

NATIONAL Assessment Centre Services

[A/C / Jan 2018]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/08/2018 15:41 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/DAI1805227/K4 | SAS e-filing | | |
| Veh No: ET81B | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 08/08/2018 19:30 | 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: SLG2632J 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: ()

| Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
| | Int. Bill | | Add Bill |
| 1) AR: Accident Reporting (\$30); | | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| 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: Idao DA + SMRT Survey \$160 | | | |
| 8) NTUC Additional Services:- | | | |
| OD: | | | |
| *N5: Courtesy Car / Tp 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 | | \$0 | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1:

Cal. 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 | 21/08/2018 15:41 |
| Date Of Accident | 08/08/2018 19:30 |
| Exact Location Of Accident | ANG KIO HUB / CARPARK RAMP / |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | ET81B |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH, SIEW SIANG |
| NRIC No | S7304746C |
| Email Address | ET81BB@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-86680081 |
| Alternative Phone No | OTHERS-86680081 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | - |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00405400 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TOH, SIEW SIANG |
| NRIC No | S7304746C |
| Date Of Birth | 11/02/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/05/1997 |
| Driving Experience | 21 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-86680081 |
| Fax Number | |
| Contact Number | OTHERS-86680081 |
| Email Address | ET81BB@YAHOO.COM |

| | |
|---|---------------------------------------|
| Address | BLK 530A PASIR RIS DRIVE 1 #10-360 |
| Postcode | 511530 |
| 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 | NO 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? | NO |
| 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) | 3 |
| Passenger 1 | NAME: : NIL GENDER: : FEMALE |
| Passenger 2 | NAME: : NIL GENDER: : MALE |

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 | SLG2632J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | YUEN WEE WAH |
| 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:

21/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NO IDEA OF
SKETCH PLAN

Im at Ang Mo Kio hub was correct.
On 8/8/2018. Im dr the driver.

No idea of what happened because
my car E781 seen nothing wrong.

* I just happen to open letter yesterday late
noon.
So come down today to do reporting.

Thanks.

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

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

Reported on 21/8/2018
@ 1430HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 8/8/18 (DD/MM/YYYY), TIME: 19.30 (HH:MM)

LOCATION: ANG KIO HUB / CAR PARK RAMP /

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ET 81B
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8668 0081
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: ____

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 2632J MODEL: _____
b) DRIVER'S NAME: YUEN WEE WAH
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = et81bb@yahoo.com

fax = _____

A C SYED & PARTNERS

Advocates & Solicitors

Commissioner for Oaths
101A Upper Cross Street
#13-23 People's Park Centre
Singapore 058358

Tel : 6538 7411 Fax : 6534 1011 (Not for service of Court Documents)

Our Ref : ACS.CH(ys)MISC.18.ts
Date : 13 August 2018

TOH SIEW SIANG (ZHUO XIUXIANG)
Blk 530A Pasir Ris Drive 1
#10-360 Singapore 511530

WITHOUT PREJUDICE

BY CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT INVLG SLG 2632J & ET 81B ON 8.8.18 @ANG MO KIO HUB CARPARK RAMP

We act for **YUEN WEE WAH**, the registered owner of motorvehicle No. **SLG 2632J** in the above matter.

Our investigation reveals that you were the owner of motorvehicle No. **ET 81B** at the time of the accident. Kindly confirm.

Please let us have the following particulars and document:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motorvehicle was at the time of the accident covered by a policy of insurance and if so, the particulars thereof.
- (c) whether the driver was at the time of the accident driving as your servant or agent; and
- (d) whether the driver was an authorized driver and covered by the policy of insurance.
- (e) a copy of your Motor Accident Report (GIA report)/Police report.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent unless you confirm otherwise. Kindly revert within the next 5 days.

We advise that upon receipt of this letter you should report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our client's claim. In such event, our client will look to you for his claim. If you are found liable, you will have to pay our client's damages out of your own pocket.

Yours faithfully



cc. client [by fax]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7304746C



Name

TOH SIEW SIANG
(ZHUO XIUXIANG)

Race

CHINESE

Date of birth

11-02-1973

Sex

F

Country/Place of birth
SINGAPORE



5517520



NRIC No. S7304746C



Date of issue

25-08-2015

Address

APT BLK 530A PASIR RIS DRIVE 1
#10-360
SINGAPORE 511530

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7304746C

Name

TOH SIEW SIANG
(ZHUO XIUXIANG)

Birth Date 11 Feb 1973

Issue Date 07 Aug 2012



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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 22 May 1997



NP 428A

