

# NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA18107981**

Date In: <b>20/8/18-18:27</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/0721805152/24</b>	SAS e-filing		
Vch No: <b>SHQ 4M1J</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>18/8/18-16:10</b>	i-Motor Claim Form		
OD : <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Vch No: <b>SVJ5197</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% 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

<b>NA 1805243</b>	<b>Invoice Preparation Checklist</b>		<b>Am't (\$)</b> Est Bill	<b>Am't (\$)</b> 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:-			
	QD:			
	* 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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-	Invoice dated	Fee Charged		
Dat. 1:				
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	20/08/2018 18:27
Date Of Accident	18/08/2018 16:10
Exact Location Of Accident	CTE (SLE) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4211J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SOON TIEN
NRIC No	S7604485F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96808460
Alternative Phone No	OFFICE-96808460

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	DMPCSN1656711701
Cover Note Number	

### Driver

Name of Driver	NG SOON TIEN (HUANG SHUNTIAN)
NRIC No	S7604485F
Date Of Birth	13/02/1976
Occupation	INDOOR
Date Of Driving Pass	30/07/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96808460
Fax Number	
Contact Number	OFFICE-96808460
Email Address	NOEMAIL

Address	90 PUNGGOL DRIVE #18-03
Postcode	828794
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	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	4
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)	4
Passenger 1	NAME: : YAP BEE TEE GENDER: : FEMALE
Passenger 2	NAME: : NG CHOON KIM GENDER: : FEMALE
Passenger 3	NAME: : NG CHOON LIAN 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

REFER TO 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	SJV5319P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG SHUNGUO
NRIC/Passport Number	G7726283R
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG1132K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver ANG SOON MENG (HONG SHUNMING)  
NRIC/Passport Number S7529205H  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLH1969P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ALBERT CHELLIAH S/O JAMES  
NRIC/Passport Number S8034439B  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name NG SOON TIEN (HUANG SHUNTIAN)  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SGQ4211J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name YAP BEE TEE  
Approximate Age  
Injuries Sustain ARM, NECK & BACK  
Injured person in which vehicle? SGQ4211J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name NG CHOON KIM

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SGQ4211J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name NG CHOON LIAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SGQ4211J

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

(7E) (5LE)

A: 56Q421J  
B: 5V5319P  
C: 606 1132K  
D: 5LH1969P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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:

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

ON STATED DATE AND TIME, I WAS TRAVELING ALONG LANE 1 CTE (SLE) BEFORE BRADDELL RD EXIT. I WAS NOT DRIVING IN FAST SPEED AT THAT TIME AND SUDDENLY THE VEHICLE IN FRONT OF MINE JAMMED BRAKE AND I REACTED ACCORDINGLY WITHOUT ANY CONTACT WITH THE VEHICLE. AT THAT JUNCTURE, I FELT A GREAT IMPACT FROM MY REAR. THE IMPACT WAS SO GREAT THAT IT FORCES MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE (C). WHEN I OUT OF MY VEHICLE TO CHECK, I THEN REALISED THAT THERE WERE FOUR VEHICLES INVOLVED.



# ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 8 / 18) (DD/MM/YYYY), TIME: (16 : 10) (HH:MM)

LOCATION: (7E (JLE) before Briddell rd Exit 1)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: (JHQ 4711J)  
 b) INSURANCE COMPANY: (72)  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: (Private use)  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: (Ng Soon Tien (Huang Shunfeng)) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: (J7604485F) CONTACT: (96808460)  
 c) ADDRESS: (No 1001 Drive #18-03 (828774))

\* 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 / 2 / 1976) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: (32 / 1996)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (owner)

a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

WAS ANYBODY INJURED (YES / NO) (YES)

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

IF YES, PLEASE STATE WHICH POLICE STATION: ( )

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: (JY5319P (B)) MODEL: ( )  
 b) DRIVER'S NAME: (Wang Shunhua)  
 c) NRIC/FIN/PASSPORT: (H7726283R) CONTACT: ( )

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: (6B61132K (C)) MODEL: ( )  
 e) DRIVER'S NAME: (Ang Soon Meng (Heng Shunming))  
 f) NRIC/FIN/PASSPORT: (J7509205H) CONTACT: ( )

SLH1969P private car (D)

Name: Albert Chelliah S/o James

IC: 5803443913

Email = Temmwork

fax =

VIDEO =

\* No of passengers  
 (Including driver)  
 (4)

inj and p/b: \* 3 female

1. Ng Bee Tee (female)  
 (board) arm

2. Ng Choon Kim (1)  
 neck & back

3. Ng Choon Lian (1)  
 neck & back

\* No of passengers  
 (Including driver)  
 (1)

\* No of passengers  
 (Including driver)  
 (1)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S7604485F



Name  
NG SOON TIEN  
(HUANG SHUNTIAN)  
黄 顺 天

Race  
CHINESE

Date of birth  
13-02-1976

Sex  
M

Country of birth  
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7604485F

Name  
NG SOON TIEN  
(HUANG SHUNTIAN)

Date of Birth: 13 Feb 1976

Issue Date: 13 Aug 2003

3842999



NRIC No: S7604485F



Date of issue  
17-02-2006

90 PUNGOL DRIVE #18-03  
SINGAPORE 828794

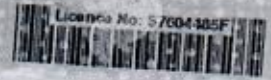
NRIC No: S7604485F Date: 11/05/2015

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	25 Aug 1993
Class 2A	Motorcycles between 201 cc and 400 cc	28 Apr 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Jul 1996

NP 428A

Licence No: S7604485F





DATE 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)

CERTIFICATE No.

DMPGCM1656711701

Engine No: K24W71011620

Chassis No: JH00C1890FC203230

Index Mark and Registration

SGQ4211J

Number of Vehicle

Name of Policy Holder

NG SOON TIEN

**AutoSafe**

Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

09 September 2017 Named Drivers Ex Sect. I ..... S\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 ..... S\$3,000.00

Date of Expiry of Insurance

08 September 2018 Ex Sect. I - Age >= 26 ..... S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN ..... S\$100.00

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.

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. : OCBC BANK 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

By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory