

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MNA/18045486

Date In: 5/4/18-14:27	Job description	Date & Time Completed	Done by
Ref No: NA/CT1800673/24	SAS e-filing		
Veh No: SKS37603	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/4/18-09:00	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: JFA3050	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%. P: 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

NA1802103

Invoice Preparation Checklist

Amt (\$)	Amt (\$)
for Bill	Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

- | | | |
|-------------------------------------------------|--|--|
| 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:- | | |
| ON* | | |
| *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

NA1802103

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	05/04/2018 14:27
Date Of Accident	05/04/2018 09:00
Exact Location Of Accident	CTE TWDS SLE BEFORE ORCHARD RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5760B
Insured/Policyholder	
Name Of Registered Owner	MR WONG CHO KEI JULIAN
NRIC No	S8570815E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98226583
Alternative Phone No	OFFICE-98226583

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	DMPCSN3050651700
Cover Note Number	

Driver

Name of Driver	WONG CHO KEI JULIAN
NRIC No	S8570815E
Date Of Birth	27/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98226583
Fax Number	
Contact Number	OFFICE-98226583
Email Address	NOEMAIL

Address	BLK 871C TAMPINES STREET 86 #15-46
Postcode	523871
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA305U
Vehicle Make/Model/Colour	FORD
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGV2248R
-----------------------------	----------

Vehicle Make/Model/Colour	MERC
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)	

DETAILS OF INJURED PERSON 1

Name	WONG CHO KEI JULIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKS5760B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

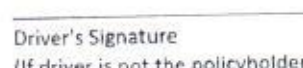
IMPORTANT NOTICE

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



CTE TWDS SCE Before Orchard Rd Exit.

Vehicle A) SKS5760B

Vehicle B) SFA3054

Vehicle C) SGV2248R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on the stated venue. I was travelling straight in my lane, the front vehicle stop hence I follow suit. I came to a complete stop and leaving a safety distance. Suddenly, I felt a huge impact from my vehicle rear, the impact caused my vehicle to propel forward and bump onto vehicle 'C' rear portion. I got down and realised I was involved in a 3 car chain collision.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 04 / 18) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: CTE TWDS SLE Before orchard Rd Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS5760B
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: 0MPC SN3 050 651700
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz C180
 f) TYPE: (SAIDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: WONG CHO KEI JULIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8570815E CONTACT: 9822 6583
 c) ADDRESS: 871C Tampines Street 86
 #15-46 S523871

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (Including driver)
 (01)

DRIVER

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

*d) DATE OF BIRTH: (27 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/3/2007 class 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

* No of passenger
 (Including driver)
 ()

- a) VEHICLE NUMBER: SFA3054 MODEL: Ford
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

* No of passenger
 (Including driver)
 ()

- a) VEHICLE NUMBER: SGV2248R MODEL: merc
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Email = REPORTING@
 TOPQUE5.com
 Fax = 6452 4584



Police Station Of Origin
Tampines North NPP
461, Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Date/Time Report Made 05/04/2018 12:47	Vide Report No.	Station Diary No. 4
Name Of Informant WONG CHO KEI JULIAN	Address APT BLK 871C TAMPINES STREET 86 #15-46 SINGAPORE 523871	
ID Type / ID No. NRIC NO / S8570815E	Contact No. Home/Office	Mobile 98226583
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Company director	Sex Male	Age 32
Institution/School Name	Date of Birth 27/07/1985	Race Chinese
Date/Time Of Incident 05/04/2018 09:00	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE	

Brief details.

On 05/04/2018 at about 0900hrs, I discovered that I had misplaced my driving license. I made a search for it but to no avail. I am making this report for my record and will be making a replacement for my license with the Traffic Police.

Property Information

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD NOOR AZRI BIN MOHAMED SALLEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/04/2018 12:47
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 3 MUHAMMAD LUQMAN HAKIM BIN AZMAN Contact No.: 62440000	Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20180405/2050

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180405/2050

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Aoct No.	Quantity	Value	Description
1	Licence,	Lost	Qualified Driving Licence		S857081 5E	1		One Singapore Driver's License

Signature Of Officer Recording The Report:

G / Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sgt 3 MUHAMMAD LUQMAN HAKIM BIN AZMAN
Contact No.: 62440000

Authentication Stamp



Signature Of Informant:

Date/Time:
05/04/2018 12:47

Classification Of Case:

FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8570815E



Name

WONG CHO KEI JULIAN

黃祖基

Race

CHINESE

Date of birth

27-07-1985

Sex

M

Country of birth

HONG KONG

S8570815E

4310314



NRIC No S8570815E

Date of issue

20-11-2008

APT BLK 871C TAMPINES STREET 86 #15-46
SINGAPORE 523871

NRIC No: S8570815E

Date: 07/02/2016

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

S 8 5 7 0 8 1 5 E

Name

WONG CHO KEI JULIAN

Birth Date: 27 Jul 1985

Issue Date: 01 Feb 2012

002038937B





中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1E
H 8N
AM0055A
COMPREHENSIVE
AUTOSAFE

Engine No: 27491036130291
Chassis No: WDD2040312A926371

CERTIFICATE No.

DKPCEN3050651700

1. Index Mark and Registration
Number of Vehicle

SKS5760B

2. Name of Policy Holder

MR HONG CHO KRI JULIAN

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

23 JUNE 2017
(12.41 HOURS)
19 JULY 2018

NAMED DRIVERS EX SECT. 1.....\$5500.00
IN ADDITION TO NAMED DRIVERS EX:
EX SECT. 1 - AGE <= 25.....\$93,000.00
EX SECT. 1 - AGE >= 26.....\$5500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREEN.....\$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 RACE-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 \$51,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT
OF OWN DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO.: HONG LEONG FINANCE 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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory