

NATIONAL Assessment Centre Services

Date In 17/08/18	Job description	Date & Time Completed	Done by
Ref No NA/C7218015004/13	SAS e-filing		
Veh No SKUS604J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 16/08/18 1740	i-Motor Claim Form		
OD (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SLF2087M	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

NA1805164	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/\$43		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao 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: Idao 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	17/08/2018 15:19
Date Of Accident	16/08/2018 17:40
Exact Location Of Accident	SLE TWDS CTE NEAR EXIT 9 (WOODLANDS AVE 12 EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5604J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH AH ENG
NRIC No	S7204395B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010315
Alternative Phone No	OTHERS-91010315

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	DMPCSN3074221802
Cover Note Number	

### Driver

Name of Driver	CHEE CHEN YEW
NRIC No	S1694461J
Date Of Birth	07/08/1965
Occupation	INDOOR
Date Of Driving Pass	22/01/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91124887
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 632 CHOA CHU KANG NORTH 6 #11-213
Postcode	680632
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	CHAIN COLLISION
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?	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: : GOH AH ENG GENDER: : FEMALE

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLF2087M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL4282U
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)	



## 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:

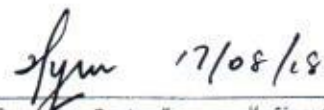
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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



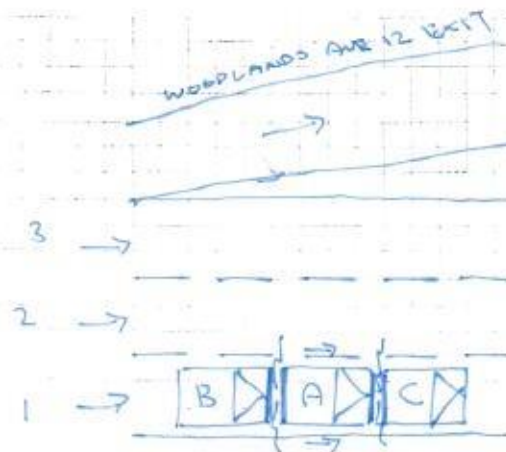
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

VEHICLE A - SKU 5604 J  
 VEHICLE B - SLF 2087 M  
 VEHICLE C - SSL 4282 U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SLR TOWARDS CTE, ON THE  
 EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, JUST PASSING BY (EXIT 9)  
 WOODLANDS AVE 12 EXIT, DUE TO THE HEAVY TRAFFIC, THE  
 VEHICLE IN FRONT BRAKE TO COMPLETE STOP, AND SO I TOO  
 APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW  
 SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF  
 MY VEHICLE. AND THE IMPACT WAS SO GREAT THAT PUSHED  
 ME FORWARD AND HIT ONTO THE VEHICLE IN FRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A  
 VEHICLE WITH LICENCE PLATE NUMBER (SLF 2087 M)  
 THAT COLLIDED TO THE REAR OF MY VEHICLE, PUSHED ME  
 FORWARD AND HIT ONTO THE VEHICLE IN FRONT, AND CAUSED  
 A CHAIN COLLISION INVOLVING THREE VEHICLES.

VEHICLE A - SKU 5604 J  
 VEHICLE B - SLF 2087 M  
 VEHICLE C - SSL 4282 U

## 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:

 17/08/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



<b>Vehicle No.</b>	SKN 5604 J	Model / Make	HONDA VIZAL
Date of Accident	16 / 08 / 2018		
Time of Accident	1730	HRS	
Location of Accident	SLE TOWARDS CTE	Near EXIT 9	
Exact purpose use during accident	PRIVATE USE	(WOODLANDS BUS 12 EXIT)	
<b>Name of Owner</b>	GOH AH ENH		
Telephone No.	H/P : 91010315	Home :	Office :
NRIC	S7204395B		
Address	BLK 632 CHOA CHU KANG NORTH 6 #11-213 S(680632)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAI PING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMD CSN 3074221802		
<b>Name of Driver</b>	As Above If No, CHEE CHEN YEW		
NRIC	S1694461J	Any Passengers :	1 (F)
Date of birth	07 AUG 1965		
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 JAN 2008		
Gender	Male / Female		
Contact No.	H/P : 91124887	Home :	Office :
Address	BLK 632 CHOA CHU KANG NORTH 6 #11-213 S(680632)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	SPOUSE
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	2
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
<b>Vehicle B No.</b>	SLE 2087 M	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>	SJL 4282 U	Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	FRONT / REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1694461J



CHEE CHEN YEW  
徐增有  
Race  
CHINESE  
Date of Birth 07-08-1965 Sex M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1694461J  
Name  
CHEE CHEN YEW

Birth Date 07 Aug 1965  
Issue Date 31 Jul 2003




0884965



NRIC No. S1694461J



Blood Group Date of Issue  
A1 20-12-1992


APT BLK 632 CHOA CHU KANG NORTH 6 #11-213  
SINGAPORE 680632  
NRIC No: S1694461J Date: 08/11/2010 No: 8606459

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

	PASS DATE
Class 2B Motorcycles <= 250 CC	30 Jun 1989
Class 2A Motorcycles between 201 CC and 400 CC	30 Jun 1989
Class 1 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Jan 2008

S1694461J S / No. 9000066600

Licence No: S1694461J



N.P. 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7204395B



Name

GOH AH ENG  
(WU YAYING)

吴雅英

Race

CHINESE

Date of birth

10-02-1972

Sex

F

S7204395B

Country of birth

SINGAPORE



4659058



NRIC No: S7204395B

Date of issue

29-11-2010

Address

APT BLK 632 CHOA CHU KANG NORTH 6  
#11-213  
SINGAPORE 680632



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 200208384E

MX1F

R SN

AN0421A

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.	DMPCSN3074221802	Engine No :L1583522273 Chano:RU11022260
1. Index Mark and Registration Number of Vehicle	SKU5604J	AUTOSAFE *****
2. Name of Policy Holder	GOH AH ENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 July 2018	Named Drivers Ex Sect. I ..... S\$500.00 Additional Ex other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	30 July 2019	
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.		

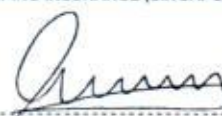
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: .....XITESSE SOLUTIONS.....  
Authorised Officer

  
.....  
Authorised Signatory