

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In <u>14/03/18</u>	Job description	Date & Time Completed	Done by
Ref No. <u>NA/C1218004814/13</u>	SAS e-filing		
Veh No. <u>SLV3239B</u>	E-mail (within 8hrs, APC 2hrs)		
D.O.A. <u>14/03/18</u> <u>0355</u>	i-Motor Claim Form		
OD <u>(TP)</u> 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: () Tel: () Fax: ()

TP Particulars:	Veh No: <u>SL55358T</u>	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

NA1801650

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
1st Bill	Add Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
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 30		

Invoice dated

Invoice dated

Fee Charged

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	14/03/2018 11:16
Date Of Accident	14/03/2018 03:55
Exact Location Of Accident	SLE TWDS CTE AFT LENTOR AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3239B
Insured/Policyholder	
Name Of Registered Owner	M/S JETSPRINT AUTO ENTERPRISES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63484711

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN3007821800
Cover Note Number	

Driver

Name of Driver	WILL PHUA ZHONGWEI
NRIC No	S8132346A
Date Of Birth	02/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98465271
Fax Number	
Contact Number	
Email Address	WILLPHUACDL@GMAIL.COM

Address	BLK 614A EDGEFIELD PLAINS #07-321
Postcode	821614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE AFT LENTOR AVE EXIT ON THE 3RD LANE. THE VEH(B) BEARING REG NO SLS5358T FROM BEHIND OVERTAKE MY VEH AND HIT ONTO MY REAR RIGHT PORTION. AFTER THE ACCIDENT THE VEH B DRIVER CAME OUT IMMEDIATELY TO APOLOGIZE FOR THE NEGLIGENCE. I DON'T HAVE ANY CAMERA IN MY VEH BUT THE DRIVER OF VEH B HAVE A FRT CAMERA. AFT THE IMPACT MY VEH SWERVED TO THE LEFT THUS WE STOPPED AT THE ROAD SHOULDER IMMEDIATELY.

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	SLS5358T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GARY CHEW CHIN KIAT
NRIC/Passport Number	S9205651A
Contact Number	96782898
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:

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

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pls refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

