

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA118052940

Date In: 12/4/18-14:47	Job description	Date & Time Completed	Done by
Ref No: NA/C7218007135/24	SAS e-filing		
Veh No: 56P5427T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/4/18-11:35	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: SKS 1065 B

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

## Invoice Preparation Checklist

Amf (\$)

Amf (\$)

Int Bill

Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Pat. 1:

Pat. 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) FT: 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:-
- 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	17/04/2018 14:47
Date Of Accident	17/04/2018 11:35
Exact Location Of Accident	ALJUNIED FLYOVER TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5427T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM HANG YEN FONG
NRIC No	S6834059D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009244
Alternative Phone No	OFFICE-91009244

### Vehicle Particulars

Manufacturer	VOLVO
Model	V40 CROSS COUNTRY T4
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	DMPCSN3062041700
Cover Note Number	

### Driver

Name of Driver	HANG YEN FONG
NRIC No	S6834059D
Date Of Birth	06/09/1968
Occupation	INDOOR
Date Of Driving Pass	10/09/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91009244
Fax Number	
Contact Number	OFFICE-91009244
Email Address	NOEMAIL

Address	BLK 47 HUME AVENUE #02-06
Postcode	598748
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?	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	SKS1065B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CLAVENT ONG
NRIC/Passport Number	
Contact Number	83238558
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HANG YEN FONG
------	---------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

Address

Postcode

BODY

SLP5427T

YES

NO

## 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:

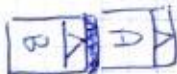
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

ALJUNZED FLYOVER TOWARDS MOUNTBATTEN RD BEFORE SZMS AVE JUNCTION.

A - SLP 5427 T

B - SKS 1065 B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along ALJUNZED FLYOVER TOWARDS MOUNTBATTEN RD on a single lane carriageway. Somewhere before SZMS AVE JUNCTION, vehicles in front of me slowed down, therefore I applied brake and stopped completely. Veh (B) from the rear collided onto my veh rear portion. After the accident, we exchanged particulars.

## 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)

Reporting Centre Personnel's Signature  
Name:

<b>Vehicle No.</b>	SLP 5427 T	<b>Model / Make</b>	VOLVO V40
<b>Date of Accident</b>	17/04/18		
<b>Time of Accident</b>	11:34 A.M	<b>HRS</b>	
<b>Location of Accident</b>	ALIGNED FLYOVER TOWARDS MOUNTGATTON RD BEFORE SIMS AVE JUNCTION.		
<b>Exact purpose use during accident</b>	working hour		
<b>Name of Owner</b>	HANG YEN FONG		
<b>Telephone No.</b>	H/P: 9100 9244	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	S6834059D		
<b>Address</b>	APT BLK 47 HUME AVENUE #02-06		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	REPORTING ONLY
<b>Insurance Company</b>	CHINA TAI-PING		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	DMPCSN3062041700		
<b>Name of Driver</b>	As Above if No,		
<b>NRIC</b>	Any Passengers: NIL		
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor	/	<b>Indoor</b>
<b>Driving License Pass Date</b>			
<b>Gender</b>	Male	/	<b>Female</b>
<b>Contact No.</b>	H/P: 9100 9244	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	APT BLK 47 HUME AVENUE #02-06 S(598748)		
<b>Driver have any own vehicle</b>	<b>No</b>	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <b>OWNER</b>	
<b>Weather condition</b>	<b>Clear</b>	Raining Other	
<b>Road Surface</b>	<b>Dry</b>	Wet Other	
<b>Any Injuries</b>	No,	If <b>Yes</b> , Who?	
<b>Name And Contact No.</b>	HANG YEN FONG		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<b>No</b>	If Yes, Where?	
<b>Vehicle B No.</b>	SKS 1065 B	Any Passengers: NIL	
<b>Name of Driver</b>	CLAVENT ONG	Contact No.: 8323 8558	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>	REAR PORTION		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	angelinexpect@yahoo.com.sg		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MING		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S6834059D



Name  
**HANG YEN FONG**  
馮燕芳  
Race  
**CHINESE**  
Date of Birth  
**06-09-1968** Sex  
**F**  
Country of Birth  
**SINGAPORE**




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identity Card No. S6834059D

**HANG YEN FONG**

Birth Date: 06 Sep 1968  
Issue Date: 03 Mar 2003




000254928A

*Owner*

1805558



NRIC No. S6834059D



Blood Group  
**AB+** Date of issue  
**19-03-1994**


APT BLK 47 HUME AVENUE #02-06  
SINGAPORE 598748  
NRIC No. S6834059D Date: 03/01/2013 No: 7274961

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Sep 1992

NP 428A

Licence No: S6834059D



**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.	DMPCSN3062041700	Engine No : B4164T1146917 Chassis No: YV1MZ485BE2027545
1. Index Mark and Registration Number of Vehicle	SLP5427T	
2. Name of Policy Holder	MDM HANG YEN FONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	03 AUGUST 2017	NAMED DRIVERS EX SECT. I.....S\$900.00 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
4. Date of Expiry of Insurance	02 AUGUST 2018	EX ON WINDSCREEN.....S\$100.00
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\$1,000 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.: COSMO AUTOMOBILES 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

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

Countersigned By:



Authorised Officer



Authorised Signatory