

# NATIONAL Assessment Centre Services. [wef 1 Jan 05] **MAN 18150V73**

Date In: <b>22/11/18-14:47</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA 1 072 180402 124</b>	SAS e-filing		
Veh No: <b>JKLX9J99D</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>19/11/18-19:00</b>	i-Motor Claim Form		
OD <b>TP</b> 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: <b>63H 1580U</b>	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

<b>NA1807383</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) for Bill	Am't (\$) Add'l Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	ON*			
	*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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	20/11/2018 14:47
Date Of Accident	19/11/2018 19:00
Exact Location Of Accident	SLE (CTE) BEFORE WOODLANDS AVE 12 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9499D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR EU ZHEN AN EUGENE
NRIC No	S8609264F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97597282
Alternative Phone No	OFFICE-97597282

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	DMPCSN1558721702
Cover Note Number	

### Driver

Name of Driver	EU ZHEN AN, EUGENE
NRIC No	S8609264F
Date Of Birth	29/03/1986
Occupation	INDOOR
Date Of Driving Pass	26/02/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97597282
Fax Number	
Contact Number	OFFICE-97597282
Email Address	NOEMAIL

Address	7 SEMBAWANG CRESCENT #05-15
Postcode	757096
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 - HEAD TO REAR
Weather Conditions	CLEAR
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?	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)	2
Passenger 1	NAME: : TEE BEI JIA 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

REFER TO 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	GBH1580U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	EU ZHEN AN, EUGENE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKX9499D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TEE BEI JIA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKX9499D
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:

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



A: SKX9499D.

B: GBH1580U.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SLE TOWARDS CTE WHEN TRAFFIC CAME TO A HALT DUE TO THE HEAVY TRAFFIC. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR. I REALISED GBH1580U REAR ENDED MY VEHICLE SKX9499D. MY PASSENGER MS TEE BEI JIA, SUFFER BACK PAIN & LIP LACERATIONS WHILE I HAD NECK PAIN. WE DECIDED TO SEEK MEDICAL TREATMENT.

DECLARATION

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

x

Policyholder's Signature  
Date & Time:

x

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

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



Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

**Personal Particulars of Owner & Driver (Vehicle A)**Date of Accident: 19 / 11 / 2018 (dd/mm/yy) Time of Accident: 19 : 00 (24-HR-FORMAT)Vehicle No.: SKX9499D Vehicle Make & Model: AUDI A3Exact location of Accident: SLE TOWARD CTE BEFORE WOODLAND AVE 12 EXITPolicyholder's Name / IC No.: EU ZHEN AN, EUGENE

Driver's Name / IC No.:

(As Above) ☒Driver's Contact No.: 9759 7282 Company Contact No.:Driver's Address: 7 SEMBAWANG CRESCENT #05-15 SKYPARK RESIDENCES S(757096)Insurance Company: CHINA TAI PING Email address (if any): EUEUGENE@ymail.com**Relationship between Owner & Driver:** (Please **CIRCLE** one only)Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_**What do you wish to claim? (Please TICK one only)**☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)**Exact purpose for which the vehicle was being used at time of accident?**☒ Private use / ☐ Work purpose**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor**No. of Passengers (Including Driver):** 2**Passenger Name:** TEE BEI JIA (S8834121Z)**Passenger Name:****Gender:** Male / Female**Gender:** Male / Female**Weather condition & Road conditions? (On the day of accident)**☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: TEE BEI JIA & EUGENE EU ZHEN ANInjuries Sustain: NECK SPRAIN & LIP LACERATION Injured Person in Which Vehicle: SKX9499D**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_**The Other Party(s) Details:**1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: GBH1580U

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): N.A Contact No: \_\_\_\_\_Preferred Workshop Name: SAT MOTORS Contact No: 91269987

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.


REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8609264F




Name  
EU ZHEN AN, EUGENE  
余鎮安  
Race  
CHINESE  
Date of birth  
29-03-1986  
Sex  
M  
Country/Place of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8609264F  
Name  
EU ZHEN AN, EUGENE  
Birth Date 29 Mar 1986  
Issue Date 26 Feb 2007



001481974H

5646604



NRIC No S8609264F




Date of issue  
07-09-2016

7 SEMBAWANG CRESCENT #05-15  
SKYPARK RESIDENCES SINGAPORE 757096  
NRIC No: S8609264F Date: 09/10/2017

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

PASS DATE  
26 Feb 2007

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg



Licence No: S8609264F

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.	DMPCSN1558721702	Engine No :CZC504758 Chassis No:WAUZZZ8V6G1050565
1. Index Mark and Registration Number of Vehicle	SKX9499D	
2. Name of Policy Holder	MR EU ZHEN AN EUGENE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 DECEMBER 2017	NAMED DRIVERS EX SECT. I .....S\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: 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 DECEMBER 2018	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\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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 above is a true and correct copy of the Certificate of Insurance issued by the Company in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part I of the Road Transport Act, 1987 (Malaysia).

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorized Officer

Authorized Signatory