

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MAY 18 08 11 71

Date In: 25/06/2018 08:10	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/CTI18011450/Y	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SY 862D	i-Motor Claim Form		
D.O.A: 23/06/2018 13:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SG 8558 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%; 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

N/A1804045	<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
			1st 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			
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*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	25/06/2018 09:18
Date Of Accident	23/06/2018 13:35
Exact Location Of Accident	SLE TOWARDS WOODLANDS BEFORE LENTOR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY862D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH TECK SOON (WU DESHUN)
NRIC No	S7229515C
Email Address	SHEN_ELIZABETH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92460668
Alternative Phone No	OTHERS-92460668

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 7-SEATER (A)
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	DMPCSN1719801700
Cover Note Number	

### Driver

Name of Driver	GOH TECK SOON (WU DESHUN)
NRIC No	S7229515C
Date Of Birth	12/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92460668
Fax Number	
Contact Number	OTHERS-92460668
EEmail Address	SHEN_ELIZABETH@YAHOO.COM.SG



Address:	BLK 441A FERNVALE ROAD #14-303
Postcode	791441
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG8553B
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)	

#### DETAILS OF INJURED PERSON 1

Name	GOH TECK SOON (WU DESHUN)
Approximate Age	
Injuries Sustain	NECK PAIN AND DIZZY
Injured person in which vehicle?	SJY862D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


## 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:

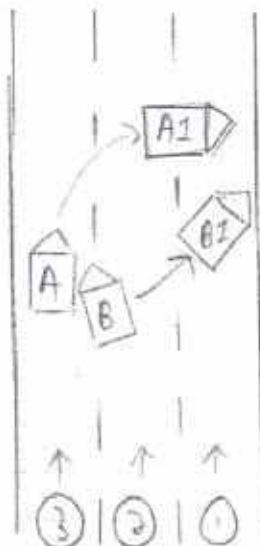
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 = SJY862D

B = JKG8553B

SLE towards Woodland  
(Before Lenton Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

 25/06/2018  
Reporting Centre Personnel's Signature  
Name: Pauli warfars  
NRIC/FIN No.:

On 23.06.18 at about 13:35 hours at along SLE towards Woodland (Before Lenton Exit). I was travelling straight on the lane 3, Suddenly I felt a strong impact from my right side, due to strong impact my car swerve to right hand side facing against the traffic.

When I alighted, I realized it was Vehicle (B) who hit my right hand side portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SJY862D

Vehicle (B): SKG8553B

A handwritten signature in blue ink, appearing to be 'JF' or similar, with a long horizontal stroke extending to the right.A handwritten signature in blue ink, followed by the date '25/06/2018' written in a similar style.



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/06/18		Time: 14:25		(hh:mm) 24 hr format	
Location SLE towards Woodland (before Lenter Exit)					
Vehicle Number SJY862D					
Insured Name Goh Teck Soon					
NRIC/FIN S7229515C		Contact Number 9246 0668			
Make Toyota		Model Previa 7 seater			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting					
Insurance Company Chuan Tai Ping					
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only					
Policy Number DM PCSN 1719801700					
Name of Driver ( <input checked="" type="checkbox"/> ) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 12/08 / 1972					
Driving Pass Date 24/04 / 1996					
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor					
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female					
Email Address SHEN-ELIZABETH (a) YAHOO.COM.SG ( ) NO EMAIL					
Address of Driver B1K 441A Fernvale Road					
#14-303 5(791441)					
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
If No, Relationship of the Driver with the Insured					
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling					
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Others					
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others					
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No					
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
If yes, injured detail Goh Teck Soon ( Neck pain & dizzy )					
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No					
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report					
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact	
Veh B		SKG E553B			
Veh C					
Veh D					
Veh E					
Veh F					



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7229515C



Name

GOH TECK SOON  
(WU DESHUN)

吴德顺

Race

CHINESE

Date of birth

12-08-1972

Sex

M

Country of birth

SINGAPORE

SJY8623

Owner & driver

4583703



NRIC No: S7229515C



Date of issue

06-06-2010

Address

APT BLK 441A FERNVALE ROAD  
#14-303  
SINGAPORE 701441

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7229515C**

Name: **GOH TECK SOON (WU DESHUN)**

Birth Date: **12 Aug 1972**

Issue Date: **14 Oct 2017**

002733756C



SJY 862 D

Owner & driver

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	05 Apr 1990
Class 2A	Motorcycles between 201 cc and 400 cc	06 Oct 1996
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 Apr 1996
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	28 Sep 2001
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	25 Jan 2002
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



NP 425A

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

\$ 239.63

CERTIFICATE No.	DMPCSN1719801700	Engine No. : 2A22437518 Chassis No: JTEGD54M200018721
1. Index Mark and Registration Number of Vehicle	SJY862D	
2. Name of Policy Holder	GOH TECK SOON	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 MARCH 2018	NAMED DRIVERS EX SECT. 1 ..... \$51,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25 ..... \$53,000.00 EX SECT. 1 - AGE >= 26 ..... \$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN ..... \$5100.00
4. Date of Expiry of Insurance	3 JULY 2018	
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 RACE-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 \$5000 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. : TECK WEI CREDIT 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



**德威信貸私人有限公司**  
**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A8 Singapore 297995  
Tel: 6455 0020 Fax: 6455 0017  
Email: info@teckwei.com.sg

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory