked by (Bug-In-Charge):

Official Comment:

C. I:

L. 2/2:

INVOICE PREPARATION CHECKLIST

1) AR: Accident Reporting (\$30)	INC (40)
2) DA: Damage Assessment (\$100)	INC (40)
3) TP: Towing Fee	\$40/\$40
4) FT: Follow-Through Survey	\$10
5) FT: Follow-Through Survey (Resurvey)	\$10
For claimant's use: INC Only (w/ 10 Jan 2018)	
6) TR: Re-inspection	\$15
7) NI: NI + DA + SMRT Survey	\$160
8) NTUC: Additional Services	
Q11:	
NI: Courtesy Car / Tpl Allowance	\$1
NI: Repair Coordination	\$10
NI: Post Repair Inspection	\$15
NI: OY / Collect Unpaid Coordination	\$1
TP (NI) / TP (Non-INC) against INC	\$20
NI: NI: NI: NI	\$10

Invoice total

Net Charged

Invoice total

Net 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	26/02/2018 13:28
Date Of Accident	25/02/2018 12:05
Exact Location Of Accident	QUEENSWAY OUTSIDE BLESSED SACRIMENT CHURCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW679R
Insured/Policyholder	
Name Of Registered Owner	TONG KWANG FUI
NRIC No	S6918042F
Email Address	TONGKWANGFUI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98516100
Alternative Phone No	OTHERS-98516100

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	DMPCSN3089921700
Cover Note Number	

Driver

Name of Driver	TONG KWANG FUI
NRIC No	S6918042F
Date Of Birth	26/05/1969
Occupation	INDOOR
Date Of Driving Pass	27/01/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98516100
Fax Number	
Contact Number	OTHERS-98516100
EMail Address	TONGKWANGFUI@HOTMAIL.COM

Address	BLK 16 CANTONMENT CLOSE #12-45
Postcode	080016
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON 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

PLEASE REFER TO SKETCH PLAN

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	SJN3675R
Vehicle Make/Model/Colour	DAEWOOD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG CHOON SENG
NRIC/Passport Number	
Contact Number	98442989
Address	
Postcode	

SKETCH PLAN

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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:

26/2/18 1215 hrs


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

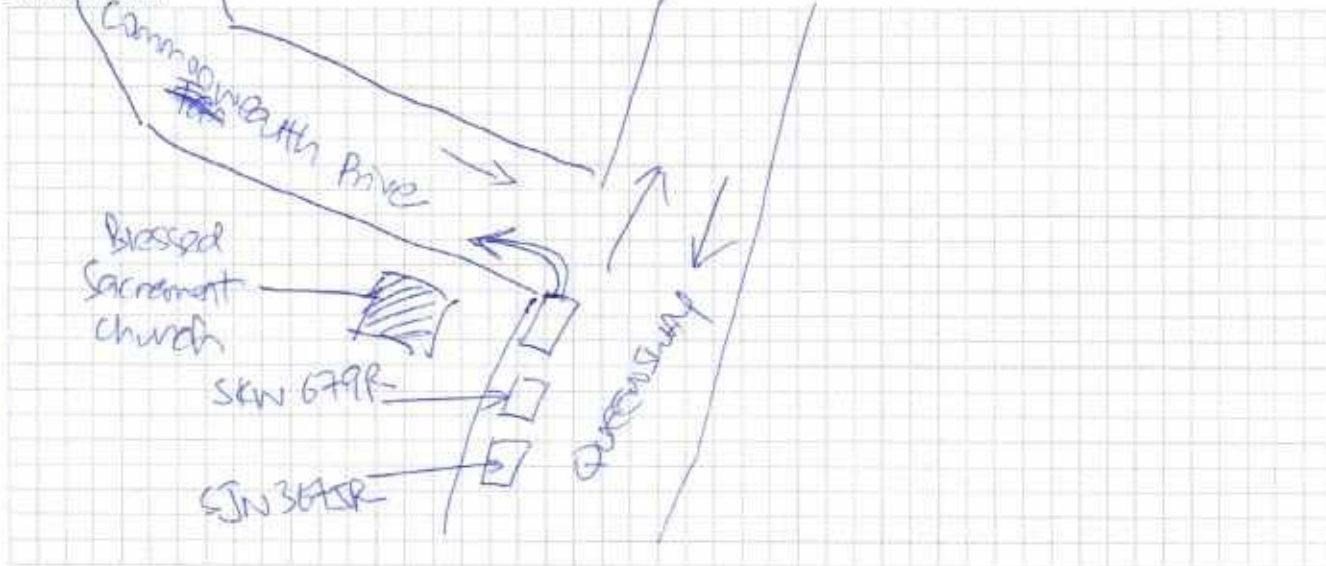
26/2/18 1215 hrs


Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Queensway towards Farner Road when an unknown vehicle in front of me suddenly turned left into Commonwealth Drive. I had to apply my brakes to avoid crashing into this unknown vehicle.


Within moments, the vehicle behind me (SJV 367SP) slammed into the rear of my vehicle. ~~This~~ This incident occurred on 25 February 2018 at around 12:05 hrs.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

26/2/18 12:15 hrs


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

26/2/18 12:15 hrs


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

ACCIDENT STATEMENT

ACCIDENT DATE: 25. 07. 2018 (DD/MM/YYYY), TIME: 12. 05 (HH:MM)

LOCATION: QUEENSWAY, OUTSIDE BLESSED SACRAMENT CHURCH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 679R
 b) INSURANCE COMPANY: TAI PING
 c) POLICY NUMBER: DMPASN 308992100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN CATER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: SOCIAL
 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: TONG KWANG FU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SG9180427 CONTACT: 9851 6106
 c) ADDRESS: BLK 16, CANTONMENT CREST #145
S/O 80014

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(03)

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: PP ACAR CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: _____ (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS 27/1/15
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) NO
 7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

3. THIRD PARTY VEHICLE

No of passenger
(including driver)
(01)

- a) VEHICLE NUMBER: SJO 3675R MODEL: DAEWOO
 b) DRIVER'S NAME: PANG CHON SENG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9844 2989

4. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email: tongkwangfu@hotmail.com
 fax: _____
 video: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S6918042F



Name

TONG KWANG FUI

董京融

Race

CHINESE

Date of birth

26-05-1969

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S6918042F

Name

TONG KWANG FUI

Birth Date: 26 May 1969

Issue Date: 28 Jan 2003



4083442

NRIC No: S6918042F



Sex: M
Height: 171cm
Weight: 65kg

APL NRIC 16 DANTONMENT GROSE #12-45
SINGAPORE 080018

S6918042F

24/06/2007 (R)

No: 5708830

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

ISSUE DATE

27 Jan 1996

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



NP 428A

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)

\$1193.69

CERTIFICATE No.	DMPCSN3089921700	Engine No : HR15068562B
		Chassis No: JN1BAAC1120020851
1. Index Mark and Registration Number of Vehicle	SKW679R	
2. Name of Policy Holder	MR TONG KWANG FUI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 NOVEMBER 2017 (16:20 HOURS)	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	23 DECEMBER 2018	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREEN.....S\$100.00

(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.
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.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* 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.

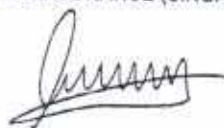
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE)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

LQ BUSINESS PTE LTD
UEN NO. 201700648N
180B BENCOOLEN STREET
#04-02, THE BENCOOLEN
SINGAPORE 189648

Countersigned By:

Tel: 6333-4156 Fax: 6324-5238

Authorised Officer



Authorised Signatory