

# NATIONAL Assessment Centre Services

Date In <b>02/04/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CTI18005939/13</b>	SAS e-filing		
Veh No <b>SGN39634</b>	E-mail (w, Sun 8hrs, AL 2hrs)		
D.O.A <b>30/03/18 1440</b>	i-Motor Claim Form		
OD <b>(1K) Reporting Only</b>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insured	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SLM5095H** 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

NA/1802022		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-				1st Bill	Add Bill
Driver/Owner:		1) AR : Accident Reporting (\$30),			
Contact No:		2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT : Follow-Through Survey \$120			
Auditors' Comments :-		5) RT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)			
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 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	02/04/2018 14:10
Date Of Accident	30/03/2018 14:40
Exact Location Of Accident	ALONG 178 WATERLOO ST KWAN IM THONG HOOD CHO TEMPL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3963U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TANG HOCK LAM
NRIC No	S6912174H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83000900
Alternative Phone No	OTHERS-83000900

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	DMPCSN3034681700
Cover Note Number	

### Driver

Name of Driver	MR TANG HOCK LAM
NRIC No	S6912174H
Date Of Birth	19/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83000900
Fax Number	
Contact Number	OTHERS-83000900
Email Address	NOEMAIL



Address	BLK 693B WOODLANDS AVE 6 #04-743
Postcode	732693
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20180331/2058

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5095H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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

Along Waterloo  
Street Kwan Im Thong  
Hooi Cho Temple.



Vehicle A: SGH 3963U  
Vehicle B: SLM 5095H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER POLICE  
REPORT

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:

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



**SINGAPORE  
POLICE FORCE**



F/20180331/2058

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180331/2058

Police Station Of Origin  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

Date/Time Report Made 31/03/2018 13:35	Vide Report No.	Station Diary No. 40
Name Of Informant TANG HOCK LAM	Address APT BLK 693B WOODLANDS AVENUE 6 #04-743 SINGAPORE 732693	
ID Type / ID No. NRIC NO / S6912174H	Contact No. Home/Office Mobile 83000900	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Building structure cleaner and related worker	Sex Male	Age 49
Institution/School Name	Date of Birth 19/03/1969	Race Chinese
Date/Time Of Incident 30/03/2018 14:40 - 30/03/2018 14:40	Location Of Incident 178 WATERLOO STREET KWAN IM THONG HOOD CHO TEMPLE SINGAPORE 187964	

**Brief details.**

On 30/03/2018 at about 2.40pm, I was driving along Waterloo Street to fetch my friend when another vehicle hit the left side of my vehicle. We exchanged particulars at scene and nobody was injure after collision.

As my insurance company is close on weekends, they advised me to lodge a traffic accident for record purposes.

Signature Of Officer Recording The Report: F / Staff Sgt MOHAMED SOFFIAN BIN ABDULLAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2018 13:35
Officer In-Charge Of Case: F / Yishun South N.P.C / SI OMAR BIN HITAM Contact No.: 68522999	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20180331/2058

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180331/2058

The vehicle is SLM5065H red colour and the driver is one Kong Zhi Kuang S8231568C.

Signature Of Officer Recording The Report:

F / Staff Sgt MOHAMED SOFFIAN BIN ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Yishun South N.P.C /  
SI OMAR BIN HITAM  
Contact No.: 68522999

Signature Of Informant:

Date/Time:  
31/03/2018 13:35

Classification Of Case:

Authentication Stamp



Signature: \_\_\_\_\_

SN 085

Singapore Police Force



Date of Accident : 30/3/2018 Accident Time: 14:40 (24-HR-Format)  
 Accident Place : Along 178 Waterloo Street Kwan Im Thong Hood Cho Temple  
 Vehicle Reg. No. (Car Plate No.) : SGH 3963U  
 Vehicle Make/Model : Honda Civic 1.8  
 Insurance Company : China Taiping Policy No. DMPCSN3034681700  
 Owner or Company Name / IC No. : Tang Hock Lam / S6912174H  
 Owner or Company Contact No. : 83000900 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Tang Hock Lam / S6912174H  
 DRIVER'S Date Of Birth : 19-03-1969 DRIVER'S License Pass Date 19 April 2011  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : APT BLK 693B Woodlands Avenue 6 #04-743 Singapore 752693  
 DRIVER'S Contact No./ Alt No. : 1) 83000900 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1 person only  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

Vehicle Reg. No: <u>SLM5095H</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Infiniti</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

TB, admin@aceauto.com.sg

# ACKNOWLEDGMENT

1. .... Tang Hock Lam .... holding NRIC / Passport no.\* S6912174H ....  
(\*delete which is not applicable)

of vehicle no. SGN 3963U ..... acknowledge the following :

1. I am clear about the information disseminated by the counter staff during my accident reporting.

2. My accident reporting is for  
(please circle the appropriate one)

- a) **REPORTING PURPOSE ONLY**
- b) **CLAIMING OWN DAMAGE**
- c) **CLAIMING THIRD PARTY**

3. I came

- a) with my workshop
- b) without my workshop

( please circle the appropriate one )

4. My workshop who came with me is Ace Autolution Pte Ltd .....  
(please provide the workshop name)

5. My preferred workshop who did not come with me is  
..... and not recommended by the staff  
( please provide the workshop name )

Signature :  .....

Date : 2/4/2018 .....









**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)

\$1063.56

CERTIFICATE No.	DMPCSN3034681700	Engine No : R18A11042577 Chassis No: JHMPD16306S212830
1. Index Mark and Registration Number of Vehicle	SGN3963U	
2. Name of Policy Holder	MR TANG HOCK LAM	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 APRIL 2017 (12:12 HOURS) 19 APRIL 2018	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00
4. Date of Expiry of Insurance		
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.  
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.

HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD AS HP OWNER

\* 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

德威信實私人有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A8 Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

Countersigned By:

Authorised Officer

Authorised Signatory