

NATIONAL Assessment Centre Services

(Ref: JAN05)

NA/18098852

Date In: 31/07/2018 14:17	Job description	Date & Time Completed	Done by
Ref No: NBA/21PT80/389114	SAS e-filing		
Veh No: SJM 69996	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/07/2018 07:45	i-Motor Claim Form		
<input checked="" type="radio"/> OD <input checked="" type="radio"/> SP 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: FBS 3194C	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

NA/18098852	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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		
	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:-		
	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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			

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	31/07/2018 14:17
Date Of Accident	31/07/2018 07:45
Exact Location Of Accident	ALONG PIE TOWARDS UPPER JURONG RD LAMP POST 1765
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6999L
Insured/Policyholder	
Name Of Registered Owner	NG HONG ANG
NRIC No	S2562031C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96522332
Alternative Phone No	OTHERS-96522332

Vehicle Particulars

Manufacturer	PEUGEOT
Model	308 1.2A/T
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
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Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C006374

Driver

Name of Driver	CHONG IN CHANG
NRIC No	S1682333C
Date Of Birth	14/03/1965
Occupation	INDOOR
Date Of Driving Pass	05/06/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96522332
Fax Number	
Contact Number	OTHERS-96522332
Email Address	HANCARREPAIRS@GMAIL.COM

Address	7C LORONG 9 GEYLANG
Postcode	388755
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180731/2022

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	FBJ3194C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ3194C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLANVehicle No: _____
DOA: _____**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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 & 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 & 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 & 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 & any necessary investigations relating to the claims;
 - (ii) 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) involved in this accident and the Insurers' 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.

PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY._____
Policyholder's Signature
Date & Time_____
Driver's Signature (Date & Time)
(If driver is not the policyholder)_____
Witnessed by Reporting Center
Personnel**Sketch Plan**

Describe Circumstances of the Accident

REFAIL


MS REFAIL to Police Refused

1/20/2022

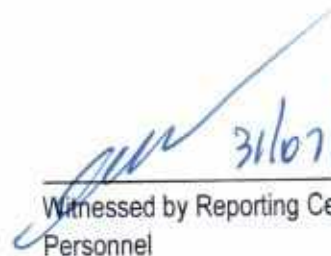
Declaration

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

Policyholder's Signature
Date & Time



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

 31/07/2018

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20180731/2022

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180731/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2018 10:03	Vide Report No.: J/20180731/0064	Station Diary No.: 52
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Informant's Particulars

Name of Informant: CHONG IN CHANG			Address: 7C LORONG 9 GEYLANG SINGAPORE 388755		
ID Type / ID No.: NRIC NO / S1682333C			Contact No.: Home/Office: Mobile: 96522332		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 14/03/1965	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2018 07:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY UPPER JURONG ROAD Lamp Post Number: 1765				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3194C	Motorcycle				Slightly Damaged	0
SJN6999L	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180731/2022

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20180731/2022

CONTINUATION OF REPORT

Brief Details.

On 31/07/2018, at around 0750hrs, I was driving my vehicle bearing the registration plate number SJN6999L along lane 4 of 5 PIE heading towards Upper Jurong Road. The traffic was slow and heavy. Subsequently, I checked for oncoming vehicles before filtering into lane 3 of 5. During the switch, a vehicle bearing the registration plate number FBJ3194C collided with the driver door of my vehicle. The other vehicle then falls onto the ground. I came out of my vehicle to make a check on the rider.

The other rider suffers some abrasion on his knuckles and he complaint of pain in the shoulder. The police and ambulance arrived shortly after vide J/20180731/0064. The rider was then conveyed via ambulance. My vehicle suffers serious damages while the other vehicle suffers slight damages.

I am lodging this report as instructed by the police. I wish to state that my vehicle was equipped with dash cameras which recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20180731/2022

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No: T/20180731/2022

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:

J /

KWONG ZHENG JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Signature Of Informant:

Date/Time:

31/07/2018 10:03

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 127

Singapore Police Force

PERSONAL PARTICULARS

Date of Accident: 31/07/2018

Time of Accident: 7:50^{pm} (24Hrs)

Vehicle No: STN 699L

Vehicle Make/Model: Peugeot 308 1.2 A/H

Exact Location of Accident: _____

Owner's Name/NRIC: Ng Hong Ang / S2562031/C

Driver's Name/NRIC: Chong In Chong / S1682333/C

Driver's Contact: 96522332 Insurance Co & Policy No: Liberty Ins.

Driver's Email Address: hqc-car-repairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? Nanyang N.P.C.

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: FBJ 3194 C

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.


* Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1682333C**
 Name: **CHONG IN CHANG**
 Birth Date: **14 Mar 1965**
 Issue Date: **10 Jan 2009**

0016973788

SINGAPORE ARMED FORCES IDENTITY CARD


 Name: **CHONG IN CHANG**
 NRIC No: **S1682333C**

This card is the property of the Singapore Armed Forces. Any person losing this card is requested to forward it without delay to Central Records Office or his Police Station.

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 05 Jun 1999

NP 428A



00000050056260

NRIC No / Colour: **S1682333C / PINK**

Race: **CHINESE**

Date Of Birth: **14/03/1965**

Service Status: **REGULAR**

Address:

**7C LORONG 9 GEYLANG
SINGAPORE 396755**

Blood Group: **O (+)**

Country Of Birth: **SINGAPORE**

Military Rank Status: **WARRANT OFFICER**

Sex: **M**



Name of Producer:

SIME DARBY SINGAPORE LIMITED (A1429)

Date of Issue:

27 Oct 2016

Cover Note No.:

C0063474

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule

Name of Insured:	NG HONG ANG	
Period of Insurance:	From: 18 Nov 2016 00:00	To: 17 Nov 2018 23:59
Registration No.:	SJN6999L	
Make and Model:	PEUGEOT 308 SW ALLURE PURETECH 1.2 A/T 2WD	
Type of Body:	STATIONWAGON	
Capacity/Tonnage:	1199	
Year of Manufacture/Registration:	2015/2015	
Chassis No.:	VF3LRHNYWFS182193	
Engine No.:	10XT180119656	
Sum Insured:	MARKET VALUE AT TIME OF LOSS	
Name of Finance Company:	DBS BANK LTD	
Type of Plan:	Comprehensive	
Excess:	S\$400.00	



The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.



Date: 27 Oct 2016 17:57

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

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 : MPA115098852 Vehicle Registration No: STN 6979L
Name (as shown in NRIC) : CHONG IN CHANG NRIC/FIN/Passport No : 81682333C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 7C LOR 9 GEILANG Singapore (388/05)
Contact (Tel) : _____ Mobile No.: 96522332
Email Address : burchong38@gmail.com
Date of Accident : 7/1/2018 Time of Accident: 07:45am
Place of Accident : Along PIE towards upper jay road lamp post 1765
Insurance Company: Liberty insurance pte ltd

(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:

I would like to change third party claim to own policy
damage claim. Submit warranted losses and do recovery from
third party after that.

Policyholder / Driver's Signature
Date:

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