

# NATIONAL Assessment Centre Services

Date In: 07/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18010378/13	SAS e-filing		
Veh No: 545674	E-mail (within 8hrs, AIC 2hrs)		
DOA: 03/06/18 1525	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: ( N-51	Tel:	Fax:
TP Particulars:	Veh No: GX2476M	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

NA1803560	<b>Invoice Preparation Checklist</b>		Ant (\$) 1st Bill	Ant (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
Cat 2/3:	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	07/06/2018 14:01
Date Of Accident	03/06/2018 15:25
Exact Location Of Accident	RAFFLES AVE TWDS STAMFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ67Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR CHEW SOO ANN
NRIC No	S1805066H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81331211
Alternative Phone No	OTHERS-81331211

### Vehicle Particulars

Manufacturer	BMW
Model	523i
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	DMPCSN1304371805
Cover Note Number	

### Driver

Name of Driver	CHEW SOO BOON
NRIC No	S1635884C
Date Of Birth	31/03/1964
Occupation	INDOOR
Date Of Driving Pass	17/06/1981
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86664582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	45 LORONG 8 GEYLANG
Postcode	399105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX2476M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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:

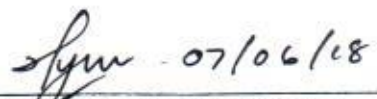
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 07/06/18

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

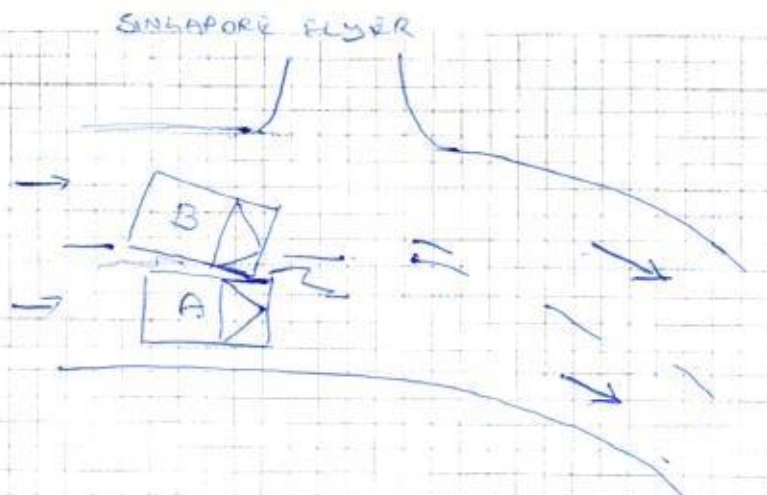


**SKETCH PLAN**

RAFFLES AVE TOWARDS  
STAMFORD ROAD IN FRONT OF  
SINGAPORE FLYER

VEHICLE A - SG567Y

VEHICLE B - GX2476M

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS TRAVELLING ALONG RAFFLES AVE TOWARDS THE DIRECTION  
TOWARDS STAMFORD ROAD. I WAS ON THE RIGHT LANE.

WHILE TRAVELLING TOWARDS THE JUNCTION OF  
(BEFORE BAYFRONT AVE / TEMASEK AVE) IN FRONT OF SINGAPORE  
FLYER, AS I WAS DRIVING STRAIGHT AHEAD, SUDDENLY  
I FELT A IMPACT FROM THE LEFT SIDE OF MY  
VEHICLE.

BLINKED FROM MY VEHICLE AND REALIZED IT WAS  
A VEHICLE BEARING, (GX 2476 M) THAT COLLIDED TO  
THE LEFT FRONT PORTION OF MY VEHICLE.

AND THE DRIVER OF (GX 2476 M)  
- MR KHOO KAP WOH S2531299F ADMITTED IT WAS HIS  
FAULT OF SNEAKED AND CUTTED INTO MY LANE THAT  
CAUSE THE ACCIDENT, AND ASKED ME TO CLAIM AGAINST HIS  
INSURANCE.

VEHICLE A - SG567Y

VEHICLE B - GX2476M

**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.:



<b>Vehicle No.</b>	545673	<b>Model / Make</b>	Bmw 523i
<b>Date of Accident</b>	3/6/18		
<b>Time of Accident</b>	1525	<b>HRS</b>	
<b>Location of Accident</b>	RAFFLES AVE	TOWARDS	STAMFORD RD
<b>Exact purpose use during accident</b>	PRIVATE USE		(BEFORE RAFFLES AVE / TEMASEK AVE) JUNCTION
<b>Name of Owner</b>	CHIEW SOO ANN		
<b>Telephone No.</b>	H/P : 8133 1211	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S1805066H		
<b>Address</b>	29 TERRASSE LANE #05-52 (544778)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	CHINA TAIPING		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	DMPCSN1364 371805		
<b>Name of Driver</b>	As Above If No, CHIEW SOO BOON		
<b>NRIC</b>	S163584C	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	31/03/1964		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	17 Jun 1981		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 8666 4582	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	45 LORONG 8 GEMILAH		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		SILVERLINE
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	GX 2476M	<b>Any Passengers :</b>	NIL
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	LM FRONT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-SI AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1635884C



Name  
CHEW SOO BOON

Race  
CHINESE  
Date of birth  
31-03-1964  
Sex  
M  
Country of birth  
SINGAPORE

S153500

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1635884C  
Name:

CHEW SOO BOON

Birth Date: 31 Mar 1964  
Issue Date: 21 May 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
17 Jun 1981

NP 428A



Licence No: S1635884C

Driver



4246539



NRIC No: S1805066H



Date of issue  
20-06-2008

29 TERRASSE LANE #05-52  
SINGAPORE 544778

NRIC No: S1805066H Date: 06/02/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 01 Jun 1985



NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1805066H




Name  
CHEW SOO ANN

周 树 安

Race  
CHINESE

Date of birth  
07-08-1967

Sex  
M

Country of birth  
SINGAPORE

S1805066H


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1805066H

Name  
CHEW SOO ANN

Birth Date: 07 Aug 1967

Issue Date: 20 Jun 2008

001616247D

Owner





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MX1E  
R SN  
AN0544A

Cov.Type: C

PLM 309422

ORIGINAL

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, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No : 05317591N52B25AF  
ChaN: WBAFP32090C546795

CERTIFICATE No.

DMPCSN1304371805

1. Index Mark and Registration  
Number of Vehicle

SGJ67Y

2. Name of Policy Holder

MR CHEW SOO ANN

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

25 February 2018

Named Drivers Ex Sect. I ..... S\$1,600.00

Additional Ex Other than Named Drivers:

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

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. : MAYBANK 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.

Issued By:

Authorised Officer

Authorised Signatory