

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAN 18079898

Date In: 21/06/2008 10:39	Job description:	Date & Time Completed	Done by
Ref No: NBA/PC180/12431	SAS e-filing		
Veh No: GBBG 7373 S	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/06/2008 13:55	i-Motor Claim Form		
OD (1P) 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: PC 8783 M

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

NA1803917

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

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) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N3: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-on INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

31/06/2008

31/06/2008

## 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	21/06/2018 10:39
Date Of Accident	11/06/2018 13:55
Exact Location Of Accident	JUNCTION OF LOWER KENT RIDGE/SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7373S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NATIONAL UNIVERSITY OF SINGAPORE
Co Reg No	200604346E
Email Address	KENNETHNEO@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-90254677
Alternative Phone No	OFFICE-96542077

### Vehicle Particulars

Manufacturer	RENAULT
Model	TRAFIC L1H1 1.6 DCI 115 MT 6DR
Exact Purpose for which vehicle was being used at time of accident	OFFICIAL TRIP
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17087951MFCV/12
Cover Note Number	

### Driver

Name of Driver	CHUA WEN HAO
NRIC No	S95077911
Date Of Birth	12/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90254677
Fax Number	
Contact Number	OTHERS-96542077
Email Address	KENNETHNEO@NUS.EDU.SG



Address 39 DUKU ROAD  
 Postcode 429197  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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  
 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) 4  
 Passenger 1  
 NAME: : YAO JING HUA  
 GENDER: : MALE  
 Passenger 2  
 NAME: : LEE ZHAN PHENG  
 GENDER: : MALE  
 Passenger 3  
 NAME: : CAU YU DA  
 GENDER: : MALE

#### 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? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC3787M  
 Vehicle Make/Model/Colour VOLVO  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver ABDUL MAJID RDZUAN BIN ABDULLAH @NOEL DAVIES  
 NRIC/Passport Number S2001957C  
 Contact Number 91173342

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:

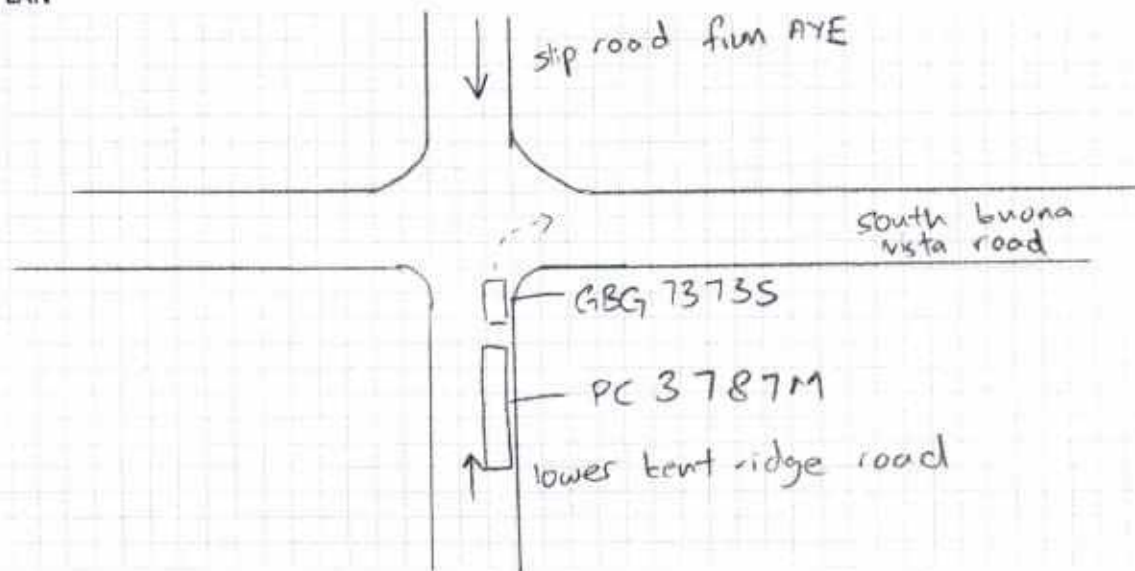
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

