

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/11/2018 11:06	Job description	Date & Time Completed	Done by
Ref No: NA/CTI180204-11/K4	SAS e-filing		
Veh No: SMD9545K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/11/2018 16:00	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: Lamp Pole 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1807364

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Cat. 2/3:	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 \$0		
	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	12/11/2018 11:06
Date Of Accident	10/11/2018 16:00
Exact Location Of Accident	MAIN ROAD OF TAMAN MEGAH PONTIAN
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9545K
Insured/Policyholder	
Name Of Registered Owner	MR RAYMOND NG KUAN YAU
NRIC No	S7771994F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83665035
Alternative Phone No	OTHERS-83665035
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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?	YES
If No, Please state action to be taken	
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	DMPCSN3070111800
Cover Note Number	

Driver

Name of Driver	MR RAYMOND NG KUAN YAU
NRIC No	S7771994F
Date Of Birth	09/11/1977
Occupation	INDOOR
Date Of Driving Pass	01/08/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83665035
Fax Number	
Contact Number	OTHERS-83665035
EMail Address	NOEMAIL

Address	BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161
Postcode	650181
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	SIDE SWIPE
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : J/20181112/7004 / TRAFIK PONTIAN/003730/18

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MR RAYMOND NG KUAN YAU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMD9545K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

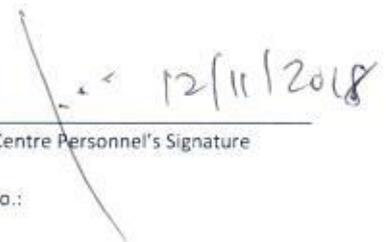
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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:



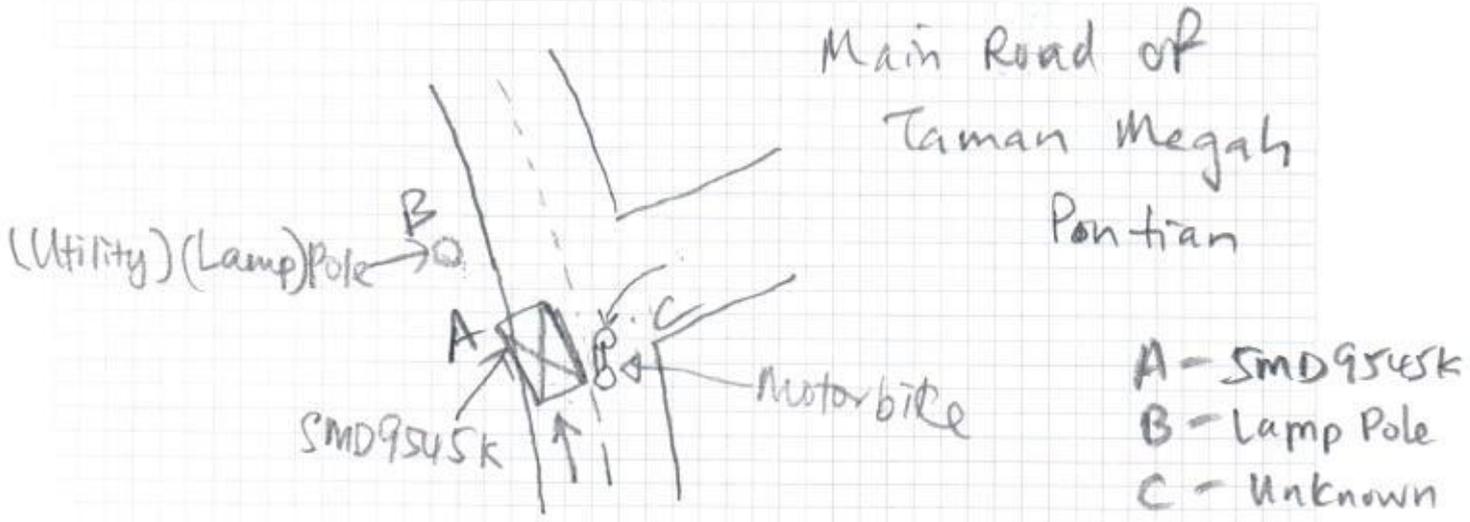
Driver's Signature
(If driver is not the policyholder)
Date & Time:



12/11/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
J/2018 1112/7004
TRAFIK PONTIAN/003730/18

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] - 12/11/2018

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



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK PONTIAN
Daerah : PONTIAN
Kontinjen : JOHOR
No Repot : TRAFIK PONTIAN/003730/18
Tarikh : 10/11/2018
Waktu : 1734 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R88404

Butir-butir Penerima Repot

Nama : YAHYA BIN LAMBAK
No Personel : R121968
Pangkat : KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No K/P (Baru) : ---
No Polis/Tentera : ---
No Paspot : ---
Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : RAYMOND NG KUAN YAU
No K/P (Baru) : 771109016715
No Polis/Tentera : A3837667
No Paspot : ---
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 09/11/1977
Umur : 41 tahun 0 bulan
Keturunan : Cina
Warganegara : Malaysia
Pekerjaan : JURUTERA
Alamat Tempat Tinggal : NO 18 JALAN MEGAH 25 TAMAN MEGAH PONTIAN, 82000, JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
No Tel (Pejabat) : ---
No Tel (HP) : 012-7019372
Emel : ---

Pengadu Menyatakan:-

PADA 10/11/2018 LEBIH KURANG 1600 HRS SAYA MEMANDU M/KAR NO. SMD 9545 K DARI RUMAH MAHU PERGI KE BANDAR PONTIAN SEMASA DI JALAN UTAMA TAMAN MEGAH SEBUAH M/SIKAL NOMBOR TIDAK TAHU TIBA -TIBA KELUAR DARI SIMPANG SEBELAH KANAN .SAYA SEMPAT MENGELAK DARI TERLANGGAR M/SIKAL TERSEBUT DAN M/KAR SAYA TERBABAS KE KIRI DAN MELANGGAR TIANG ELEKTRIK DI TEPI JALAN MENYEBABKAN TIANG TERSEBUT PATAH. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BONET DEPAN, BUMPER DEPAN, TANGKI AIR/AIRCOND, NO. PLATE PECAH, KEDUA - DUA AIR BAG KELUAR. LAIN - LAIN KEROSAKAN BELUM TAHU LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R121968 | 10/11/2018 05:55:20 PM



[Home](#) | [e-Services \(/content/policehubhome/homepage.html\)](#) | [Manage Profile \(/content/policehubhome/manage-profile.html\)](#) | [Activities \(/content/policehubhome/activities.html\)](#) | [Log out](#)

Police Report

Thank you

Your report is submitted successfully to **Jurong Division HQ**. Your report number is **J/20181112/7004**. You may update details of your stolen items using the Furnish Details of Stolen and Lost Property e-service within 7 days. A copy of your report has been sent to **raymond_ngky@yahoo.com.sg**.

Within the next 48 hours, the police will inform you of the name and contact number of the officer in charge of your report.

Please note that there may be need for you to visit the police division or neighbourhood police centres (NPC) under the division assigned to your case (eg to provide a statement).

 **PRINT REPORT**

 **SAVE AS PDF**

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[ABOUT US \(https://www.police.gov.sg/about-us\)](https://www.police.gov.sg/about-us)

[SGSECURE \(https://www.police.gov.sg/sgsecure\)](https://www.police.gov.sg/sgsecure)

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**SINGAPORE
POLICE FORCE**



J/20181112/7004

1 of 2

POLICE REPORT (NP299)

Report No. J/20181112/7004

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 12/11/2018 07:53	Vide Report No.	Station Diary No.	
Name Of Informant RAYMOND NG KUAN YAU	Address APT BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161 SINGAPORE 650181		
ID Type / ID No. NRIC NO / S7771994F	Contact No. Home/Office:	Mobile: 83665035	
Nationality MALAYSIAN	Email Address raymond_ngky@yahoo.com.sg		
Occupation Mechanical engineer (general)	Sex Male	Age 41	Date of Birth 09/11/1977
Institution/School Name	Race Chinese		
Date/Time Of Incident 10/11/2018 16:00 - 10/11/2018 16:05	Language English		
	Location Of Incident APT BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161 SINGAPORE 650181		

Brief details.

