

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MINA18 091872

Date In: 16/1/18-18:42	Job description	Date & Time Completed	Done by
Ref No: NO/50218012896/24	SAS e-filing		
Veh No: SKU7546E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/1/18-21:55	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: SKC2460X	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile \$0		
Dat 2/3:	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	16/07/2018 18:42
Date Of Accident	12/07/2018 21:55
Exact Location Of Accident	SLIP RD TPE (SLE) TWDS SENGKANG EAST RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SKU7546E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHUAN HOCK
NRIC No	S8015812B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92302438
Alternative Phone No	OFFICE-92302438

**Vehicle Particulars**

Manufacturer	AUDI
Model	A4 2.0 TFSI QU S-TRONIC
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-001249
Cover Note Number	

**Driver**

Name of Driver	FONG MAY YEE, JOCELYN (FENG MEIYI)
NRIC No	S8733036B
Date Of Birth	10/10/1987
Occupation	INDOOR
Date Of Driving Pass	24/09/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81331270
Fax Number	
Contact Number	OFFICE-81331270
EMail Address	NOEMAIL

Address	BLK 180C RIVERVALE CRESCENT #17-377
Postcode	543180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	2
Passenger 1	NAME: : TAN CHUAN HOCK GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180715/2123.

#### 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	SKC2460X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN WEI LIONG
NRIC/Passport Number	S2572536J
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

FONG MAY YEE, JOCELYN (FENG MEIYI)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKU7546E

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 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.
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

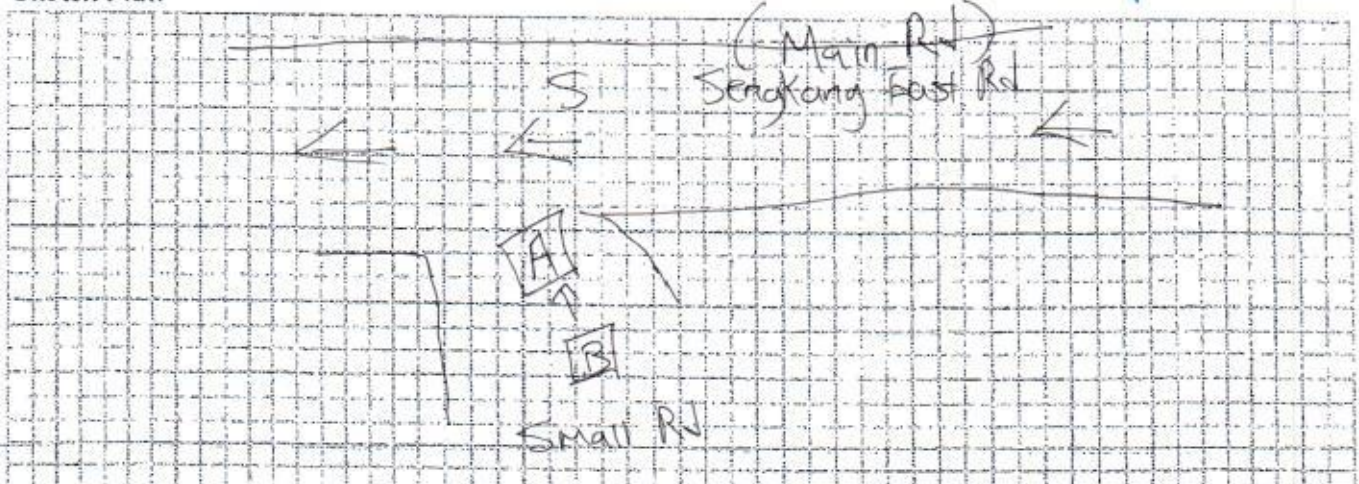
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 10/7/18  
Policyholder's Signature / Date & Time

 2  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



VEHICLE A: SKL7546E  
VEHICLE B: SKC2460X





Describe Circumstances of the Accident

Was exiting TPE to Sengkang East Rd, vehicle B collided me rear direct.

Declaration

We declare the foregoing particulars are true in every respect.

 10/7/18  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## SINGAPORE ACCIDENT STATEMENT

Accident Date:	12/7/18	Time:	2155	(hh:mm) 24 hr format
Location				
Vehicle Number <del>Punggol Rd</del> ( TPE Exit Punggol ) Sengkang East Rd				
Insured Name TANCHUAN HOCK				
NRIC / FIN		58015812B		
		Contact Number 92302438		
Make Audi A4 B8 Model S-Line				
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				
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number DMPPHQ18-001249				
Name of Driver Feng MAY YEE, JACELYN ( ) Same as Insured				
NRIC / FIN 58733036B				
Contact Number 81331270				
Date of Birth 10/10/1987				
Driving Pass Date 24/09/2012				
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor				
Gender ( ) Male ( <input checked="" type="checkbox"/> ) Female				
Email Address weiyuan0312@gmail.com ( ) NO EMAIL				
Address of Driver				
Was driver an employee of the Insured's Company? ( <input checked="" type="checkbox"/> ) Yes ( ) No wife				
If No, Relationship of the Driver with the Insured				
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others				
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) 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				
Was there any video captured by Car Camera? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		
		Contact		
Veh B	CHIN WEI LIANG / S2572536J SKC2460X			
Veh C				
Veh D				
Veh E				
Veh F				





