

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

190118146510

Date In: 12/11/2018 17:27	Job description	Date & Time Completed	Done by
Ref No: NGA/LP/180204554	SAS e-filing		
Veh No: SLV 8255M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/11/2018 22:00	I-Motor Claim Form		
OID <input checked="" type="checkbox"/> 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: SJJ 2649M

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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

INC () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time:

Actions:

NA1807323

Client Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)	INC (\$50)
2) DA: Damage Assessment (\$100)	\$40/45
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$160
7) NI: Idao DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NG: Repair Co-ordination	\$10
*NT: Post Repair Inspection	\$23
*ND: DV / Collect Excess Coordination	\$3
TP (Nil): TP (Non-INC) against INC	\$20
9) NI: Idao Mobile	\$0

Invoice dated

Invoice dated

Fee Charged

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 17:27
Date Of Accident	11/11/2018 22:00
Exact Location Of Accident	PIE (CHANGI AIRPORT) B/F TURNING INTO TERMINAL 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8255M
Insured/Policyholder	
Name Of Registered Owner	WU LINGYING, ANGELINE
NRIC No	S8923469G
Email Address	TANJIKYUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96862620
Alternative Phone No	OTHERS-81275028

Vehicle Particulars

Manufacturer	BMW
Model	318i
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V06034/VPC2/R00
Cover Note Number	

Driver

Name of Driver	TAN JIK YUAN
NRIC No	S8923469G
Date Of Birth	09/07/1989
Occupation	INDOOR
Date Of Driving Pass	26/09/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81275028
Fax Number	
Contact Number	OTHERS-96862620
EMail Address	TANJIKYUAN@GMAIL.COM

Address	BLK 119 PASIR RIS STREET 11 #05-499
Postcode	510119
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JJV2638 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181112/

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	SJJ2649U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JJV6238

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

+601270450201

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

TAN JIK YUAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLN8255M

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: 12/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/4/18 16.00hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIC TOWARDS CHANGI AIRPORT B/F TURNING INTO T/4

A) SW 8255M

B) SJJ 2649 U

C) JNV 6238



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018/112/2016

DECLARATION

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

Policyholder's Signature

Date & Time: 12/11/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/18, 16.00hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181112/2040

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20181112/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2018 11:56			Vide Report No.:		Station Diary No.: 44
Informant's Particulars					
Name of Informant: TAN JIK YUAN			Address: APT BLK 119 PASIR RIS STREET 11 #05-499 SINGAPORE 510119		
ID Type / ID No.: NRIC NO / S8923469G			Contact No.: Home/Office: Mobile: 81275028		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 09/07/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/11/2018 22:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT BEFORE TURNING INTO TERMINAL 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JJV6238	Car				Slightly Damaged	0
SJJ2649U	Car	HONDA		Brown	Seriously Damaged	0
SLN8255M	Car	BMW		White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181112/2040

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20181112/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN JIK YUAN	ID No.	S8923469G
Related Vehicle	SLN8255M (Car)	Contact No.	81275028
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/11/2018 at about 10.30pm, I was travelling towards Changi Airport Terminal 4, on the most left lane. Suddenly I saw that the vehicle in front of me JJV6238 pressed his brakes. I immediately stepped on my brakes and managed to stop in time to avoid a collision. My vehicle was stationary and when I looked up to see my rear mirror, I saw SJJ2649U came towards me at a high speed and did not managed to stop on time and as such collided onto the rear portion of my vehicle. This caused me to move forward and collided onto JJV6238. As such it was a chain collision between 3 vehicles.

I do not have an in-car camera in my vehicle but I noticed that SJJ2649U had an in-car camera. I wish to state that I did not take down the particulars of both the drivers of the vehicle.

I wish to state that I was injured due to the collision. My spine and head felt very pain. I went to Sengkang General Hospital and was informed by the Doctor that my spine was inflamed. I was given 2 days MC.

I will be filing an insurance claim.

JJV2638 (hp: +60127045020)



**SINGAPORE
POLICE FORCE**



T/20181112/2040

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20181112/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2018 11:56

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 11 / 2013) (DD/MM/YYYY), TIME: (22 : 30) (HH:MM)

LOCATION: Before Turn in to Changi Airport.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 8155M
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: SD17VOC034 / VPC2 / R00
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 318i
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Wu Lingling; Angeline (MALE / FEMALE) (FEMALE)
 b) NRIC/FIN/PASSPORT: S8402318A CONTACT: 96866610
 c) ADDRESS: 25 Yio Chu Kang Road, S755539

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN JIK YUAN (MALE / FEMALE) (MALE)
 b) NRIC/FIN/PASSPORT: 889234696 CONTACT: 81275028
 c) ADDRESS: BLK 119 PASIR RIS STREET 11 #05-489 S70119

* d) DATE OF BIRTH: (09 / 07 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) (YES)

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

IF YES, PLEASE STATE WHICH POLICE STATION: PASIR RIS NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ2649U MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JJV6238 MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (Including driver)
(1)

No of passenger
 (Including driver)
(1)

No of passenger
 (Including driver)
(1)

Email = tanjik.yuan@gmail.com

Fax = _____

VIDEO _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8923469G



Name

TAN JIK YUAN

陳日淵

Race

CHINESE

Date of birth

09-07-1989

Sex

M

Country of birth

SINGAPORE



DRIVER

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8902318A



Name

WU LINGYING, ANGELINE

吳鈴瑩

Race

CHINESE

Date of birth

23-01-1989

Sex

F

Country of birth

SINGAPORE



OWNER

3885343



NRIC No. S8923469G



Date of issue

14-07-2004

Address

APT BLK 119 PASIR RIS STREET 11
#05-499
SINGAPORE 510119

3485914



NRIC No. S8902318A



Date of issue

04-02-2004

Address

25 YIO CHU KANG ROAD
SINGAPORE 545539

PUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8923469G**

Name:

TAN JIK YUAN

Birth Date: **09 Jul 1989**

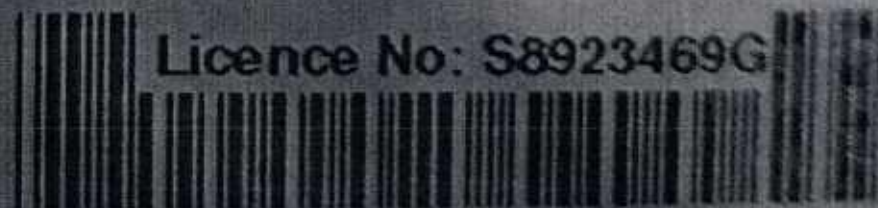
Issue Date: **26 Sep 2008**



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

PASS DATE

Class 3 **Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg** **26 Sep 2008**



NP 428A

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	SD17V06034 /NPC2 /R00										
Form	MX1										
Date of Issue	12-MAY-2017										
1.Index Mark and Registration No. of Vehicle:	SLN8255M										
2.Chassis number of Vehicle:	WBA8E36090NU32129										
3.Name of Policyholder:	WU LINGYING, ANGELINE										
4.Effective date of Commencement of Insurance for the purposes of the Act:	09-MAY-2017 00:00 AM										
5.Date of Expiry of Insurance:	08-MAY-2019 23:59 PM										
6.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. 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.											
7.Limitations as to use*: Use only for social, domestic and pleasure purposes and for the Policyholder's business.											
8.The Policy does not cover: A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) 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.											
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).											
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature											
For Information only: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>MAYBANK</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>SD CONTEGO SERVICES</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$800, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0	FINANCE COMPANY:	MAYBANK	PRODUCER NAME:	SD CONTEGO SERVICES
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PLCJ/PLCJ/15-MAY-17

S1_CI_T1_T3_QE_Template2-Ver1

15-MAY-17