

NATIONAL Assessment Centre Services [ref: 1a-12]

Date In: 20/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/CTI18015084/13	SAS e-filing		
Veh No: SLCC201R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/08/18 1445	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( BLUEWE Tel: Fax: )

FP Particulars: Veh No: 5971641E 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
NA 1805222	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
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 (wof 10 Jan 2005)		
U. 1:	6) TR: Re-inspection \$75		
U. 2 / 3:	7) NI: 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 (N'n INC) against INC \$20		
	9) N12: Idac 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	20/08/2018 14:09
Date Of Accident	18/08/2018 14:45
Exact Location Of Accident	BOON LAY WAY TWDS LAKESIDE MRT AT CORPORATION RD J
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2201R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BOON YONG
NRIC No	S8001443J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98395177
Alternative Phone No	OTHERS-98395177

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	DMPCSN1728041801
Cover Note Number	

### Driver

Name of Driver	NG BOON YONG
NRIC No	S8001443J
Date Of Birth	12/01/1980
Occupation	INDOOR
Date Of Driving Pass	12/06/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98395177
Fax Number	
Contact Number	OTHERS-98395177
Email Address	NOEMAIL

Address	BLK 669B JURONG WEST ST 64 #04-76
Postcode	642669
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	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?	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)	5
Passenger 1	NAME: : CHIA TZE MIANG,RACHEL GENDER: : FEMALE
Passenger 2	NAME: : NG YI SHENG,BENEDIKT GENDER: : MALE
Passenger 3	NAME: : NG YI HENG,JOSE GENDER: : MALE
Passenger 4	NAME: : MONDIA JELLY PIDO 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	SGT1641E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver KOH LIAK HUAT  
NRIC/Passport Number S1797587J  
Contact Number 91867661  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG BOON YONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLC2201R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name CHIA TZE MIANG,RACHEL  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLC2201R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name NG YI SHENG,BENEDIKT  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLC2201R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name NG YI HENG,JOSE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLC2201R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 5**

Name MONDIA JELLY PIDO  
Approximate Age

Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLC2201R
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:

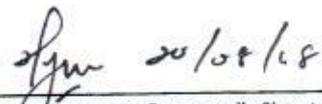
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

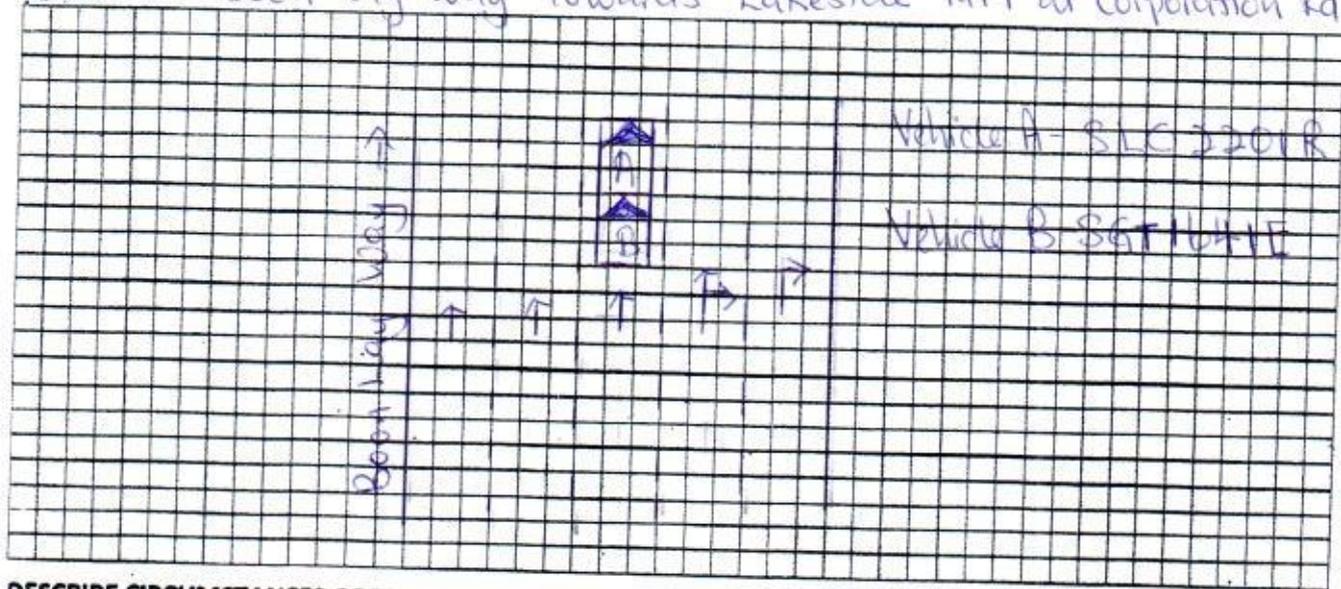


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN** Boon Lay Way towards Lakeside Mrt at Corporation Rd Junction



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date time, at the stated venue, I vehicle 'A' SLC 2201R was travelling straight on my rightful lane, coming to the traffic light junction. As the light turned red, so I come to a complete stopped. After abt 3 seconds, I felt a great impact on my rear portion of my stationary vehicle.

Vehicle 'B' SGT 1641E collided onto my rear portion of my stationary vehicle.

- Passengers inclusive of driver:-
- 1) Ng Boon Yong (Huang Wenrong) S 8001443J (M)
  - 2) Chia Tze Miang, Rachel S 8010095G (F)
  - 3) Ng Yi Sheng, Benedikt T1410358E (M)
  - 4) Ng Yi Heng, Jose T 1122175G (M)
  - 5) Mondia Jelly Pido Work Permit No: 027561713 (F)

**DECLARATION**

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

*Ng Boon Yong*  
 Policyholder's Signature

*Ng Boon Yong*  
 Driver's Signature  
 (If driver is not the policyholder)

*Shyue* 20/08/18  
 Reporting Centre Personnel's Signature

Date & Time:

Date & Time:

Name:  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 18/08/2018 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: Boon Lay Way towards Lakeside Mrt at Corporation Rd Junction

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 2201R  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: DMP CSN1728041801  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Sienta Toyota  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Ng Boon Yong (Huang Wenrong) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8001443J CONTACT: 9839 5177  
c) ADDRESS: Apt B1k 669B Jurong West Street 64  
#04-76 SC 642669

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (12/01/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16

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) refer to Accident statement.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGT 1641E MODEL: Honda  
b) DRIVER'S NAME: Koh Liak Huat  
c) NRIC/FIN/PASSPORT: S1797587J CONTACT: 9186 7661

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(5)

\* No of passenger  
(including driver)  
unknown ( )

\* No of passenger  
(including driver)  
( )

BLUWEL AUTOMOTIVE SERVICE PTE LTD

1 KAKI BUKIT AVE 6

BLK C #01-55 (MAIN OFFICE) / 28/37/53/56

SINGAPORE 417883

TEL: 6745 2088 FAX: 6841 2088

bluwei2088@yahoo.com.sg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3  
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

ISSUE DATE: 12 Jan 2007

License No: S8001443J

NP 428A

4532063

NPIC No: S8001443J

Date of issue: 23-02-2010

Address:  
APT BLK 669B JURONG WEST STREET 04  
#04-75  
SINGAPORE 642069



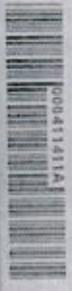

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S8001443J

Name: NG BOON YONG (HUANG WENRONG)

Date of Birth: 12 Jan 1980

Issue Date: 21 Apr 2003

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8001443J

Name: NG BOON YONG (HUANG WENRONG)

Race: CHINESE

Date of Birth: 12-01-1980

Country of Birth: SINGAPORE

Sex: M





MOTOR PRIVATE CAR

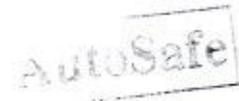
**CERTIFICATE OF INSURANCE**

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)

Cov. Type: C  
**PLM 312722**

ORIGINAL

CERTIFICATE No.	DMPCSN1728041801	Engine No : 2NR8604769
		ChaNo: NSP1707028262
1. Index Mark and Registration Number of Vehicle	SLC2201R	
2. Name of Policy Holder	NG BOON YONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05 May 2018	Named Drivers Ex Sect. I ..... S\$500.00
4. Date of Expiry of Insurance	04 May 2019	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



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.

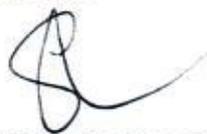
HIRE PURCHASE CO. : HL BANK AS HP OWNER

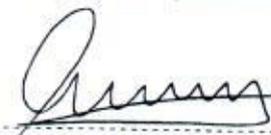
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:   
.....  
Authorised Officer

  
.....  
Authorised Signatory