I DROVE MY CAR (I.E. SMD 9545 K) FROM MY HOME AT 25 JALAN MEGAH 25, TAMAN MEGAH, PONTIAN, JOHOR, MALAYSIA HEADING TOWARDS PONTIAN TOWN. WHEN I WAS DRIVING ALONG THE MAIN ROAD OF MY NEIGHOUHOOD, ONE MOTOBIKE SUDDENTLY SHOWED UP ON MY RIGHT HAND SIDE. I MANAGED TO AVOID HIM AT THAT MOMENT BUT MY CAR WAS STEERING TOWARDS THE RIGHT AND HIT THE LAMP POLE (WHICH IS BELONGS TO STATE GOVERNMENT OF JOHOR, MALAYSIA). THE UTILITY (CUM LAMP) POLE THEN BROKE INTO 2

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2018 07:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181112/7004

PEICES. I WAS NOT INJURED BUT MY CAR FRONT PART WAS DAMAGED I.E. FRONT BONNE, FRONT BUMPER, WATER TANK/ AIR-CON, FRONT CAR PLATE AND 2 AIRBAGS WAS ACTIVATED AND BURST OUT. THE REST OF DAMAGE ON MY CAR IS UNKNOWN UNTIL FURTHER EXAMINATION BY THE QUALIFIED CAR WORKSHOP IN SINGAPORE.

Subjects Involved			
Victim			
Person Name	RAYMOND NG KUAN YAU		
ID Type	NRIC NO	ID No	S7771994F
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Mechanical engineer (general)	Address Type	
Address	APT BLK 181 BUKIT BATOK WEST AVENUE 8 #03-161 SINGAPORE 650181	Mobile No	83665035
Is Informant A Victim?	Yes		
Person Name	RAYMOND NG KUAN YAU (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 12/11/2018 07:53
Classification Of Case:

Authentication Stamp

KAD PENGENALAN MALAYSIA
 771109-01-6715

MyKad 


 WARGANEGARA LELAKI

RAYMOND NG KUAN YAU

NO. 18
 JALAN MEGAH 26
 TAMAN MEGAH
 82000 PONTIAN
 JOHOR

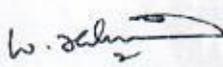
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7771994F**
 Name: **RAYMOND NG KUAN YAU**

Birth Date: **09 Nov 1977**
 Issue Date: **01 Aug 2012**



 002092604D


 KETUA PENGARAH
 PENDAFTARAN NEGARA

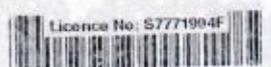
771109-01-6715-01
 (A3837667)

ATM  **MEPS CASH**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	01 Aug 2012
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	01 Aug 2012

NP 428A

 Licence No: S7771994F

CERTIFICATE OF INSURANCE

GOWELL INSURANCE (Agency) PTE. LTD.
3 BURN ROAD, #00-00 TRIVEX S (36997)
8339 25 02 call / fax 8338 09 07

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.	DMPCS3070111800	Engine No : HR15084726B
		Chassis No: JN1BAAC11Z0021133
1. Index Mark and Registration Number of Vehicle	SMD9545K	
2. Name of Policy Holder	MR RAYMOND NG KUAN YAU	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 OCTOBER 2018	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	30 OCTOBER 2019	EX ON WINDSCREEN.....S\$100.00
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 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.

* 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