National University of Singapore  
Faculty of Engineering  
Engineering Design and Innovation Centre  
FSAE Office: Bk E4 #B1-02B  
117583  
Date & Time: 21/06/2018, 1045

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/06/2018, 1045

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Preparing to turn right from lower kent ridge road to south  
buena vista road  
stalled when the light ~~to~~ turned green  
bus hit my vehicle from behind

## DECLARATION

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

National University of Singapore  
Faculty of Engineering  
Engineering Design and Innovation Centre  
PO Box 12, Singapore 117583  
Tel: +65 6801 4914  
21/06/2018, 1045

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21/06/2018, 10:45

Reporting Centre Personnel's Signature  
Name: Reda A. A.  
NRIC/FIN No.: 9901 0101 0101 0101



## ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 06 / 2018) (DD/MM/YYYY), TIME: (13 : 54) (HH:MM)

LOCATION: Junction of lower kent ridge and south lucina vista road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 7373S  
b) INSURANCE COMPANY: First Capital  
c) POLICY NUMBER: D-17087951MFCV/9  
d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)  
e) MAKE & MODEL: Renault Traffic  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Official Trip  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: NATIONAL UNIVERSITY OF SINGAPORE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200604346 E CONTACT: 90254677  
c) ADDRESS: 21 Lower Kent Ridge Road  
SINGAPORE 119077

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Chua Wen Hao (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S950791 I CONTACT: 96342077  
c) ADDRESS: 39 Duxton Road (S) 429197

\* d) DATE OF BIRTH: (12 / 02 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 JAN 2014

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: PC 3787M MODEL: Volvo  
b) DRIVER'S NAME: Abdul Majid Fadzuan Bin Abdullah @ Noel Davies  
c) NRIC/FIN/PASSPORT: S2001957 C CONTACT: 91173342

### 9. THIRD PARTY VEHICLE

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

email = kennethneo@nus.edu.sg

fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S95077911



Name

CHUA WEN HAO

蔡文浩

Race

CHINESE

Date of birth

12-02-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S95077911

Name

CHUA WEN HAO

Birth Date 12 Feb 1995

Issue Date 21 Jan 2014



4620663

NRIC No. S95077911



Date of issue

20-08-2010

Address

39 DUKU ROAD  
SINGAPORE 429197

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Jan 2014



NP 428A



**CERTIFICATE OF INSURANCE****ORIGINAL**

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)

Type of Policy, : COMMERCIAL VEHICLE - FLEET  
Type of Cover, : Comprehensive  
Certificate No. : D-17087951MFCV/12  
Vehicle No / Chassis No : GBG7373S / VF13FL01257035379  
Name of Insured : NATIONAL UNIVERSITY OF SINGAPORE  
Period Of Insurance : 12.10.2017 To 30.06.2018  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : N.A

**Excess :**

SGD 250.00 SECTION I (APPLICABLE TO YL2498A, GQ7686C, GT9697S, GBB585U,  
GP8558M, GBB8109J, GBD17H, GBD7643D, GBE6508M, GBG6797J & GBG7373S)  
SGD1,250.00 SECTION I (APPLICABLE TO YN2340K)

**Authorised Driver\***

ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

Any person who is driving on the insured's order or with their 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.

**Limitations as to use\***

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

**The Policy does not cover:-**

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.


\* 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)

First Capital Insurance Limited  
(Approved Insurers)

JENNY/B0029/MZ300C

Issued at Singapore On 16.10.2017

  
\_\_\_\_\_  
Authorised Signature

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MM118029898 Vehicle Registration No: GBG 7373S  
Name (as shown in NRIC) : CHUA WAN HAO NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96542077  
Email Address : \_\_\_\_\_  
Date of Accident : 11/06/2018 Time of Accident : 13:55  
Place of Accident : JUNCTION OF LOWER KUAN RIVER RD / SOUTH BRIDGE VLG  
Insurance Company : FIRST CAPITAL Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THAT IS VIOLATED THE TRAFFIC

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Wan HAO  
NRIC/FIN No.: 21/06/2018  
Date: