

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MNA11814284

Date In: 5/11/18-19:24	Job description	Date & Time Completed	Done by:
Ref No: NA/CT18020066/24	SAS e-filing		
Veh No: SDJ5211C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/1/18-16:10	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: LP9227

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

NA180722

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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) iFT: 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:-		
QJ*		
*N5: 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 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 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	05/11/2018 19:04
Date Of Accident	04/11/2018 16:10
Exact Location Of Accident	ALONG NANYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS5211C
Insured/Policyholder	
Name Of Registered Owner	MR ANG AH LEONG
NRIC No	S6818343Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85111020
Alternative Phone No	OFFICE-85111020

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	DMPCSN3022781800
Cover Note Number	

Driver

Name of Driver	ANG AH LEONG
NRIC No	S6818343Z
Date Of Birth	20/05/1968
Occupation	INDOOR
Date Of Driving Pass	02/06/1995
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85111020
Fax Number	
Contact Number	OFFICE-85111020
EMail Address	NOEMAIL

Address	BLK 639 PASIR RIS DIVE 1 #03-534
Postcode	510639
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP972T
Vehicle Make/Model/Colour	HYUNDAI ELENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAE-HYUN BAE
NRIC/Passport Number	
Contact Number	92956476
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.
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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.:

NANYANG AVE

The sketch map shows a vertical road labeled 'NANYANG AVE' at the top. At the bottom, there is a building icon. From the building, a dashed line with an upward arrow indicates a path. This path leads to a bus stop icon labeled 'B'. To the left of the road, there are two horizontal lines with arrows pointing right and left, representing traffic flow. To the right of the road, there are two horizontal lines. The bus stop 'B' is located between these two lines. Above the bus stop, there is a bus icon with an arrow pointing right, indicating the bus's direction. The bus is positioned between the two horizontal lines on the right side of the road.

A = SDS5211C
B = SLP 972T

I WAS DRIVING ALONG NANYANG AVENUE SUDDENLY VEHICLE
B SLP972T CAME OUT FROM THE SIDE ROAD AND
COLLIDED INTO MY RIGHT FRONT PORTION OF MY
VEHICLE.

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

Signature: _____

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

Centre Personnel

Date of Accident : 4/11/2018 Accident Time: 16:12 (24-HR-Format)
Accident Place : ALONG NANYANG AVENUE
Vehicle No. (Car Plate No.) : SD55211C Make/Model: TOYOTA ALTIS
Insurance Company : CHINA TAIPING Policy No: DMPCSN3022781800
Owner or Company Name / IC No. : ANG AH LEONG
Owner or Company Contact No. : 8511 1020 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : ANG AH LEONG
DRIVER'S Date Of Birth : 20/5/1968 DRIVER'S License Pass Date 2/6/1995
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 639 PASIR RIS DRIVE 1 #03-534 S(510639)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ~~AAL~~ AAL20051968 @ GMAIL.COM stytechent@sigmet.com.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): No

Other Party Driver's Particular (if any)

Vehicle No: SLP 972 T
Vehicle Make/Model: HYUNDAI ELENTRA
Name Driver: TAE - HYUN BAE
IC No. Driver/Contact: 9295 6476

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6818343Z**

Name: **ANG AH LEONG**

Birth Date: **20 May 1968**

Issue Date: **23 Dec 2002**

000056487E




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6818343Z



Name

ANG AH LEONG

洪亚良

Race

CHINESE

Date of Birth

20-05-1968

Country of Birth

SINGAPORE

Sex

M

S6818343Z

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Jan 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Jun 1995

Licence No: **S6818343Z**



NP 428A



0207075

NRIC No: **S6818343Z**



Blood Group

Date of Issue

O+

17-12-1991

APT BLK 639 PASIR RIS DRIVE 1 #03-534
SINGAPORE 510639

S6818343Z

17/07/2013

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.	DMPCSN3022781800	Engine No : 3224649400 Chassis No: MR053ZEC107148323
1. Index Mark and Registration Number of Vehicle	SDS5211C	
2. Name of Policy Holder	MR ANG AH LEONG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 MAY 2018	NAMED DRIVERS EX SECT. I.....\$500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....\$3,000.00 EX SECT. I - AGE >= 26.....\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....\$100.00
4. Date of Expiry of Insurance	13 MAY 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 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 \$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

* 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.

Countersigned By:

Authorised Officer

Authorised Signatory