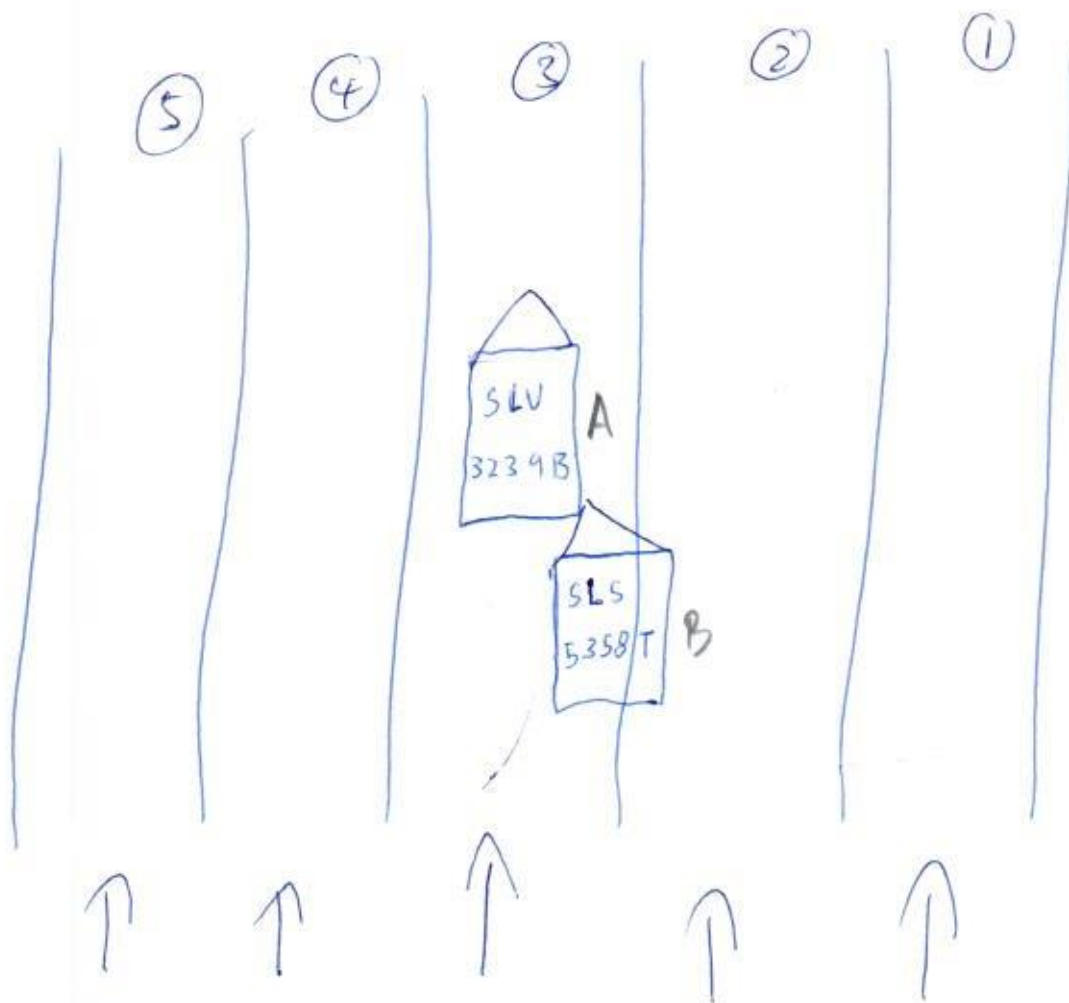



Driver's Signature
(If driver is not the policyholder)
Date & Time:

 14/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

After Lenton Ave Exit SLE towards CTE
Before Seletar West Exit

DOA: 14/3/2018 @ 03:48



I was travelling straight along SLE towards CTE. after Lenton Ave Exit on ~~the~~ 3rd lane. The ~~car~~ ^(SLS 5358T) behind overtake me and hit my vehicle rear right portion. After the accident, driver of SLS 5358T came out immediately to apologize for the negligence. I do not have front & rear camera. I noticed the driver of SLS 5358T have a front camera. After the bang, my vehicle swerved to the left thus we stopped at the road shoulder immediately.



SINGAPORE POLICE FORCE



G/20180314/2033

1 of 2

POLICE REPORT (NP322)

Report No. G/20180314/2033

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 14/03/2018 10:15	Vide Report No.	Station Diary No. 55
Name Of Informant WILL PHUA ZHONGWEI	Address APT BLK 614A EDGEFIELD PLAINS #07-321 SINGAPORE 821614	
ID Type / ID No. NRIC NO / S8132346A	Contact No. Home/Office Mobile 98465271	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF-EMPLOYED	Sex Male	Age 36
Institution/School Name	Date of Birth 02/10/1981	Race Chinese
Date/Time Of Incident 12/03/2018 14:30	Location Of Incident 1 ANG MO KIO AVENUE 9 FAR HORIZON GARDENS SINGAPORE 569758	

Brief details.

On the above mentioned date , time and place, I misplaced the following item. A search was made to no avail. I am lodging this report for recording and replacement purposes.

Property Information

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMAD REDHUAN BIN ASHARUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2018 10:15
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TAN LI WEN, IRENE Contact No.: 62447200	Classification Of Case:

FUPO hotline number: 68429645

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20180314/2033

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180314/2033

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC		S813234 6A	1		ONE PINK SINGAPOREA N NRIC BELONGING TO WILL PHUA ZHONGWEI

Signature Of Officer Recording The Report:

G / Sgt 2 MUHAMAD REDHUAN BIN ASHARUDIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp TAN LI WEN, IRENE
Contact No.: 62447200

Signature Of Informant:

Date/Time:
14/03/2018 10:15

Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8132346A**

Name: **WILL PHUA ZHONGWEI**


Birth Date: **02 Oct 1981**

Issue Date: **14 Jan 2008**

001559997G



Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S8132346A**

Name : **WILL PHUA ZHONGWEI**

Card Issue Date : **05/02/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Motorcycles ≤ 400 cc


Motorcycles between 401 cc and 400 cc

Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

PASS DATE: 18 Jun 2009

200

Licence No: S8132346A



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	05/02/2018



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.	DMHCSN3007821800	Engine No :2ZR0457238 Chassis No:ZGE200021037
1. Index Mark and Registration Number of Vehicle	SLV3239B	
2. Name of Policy Holder	M/S JETSPRINT AUTO ENTERPRISES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24 JANUARY 2018 (17:53 HOURS) 23 JANUARY 2019	EX SECT. IS\$1,250.00 EX SECT. I (Outside Singapore).....S\$2,500.00 EX SECT. IIS\$1,250.00 EX SECT. II (Outside Singapore).....S\$2,500.00 EX ON WINDSCREENS\$100.00
4. Date of Expiry of Insurance		
5. Persons or Classes of Persons entitled to drive *		

ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH THE POLICYHOLDER'S ORDER OR WITH THEIR 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: *

- (1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.
THE POLICY DOES NOT COVER
(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED
MECHANICALLY PROPELLED VEHICLE.

* 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