# SINGAPORE POLICE FORCE



T/20180715/2123

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20180715/2123

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 23:30		Vide Report No.:		Station Diary No.: 95	
<b>Informant's Particulars</b>					
Name of Informant: FONG MAY YEE, JACELYN			Address: APT BLK 180C RIVERVALE CRESCENT #17-377 SINGAPORE 543180		
ID Type / ID No.: NRIC NO / S8733036B			Contact No.: Home/Office: Mobile: 81331270		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 10/10/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GENERAL MANAGER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2018 23:35	Type of Location: left filer lane
Location: Along Road 1 TAMPINES EXPRESSWAY				
Punggol Way Exit turning left onto Sengkang East Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC2460X	Car				Slightly Damaged	0
SKU7546E	Car				Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180715/2123

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 3

Report No. T/20180715/2123

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	FONG MAY YEE, JACELYN	ID No.	S8733036B
Related Vehicle	SKU7546E (Car)	Contact No.	81331270
Hospital/Clinic	BEDOK FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Chin Wei Liong	ID No.	S2572536J
Related Vehicle	NIL	Contact No.	NIL
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 the 12/07/2015 at about 2335hrs, I was driving vehicle SKU7546E from TPE towards SLE and I exited by Sengkang East Road. However I stop at the give way line of Sengkang East Road as there was oncoming traffic along Sengkang East road. While my vehicle was stationary, another vehicle SKC2460X hit us from the rear causing a crack on my rear bumper. No police or ambulance was at scene. we exchange particulars and drove off

On the 13/07/2018, i woke up and felt pain on my neck and back area. Hence I decided to seek treatment on 14/07/2018 and was given 3 days medical leave.



**SINGAPORE  
POLICE FORCE**



T/20180715/2123

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20180715/2123

**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:

F /

Sgt 3 TAN CHUN TEIK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

SN 085

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

15/07/2018 23:30

Classification Of Case:



DRIVER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8733036B



Name

FONG MAY YEE, JACELYN  
(FENG MEIYI)

冯美意

Race

CHINESE

Date of birth

10-10-1987

Sex

F

Country/Place of birth

SINGAPORE



753637

5860655



NRIC No. S8733036B



Date of issue

27-01-2018

Address

APT BLK 180C RIVERVALE CRESCENT  
#17-377  
SINGAPORE 543180

DRIVER

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

 Licence Number: **S8733036 B**  
Name:  
**FONG MAY YEE, JACELYN**  
**(FENG MEIYI)**

Birth Date: **10 Oct 1987**  
Issue Date: **24 Sep 2012**

 002108202G

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

	EFFECTIVE DATE
<b>Class 1</b> Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	<b>24 Sep 2012</b>



NP 42BA

Licence No: S8733036B  




OWNER

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S8015812B**



Name  
**TAN CHUAN HOCK**

**陈传福**

Race  
**CHINESE**

Date of Birth **30-05-1980** Sex **M**

Country of Birth  
**SINGAPORE**



**0248815**



NRIC No. **S8015812B**



Blood Group **O+** Date of issue **29-01-1992**

Address  
**APT BLK 180C RIVERVALE CRESCENT #17-377  
SINGAPORE 543180**

NRIC No. **S8015812B** Date: **06/03/2014**


OWNER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8015812B**  
Name: **TANCHUAN HOCK**

Birth Date: **30 May 1980**  
Issue Date: **30 Jun 2006**

001429128D



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

PASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 30 Jun 2006

Nº 428A

Licence No: S8015812B





**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION(REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF**PRIVATE CAR  
Comprehensive Classic****Certificate No. : DMPPHQ18-001249****1. Index Mark and Registration Number of Vehicles**

SKU7546E

**2. Name of Policyholder**

Tan Chuan Hock

**3. Effective Date of the Commencement of Insurance for the purpose of the Act**

07/03/2018

**4. Date of Expiry of Insurance**

06/03/2019

**5. Person 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 regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

**6. Limitation as to use\***

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) use for any purpose in connection with the Motor Trade

\*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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Teck Wei Credit Pte Ltd

A000319/DASSURANCE  
Date of Issue : 25/02/2018 01:39Authorised Signatory  
EQ Insurance Company Limited**Note**

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.