

NATIONAL Assessment Centre Services

(Form 1, Jan 2005)

Date In	02/04/2018 14:35	Job description	Date & Time Completed	Done by
Ref No	NA/CTI18005978/4	SAS e-filing		
Veh No	SCY 8999Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A	31/03/2018 18:00	i-Motor Claim Form		
OD TP / 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: FX6186K	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

NA1802046	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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 14:35
Date Of Accident	31/03/2018 18:00
Exact Location Of Accident	BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY8999Z
Insured/Policyholder	
Name Of Registered Owner	SIM SENG CHOON @ LAI KIM CHANG
NRIC No	S0678121G
Email Address	GUIHUI.CHNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96978174
Alternative Phone No	OTHERS-96978174

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3001641802
Cover Note Number	

Driver

Name of Driver	CHNG GUI HUI
NRIC No	S8728989C
Date Of Birth	17/09/1987
Occupation	INDOOR
Date Of Driving Pass	30/12/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96978174
Fax Number	
Contact Number	OTHERS-96978174
EMail Address	GUIHUI.CHNG@GMAIL.COM

Address	BLK 641 BEDOK RESERVOIR ROAD #11-67
Postcode	410641
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

PLS REFER TO THE ATTACHED STATEMENT.

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 Witness 1

Name	MAHMUD AHMAD
Phone Number	97232734
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX6186K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	OSALLI BIN RAHIM
NRIC/Passport Number	S9518004C
Contact Number	82688394
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

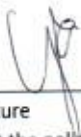
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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)**

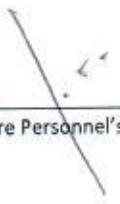
I understand, acknowledge, agree and consent that:

- (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:

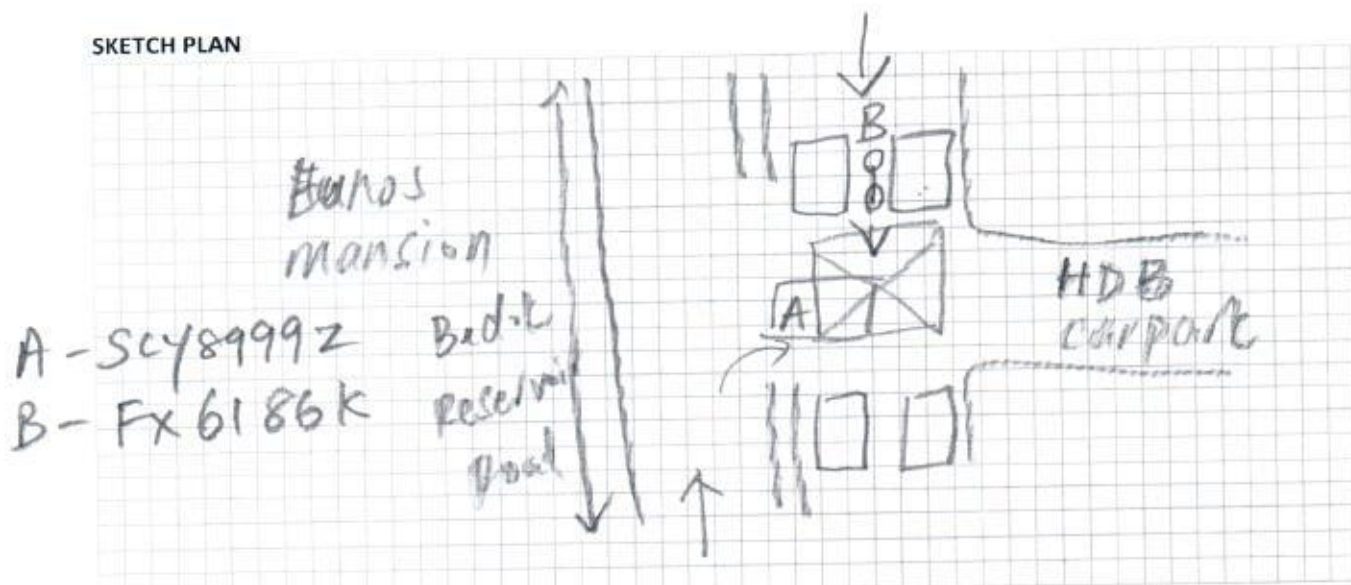


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yellow Box was clear. Vehicles before and after yellow box were stationary. Vehicle A SCY8992 proceeded to turn right. Suddenly, Motorbike B appeared from the middle of two cars and dashed forward, hitting the right side front of vehicle A.

There was a witness named Mahmud Ahmad. He saw that 2 cars behind the yellow box were stationary too. He has the video in his car that recorded down.

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.:

NOTICE OF REPORTING

This is to confirm that Chng Gui Hui, NRIC: S8728989C, has reported to the Police a non-injury traffic accident which occurred at Along Bedok Reservoir Road beside Eunos Mansion on 31/03/2018 at 1800 hrs involving the following vehicles:

- a) SCY8999Z (Toyota Estima- Silver Grey)
- b) FX6186K (Kawasaki Ninja - Black)

2. If accident was reported to the Police within 24 hrs of its occurrence, then she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bedok North NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Rank / Name of Issuing officer: **SGT Naszrul**

Date: 31/03/2018

Time: 2328hrs

S/D Ref: 90

Police Post/ Unit: **BEDOK NORTH NPC**

Original – To be issued to informant
Duplicate- to be submitted to Traffic Police

Witness for Driver.

Mahmud Ahmad
HP: 9723 2734



23 Kaki Bukit Ave 4, #03-01 Vicom Inspection Centre (South Wing) S415933
Tel: (+65) 6789 5155 Fax: (+65) 6783 5155 ROC no: 201500047H
Website: <http://skauto.com.sg>



Showroom:
7 Gambas Crescent
#01-05 ARK@Gambas
Singapore 757087
Tel: (65) 6265 6129
Fax: (65) 6265 6079
www.hyundaimotors.com.sg

Workshop:
8 Kaki Bukit Ave 4, #08-45/46
Premier@Kaki Bukit
Singapore 415875
Tel: (65) 6702 1555
Fax: (65) 6702 1444

* Reported on 2/4/2018
C1240428

ACCIDENT STATEMENT

ACCIDENT DATE: 31/03/2018 (DD/MM/YYYY), TIME: 18.00 (HH:MM)

LOCATION: Bedok Reservoir Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCY 8999Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(including driver)
(1)

- DRIVER
a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96978174
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: _____

8. THIRD PARTY VEHICLE

* No of passengers
(including driver)
()

- a) VEHICLE NUMBER: FX 6186K MODEL: _____
b) DRIVER'S NAME: OSALI BIN RAHIM
c) NRIC/FIN/PASSPORT: S9518004C CONTACT: 82688394

9. THIRD PARTY VEHICLE

* No of passengers
(including driver)
()

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

* Witness
Mahmud Ahmad
HP: 97232734
for Driver

Email = guihui.chng@gmail.com
Fax = guihui.chng@gmail.com

Waiting for Vehicle Photos? *
Certificate? ✓

Driver - daughter
OWNER - father in law
father in law

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0678121G



Name
SIM SENG CHOON
@LAI KIM CHANG

Place
CHINESE

Date of birth
13-02-1949

Sex
M

Country/Place of birth
SINGAPORE



5748765



NRIC No. S0678121G



Date of issue
30-05-2017

Address
2 JALAN SINGA
SINGAPORE 418081

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8728989C



Name
CHNG GUI HUI
莊貴惠
Race
CHINESE
Date of Birth
17-09-1987
Sex
F
Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
S8728989C
Name
CHNG GUI HUI
Birth Date
17 Sep 1987
Issue Date
30 Dec 2010



A0227170



NRIC No. S8728989C




Blood Group
O+
Date of issue
27-09-2002

APT BLK 641 BEDOK RESERVOIR ROAD #11-67
SINGAPORE 410641
NRIC No: S8728989C Date: 06/06/2012 No: 0894538

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

EFFECTIVE DATE
30 Dec 2010

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



Licence No: S8728989C

NP 428A

From: Gui Hui Chng <guihui.chng@gmail.com>
 Sent: Monday, 2 April 2018 12:57 PM
 To: rspu@lkkauto.com
 Subject: Cert of insurance - scy 8999z



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.

Co. Reg. No. 200208384E

MOTOR PRIVATE CAR

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, 1967 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN3001641802

Engine No : 2AZ31

Chano: ACR500169

1. Index Mark and Registration
Number of Vehicle

SCY8999Z

AUTOSAFE

2. Name of Policy Holder

SIM SENG CHOON & LAI KIM CHANG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

27 January 2018

Named Drivers Ex Sect. I

Additional Ex Other than Named Dr

Ex Sect. I - Age <= 25.....

Ex Sect. I - Age >= 26.....

* Age as at date of accident

EX ON WINDSCREEN

4. Date of Expiry of Insurance

26 January 2019

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 regulations to drive the Motor vehicle or has been so permitted and is not disqualified by Court of Law or by reason of any enactment or regulation in that behalf from driving t

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-mak
 trial, speed-testing, the carriage of goods other than samples in connection with any
 or use for any purpose in connection with the Motor Trade.