

NATIONAL Assessment Centre Services				[Ref: Jan/05] NMA48076829	
Date In 13/06/2018 16:51	Job description	Date & Time Completed	Done by		
Ref No NBA/CT180/0813/4	SAS e-filing				
Veh No SN 4960K	E-mail (within 8hrs, A/C 2hrs)				
D.O.A 12/06/2018 15:45	i-Motor Claim Form				
OD TP: Reporting Only	i-Motor W/O (Within: O/D 2hrs, TP 4hrs)				
	i-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>				

Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:	Veh No: 8884597A	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

NMA803744	Invoice Preparation Checklist		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:-			
	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	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	13/06/2018 16:51
Date Of Accident	12/06/2018 15:45
Exact Location Of Accident	SLIP RD OF BUKIT TIMAH ROAD INTO FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4960K
Insured/Policyholder	
Name Of Registered Owner	ANG CHEE SIONG
NRIC No	S1795699Z
Email Address	ANGCHEESIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96971143
Alternative Phone No	OTHERS-96971143

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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?	YES
If No, Please state action to be taken	
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	DMPCSN1608771802
Cover Note Number	

Driver

Name of Driver	ANG CHEE SIONG
NRIC No	S1795699Z
Date Of Birth	13/11/1967
Occupation	INDOOR
Date Of Driving Pass	04/11/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96971143
Fax Number	
Contact Number	OTHERS-96971143
Email Address	ANGCHEESIONG@GMAIL.COM

Address	BLK 555 CHOA CHU KANG NORTH 6 #04-22
Postcode	680555
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?	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

PLEASE REFER TO SKETCH PLAN

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	SJS4597A
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTINA
NRIC/Passport Number	
Contact Number	97508271
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:
13/6/2018

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



13/06/2018

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

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on exit timeh Rd toward woodlands directing
exit to Farros rd.

SSS 4597A was in front of me.

I ~~then~~ looked right to check vehicles from
Fairer Rd. ~~to~~ clear to go.

Thought S354597A already exit to Farrel Rd.
But she stopped at junction instead.

I couldn't stop in time, banged her rear.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 13/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Farrer Rd.

SJS 4597A

A

SJS 4906K

B

Serene centre.

Bukit Timah Rd



Towards
Woodlands



13/6/2018.

at 13/6/2018
Rock works

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 06 / 18) (DD/MM/YYYY), TIME: (15 : 45) (HH:MM)

LOCATION: Bukit Timah Rd / Fairer Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSN 4960 K
b) INSURANCE COMPANY: CHINA TAIPING INSURANCE (S) PTE LTD.
c) POLICY NUMBER: DMP CSN 1608771802
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA AIRWAVE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal travelling
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ANG CHEE SIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17956992 CONTACT: 96971143
c) ADDRESS: BLK 555 CHOA CHU KANG NORTH 6
#04-22

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (13 / 11 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/12/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SSS 4597 A MODEL: TOYOTA
b) DRIVER'S NAME: Christina
c) NRIC/FIN/PASSPORT: _____ CONTACT: 97508271

9. THIRD PARTY VEHICLE

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

Email = angcheesiong@gmail.com

Fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1795699Z



Name

ANG CHEE SIONG

洪志祥



Race

CHINESE

Date of birth

13-11-1967

Country/Place of birth

SINGAPORE

Sex

M

5279162



NRIC No. S1795699Z



Date of issue

12-03-2014

Address

APT BLK 555 CHOA CHU KANG NORTH 6
#04-22
SINGAPORE 680555

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1795699Z

Name

ANG CHEE SIONG

Birth Date 13 Nov 1967

Issue Date 09 Dec 2003



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

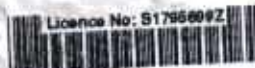
PASS DATE

04 Nov 1992

Class 3

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

Licence No: S1795699Z



NP 428A



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. 200208334E

MX1F
R SN
AN0576A
Cov.Type: C

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)

ORIGINAL

CERTIFICATE No. DMPCSN1608771802 Engine No : L15A5206338
Chano: G111305225

1. Index Mark and Registration Number of Vehicle SJN4960K AUTOSAFE

2. Name of Policy Holder ANG CHEE SIONG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 18 February 2018 Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance 17 February 2019 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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

* 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: I. MARKETING AGENCY
Authorised Officer

.....
Authorised Signatory