

NATIONAL Assessment Centre Services

(wef 1 Jan 09) MNA18061008

Date In: 10/5/18 - 14:42	Job description	Date & Time Completed	Done by
Ref No: NA/CT21800868/24	SAS e-filing		
Veh No: 5T86923	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/5/18 - 07:30	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: SKB 28294

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

NA1802970	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*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		
Auditors' Comments:-	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	10/05/2018 14:42
Date Of Accident	10/05/2018 07:30
Exact Location Of Accident	BLK 23 TOA PAYOH EAST OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8692B
Insured/Policyholder	
Name Of Registered Owner	MDM TNG JOO KHENG
NRIC No	S8117388E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298034
Alternative Phone No	OFFICE-90298034

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	DMPCSN3046751705
Cover Note Number	

Driver

Name of Driver	TNG JOO KHENG (TANG YUQING)
NRIC No	S8117388E
Date Of Birth	07/06/1981
Occupation	INDOOR
Date Of Driving Pass	23/07/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90298034
Fax Number	
Contact Number	OFFICE-90298034
Email Address	NOEMAIL

Address	BLK 34 LORONG 5 TOA PAYOH #02-303
Postcode	310034
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180510/2054.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB2829Y
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)

Passenger 1

2

NAME: :

GENDER: :

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

A - SJT 8692B

B - SKB 2829Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report NO : T/20180510/2054.

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 Person's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJT 8692B		Model / Make	Honda Civic	
Date of Accident	10/05/2018				
Time of Accident	7:30am HRS				
Location of Accident	Blk 23 Carpark / Toa Payoh Lor 7.				
Exact purpose use during accident	Pte Use.				
Name of Owner	TNG JOO KHENG				
Telephone No.	H/P: 90298034		Home :	Office :	
NRIC	S 8117388E				
Address	Blk 34, Lor 5, Toa Payoh #02-303 S'310034				
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY				
Insurance Company	China Taiping Ins				
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft				
Policy No.	DMPCSN3046751705.				
Name of Driver	As Above If No, TNG JOO KHENG				
NRIC	S 8117388E		Any Passengers :	0	
Date of birth	07/06/1981				
Occupation	Outdoor / <u>Indoor</u>				
Driving License Pass Date	23 JUL 2004				
Gender	Male / <u>Female</u>				
Contact No.	H/P: 90298034		Home :	Office :	
Address	Blk 34, Lor 5 Toa Payoh #02-303 S'310034				
Driver have any own vehicle	<u>No</u> , If yes, Reg No.				
Relationship	Employee, If no, state				
Weather condition	<u>Clear</u> Raining Other				
Road Surface	<u>Dry</u> Wet Other				
Any Injuries	<u>No</u> , If Yes, Who?				
Name And Contact No.					
Name And Contact No.					
Police Report	No, <u>If Yes</u> Where? T/20180510/2054				
Vehicle B No.	SKB2829Y		Any Passengers :	1	
Name of Driver			Contact No. :		
Vehicle C No.			Any Passengers :		
Vehicle D No.			Any Passengers :		
Vehicle E no.			Any Passengers :		
Vehicle F No.			Any Passengers :		
Vehicle G No.			Any Passengers :		
Witness Name			Witness Contact :		
Accident Portion	front Portion				
Camera Recorder	<u>Yes</u> / No				
Email Address					
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?					
Yes / No					
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON					
FAX NO	6741 0510				
WORKSHOP Email ADDRESS	sales@n51.com.sg				



SINGAPORE POLICE FORCE



T/20180510/2054

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180510/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2018 12:45	Vide Report No.: E/20180510/0056	Station Diary No.: 10
Informant's Particulars		
Name of Informant: TNG JOO KHENG	Address: APT BLK 34 LORONG 5 TOA PAYOH #02-303 SINGAPORE 310034	
ID Type / ID No.: NRIC NO / S8117388E	Contact No.: Home/Office:	Mobile: 90298034
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 36	Date of Birth: 07/06/1981
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: HOME MAKER	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2018 07:30	Type of Location: Car Park
Location: Along Road 1 TOA PAYOH EAST Block 23 Toa Payoh East Carpark, Lot 24				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT8692B	Car	HONDA	HONDA CIVIC 1.8L 5AT	Grey	Slightly Damaged	0
SKB2829Y	Car			Maroon	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180510/2054

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180510/2054

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT8692B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30467517 05	04/11/2017	03/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TNG JOO KHENG		ID No. S8117388E
Related Vehicle	SJT8692B (Car)		Contact No. 90298034
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/05/2018 at about 0730hrs, I parked my vehicle (SJT8692B) at the car park of Block 23 Toa Payoh lot number '24' and waited in my vehicle and packing my belonging. As I was packing, I noticed one vehicle (SKB2829Y) was parking at the lot number '23'. I then felt an impact on my front right side of my vehicle, I then immediately sounded my horn to warn the driver not to reverse and she stopped. I then came out of my vehicle and went to check with the driver of the vehicle. The driver of the vehicle (In her 60s, elderly lady) then denied that she collided onto my vehicle and then continued parking her vehicle. After she parked her vehicle, I then approached her again regarding the collision. Once again, she denied of the act and left the car park. As I was checking for the damages, she then came back with one of her friend to the car park lot and told me that she want to take picture of the damage. She then started taking picture of the damages and I then called for police assistance as she was making a scene. She then left prior to the police arrival. I wished to inform that she has one passenger in her vehicle at the point of the collision however the passenger left together with her after she parked her vehicle. I also wished to inform that I have a in-car camera in my vehicle however it was not working. I am also unsure if there was any CCTV at pointing at the car park lot and I am also unsure if her vehicle have any in-car camera installed. I had also took down the photograph of the damages on both of our vehicle. My vehicle, right side of front bumper suffered scratches. Her vehicle, left side of rear bumper suffered scratches.



**SINGAPORE
POLICE FORCE**



T/20180510/2054

3 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180510/2054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 WONG WEI MIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

10/05/2018 12:45

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8117388E**

Name: **TNG JOO KHENG (TANG YUQING)**

Birth Date: **07 Jun 1981**

Issue Date: **23 Jul 2004**

001262504B




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8117388E**



Name

TNG JOO KHENG (TANG YUQING)

汤 裕 卿

Race

CHINESE

Date of birth

07-06-1981

Sex

F

Country of birth

SINGAPORE

S8117388E

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

23 Jul 2004

NP 428A



4802247

NRIC No: **S8117388E**

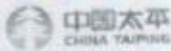


Date of issue

15-12-2011

Address

**APT BLK 34 LORONG 5 TOA PAYOH
#02-303
SINGAPORE 310034**



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200203284C

Model
S 5N
MEX254R
Car Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 138)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1995 (Malaysia)

ORIGINAL

CERTIFICATE No.	04PCS1082751705	Engine No. K16A1401687
		Chassis No. 104FSLR3001201778
1. Index Mark and Registration Number of Vehicle	5T780578	AUTOLIFE
2. Name of Policy Holder	NGM ENG JOO KHEONG	
3. Effective Date of the Commencement of Insurance for the purpose of the Regulations, Conditions or Endorsement	04 November 2017	Named Drivers Ex Sect. 1 S\$750.00
		Additional Ex Other than Named Drivers:
		Ex Sect. 1 - Age up to 25 S\$3,000.00
4. Date of Expiry of Insurance	03 November 2018	Ex Sect. 1 - Age up to 25 S\$500.00
		* Age as at date of accident
		EX ON WINDSCREEN S\$200.00
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 to 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.		
HERE PURCHASED BY: MYSBANK AS HP OWNER		
* Limitations required inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 138) and Section 91 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 138) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ASKAL INVESTMENT PRA. LTD.