

NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

19 MAY 2018 27642

Date In: 02/10/2018 12:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC/60/2857/4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: S8Q 81607	i-Motor Claim Form: M711014061-001		
D.O.A: 02/10/2018 08:55	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: (TP) Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksn:		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: S8A20057	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

<p>197806289</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*N3: Courtesy Car / Tpl 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 \$0				
Invoice date:		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	02/10/2018 12:20
Date Of Accident	02/10/2018 08:55
Exact Location Of Accident	SLE TOWARDS BKE (BEFORE MANDAI EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8140T
Insured/Policyholder	
Name Of Registered Owner	WCM SERVICES
Co Reg No	53377998K
Email Address	TERRYWONGCM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97437876
Alternative Phone No	OFFICE-97437876

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098528543
Cover Note Number	

Driver

Name of Driver	WONG CHER MING (WANG ZHIMING)
NRIC No	S8137637I
Date Of Birth	11/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97437876
Fax Number	
Contact Number	OTHERS-97437876
EMail Address	TERRYWONGCM@GMAIL.COM

Address	BLK 509 WOODLANDS DRIVE 14 #2-21
Postcode	730509
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	3
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	SJA3005T
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENRY CHEW CHONG TIN
NRIC/Passport Number	S0314644H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA7168D
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Vehicle Make/Model/Colour	HYUNDAI NF SONATA 2.0 CRDI F/L
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMMAD DAHLAN BIN KAMSAN
NRIC/Passport Number	S7790054C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG CHER MING (WANG ZHIMING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJQ8140T
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:

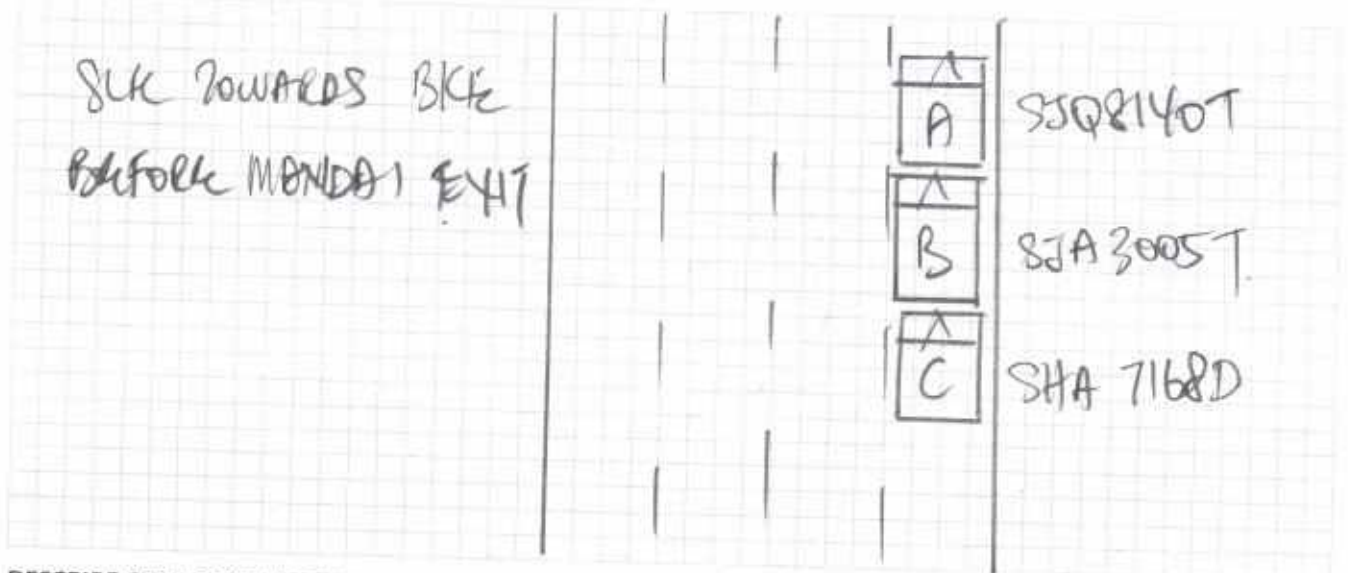
02/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG HIGHWAY SLE TOWARDS BKE WHEN THE accident occurred. As I was on the 1st lane. A car in front of me was not moving so I stop my car too. A few second later, I was crashed from behind by the car SJA 3005 T. Another vehicle SHA 7168D also crashed into the car behind me (SJA 3005T).

