

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 15/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/TM118018616/r3	SAS e-filing		
Veh No: SKL 74T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 12/10/18	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: ( M Garage Tel: Fax: )

TP Particulars:	Veh No: SHB 7891T	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)

Remarks:	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

NA18D6551

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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*		
	*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		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments:-

Ref 1:	
Ref 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 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. 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	15/10/2018 10:38
Date Of Accident	12/10/2018 18:00
Exact Location Of Accident	SLIP RD FROM PIE(CHANGI)TWDS TERMINAL 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL74T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KUM WENG
NRIC No	S7425426H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97386343
Alternative Phone No	OTHERS-97386343

### Vehicle Particulars

Manufacturer	BMW
Model	523i
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/104528
Cover Note Number	

### Driver

Name of Driver	YAP BEE LENG(YE MEILING)
NRIC No	S7615935A
Date Of Birth	03/06/1976
Occupation	INDOOR
Date Of Driving Pass	23/11/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97905543
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 138B LOR 1A TOA PAYOH #04-18
Postcode	312138
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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?	
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: : LETICIA WONG
	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

PLEASE 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	SHB7891T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

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

Slip Road towards Terminal 4

Bus

PIE (Chengji)

On 12/10/2018 at about 1800 hrs at Slip road from  
PTE (Changi) towards Changi Airport Terminal 4. I  
was travelling on the extreme left lane and when  
I saw a fallen tree across the road as such I  
slow down, suddenly I heard a loud bang from  
behind and when I alighted, I realised that it was  
Vehicle (B) who hit onto my Rear Portion of my Vehicle  
(A) causing damages to my vehicle. I have one passenger  
inside my vehicle.

CB) SHB 7891 T

### DECLARATION

Policyholder's Signature  
Date & Time:

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



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/10/2018		Time: 1800		(hh:mm) 24 hr format
Location Slip road from PIE (Changi) towards Terminal 4				
Vehicle Number SKL 74T				
Insured Name WONG KUM WENG				
NRIC / FIN S7425426H		Contact Number 9738 6343		
Make BMW		Model 523I		
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company TOKIO MARINE				
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number MT 104528				
Name of Driver YAP BEE LENG		( ) Same as Insured		
NRIC / FIN S7615935A		Contact Number 9790 5543		
Date of Birth 03/06/1976				
Driving Pass Date 23/11/2006				
Occupation ( / ) Indoor ( ) Outdoor				
Gender ( ) Male ( / ) Female				
Email Address ( ) NO EMAIL				
Address of Driver BLK 138B LORONG 1A TOA PAYOH #04-18 SINGAPORE 312138				
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured				
( ) Owner ( / ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( ) Clear ( / ) Raining ( ) Others Drizzling				
Road Surface ( ) Dry ( / ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( ) Yes ( / ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( ) Yes ( / ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party		Name / Nric		Contact
Veh B SHB 7891T				
Veh C				
Veh D				
Veh E				
Veh F				

include driver 2 persons.

passenger (1): female, Leticia Wong.

Driver  
SKL 74T

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7615935A



Name



YAP BEE LENG  
(YE MEILING)

叶美玲

Race  
CHINESE

Date of Birth Sex  
03-06-1976 F

Country of Birth  
SINGAPORE



3080612

NRIC No. S7615935A



Blood Group Date of issue  
B+ 20-05-1999

APT BLK 1388 LORONG 1/A TDA PATCH #04-18  
SINGAPORE 312138

NRIC No: S7615935A

Date: 09/08/2012 No: 7044097

Driver  
SKL74T

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S7615935A**  
Name: **YAP BEE LENG (YE MEILING)**

Birth Date: 03 Jun 1976  
Issue Date: 23 Nov 2006

001461231E



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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto)  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals  $\leq$  2500kg 23 Nov 2006

NP 428A





owner  
SKL 7HT

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S7425426H



Name  
**WONG KUM WENG**  
(HUANG JINRONG)  
**黄锦荣**

Race  
**CHINESE**

Sex  
**M**

Date of birth  
**22-07-1974**

Country of birth  
**SINGAPORE**

459614



NRIC No. S7425426H



Date of issue  
**11-08-2004**

APT 8LK 138B LORONG 1A TOA PAYOH #04-18  
SINGAPORE 312138

NRIC No: S7425426H Date: 09/06/2012 No: 7044096





### Certificate of Insurance

FORM MX1

**MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

(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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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.*

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

Account No: 2324DDA

DBS BANK LTD

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Jo-an Tan**  
Quotigo Pte Ltd  
Senior Manager  
60 Paya Lebar Road  
Paya Lebar Square #11-41  
Singapore 409051  
DID : 62881866 Mobile : 88380007  
Email : joan@quotigo.com  
Website: www.quotigo.com

Paul

**Authorized Signature**