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.:

Claim Handling

Accident MT/1014061

Policy No.	5098528543	Vehicle No.	SJQR140T	GST Registration No.	53377998K
Certificate No.					
Policyholder Name	WCM SERVICES	Cover Type	BMW CLASSIC	Policyholder NRIC	53377998K
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	87437876	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPIC	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	02/10/2018 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/10/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TOWARDS BRE (BEFORE MANDIA) EXIT				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	28/02/2018		
GST Registration No.	53377998K	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 509 #02-21	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730509
Address 4		Address Type	Singapore address	Post Code	730509
Unit No.	02-21	Related Policy Number	5098528543		
OT Driver Info					
Driver Name	WONG CHER MING	Driver Type	Main Driver	Driver DOB	11/11/1981
Unnamed Driver Name		Driver NRIC	581276371	Driving Experience	14
Register Date of Driver License	30/07/2004	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	87437876	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJQR140T	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	WCM SERVICES	Insured NRIC	53377
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		Vehicle Number	SJQR140T	TP Vehicle Number	5JA300
Claim Description	SJQR140T / 5JA300ST ON 2 Oct 2018				
Preferred Workshop	Yes	Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair Option	Repair	Preferred Workshop, Name unknown			
Date Registered		CIA report	Received	Claim Close Date	02/10/2018
Report Taken By	ROSLI WAHAB				
Print All Letter					
Save Submit					

Attachment

Accident No.	MT/1014061	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/10/2018 17:56
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S(BUKIT MERAH)) on 02 Oct 2018 17:56		Photos	normal
Description			
Photos 2018-10-2			

[illegible]

Video List

Uploaded By/Date	Folder Date	File Name		Source
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☐ Display in New Window

Scan and digitizing

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 10 / 2018 (DD/MM/YYYY), TIME: 08 : 55 (HH:MM)

LOCATION: SLE TOWARDS BKE BEFORE MANDAI EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STQ 8140 T
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5098528543
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA VIOS
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME
 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: WONG CHER MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8137637 I CONTACT: 97437876
 c) ADDRESS: Block 509 WOODLANDS DRIVE 14 #02-21
Sport 730509

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 11 / 11 / 1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 30 JUL 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HEIR OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJA3005T MODEL: TOYOTA VIOS
 b) DRIVER'S NAME: HENRY CHEW CHONG TIN
 c) NRIC/FIN/PASSPORT: S0314644H CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHA 7168D MODEL: HYUNDAI SONATA
 e) DRIVER'S NAME: MOHAMMAD DAHLAN BIN KAM SAN
 f) NRIC/FIN/PASSPORT: S7790054C CONTACT: _____

EMAIL = Terrywong^{cm}@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S81376371



Name

WONG CHER MING
(WANG ZHIMING)

王志明

Race

CHINESE

Date of birth

11-11-1981

Country of birth

SINGAPORE

Sex

M

ID: S81376371

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S81376371

WONG CHER MING
(WANG ZHIMING)

Birth Date: 11 Nov 1981

Issue Date: 29 Sep 2016



002614566F

4815556



NRIC No: S81376371



Date of issue:
21-01-2012

Address

APT BLK 509 WOODLANDS DRIVE 14
#02-21
SINGAPORE 730509

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	28 Sep 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	30 Jul 2004

NP 426A



Licence No: S81376371

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 Number: 5098528543

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJQ8140T

Chassis Number

: MR053HY9305113514

2. Name of Policyholder

: WCM SERVICES

3. Effective Date of Insurance

: 02 Mar 2018

4. Expiry Date of Insurance

: 01 Mar 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/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)

: S\$2,000

EXCESS (SECTION 2)

: S\$1,500

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: WONG CHER MING

NAMED DRIVER (1)

: WONG TEE TEE

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: INDEX CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : INDEX AGENCY PTE LTD (00000572017)

Date of Issue : 02 Mar 2018 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer



Chief Executive

榮德保險私人有限公司
INDEX AGENCY PTE LTD

210 Tuft Club Road Lot B73
Singapore 287995
Tel: 6462 1777 Fax: 6462 1526