

NATIONAL Assessment Centre Services.

Print 1 Jan 2005

MA418150427

Date In: 20/1/2008 16:56	Job description	Date & Time Completed	Done by
Ref No: N/A/CTI/8021026/Y	SAS e-filing		
Veh No: SJ 6804M	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 20/1/2008 13:15	I-Motor Claim Form		
OID: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKF 6545T	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 repaler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	INC () / Non-INC ()	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

NA1807647	Invoice Information
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)
Contact No:	3) TP: 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)
Cal 1:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (NI1): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile 30
	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	20/11/2018 16:56
Date Of Accident	20/11/2018 13:15
Exact Location Of Accident	MARINA BLVD TURNING LEFT INTO SHEARES AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ6304M
Insured/Policyholder	
Name Of Registered Owner	WONG KIM SEOW
NRIC No	S1673917J
Email Address	KIMWONG.SG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90011920
Alternative Phone No	OTHERS-90011920
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
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	DMPCSN3046331804
Cover Note Number	
Driver	
Name of Driver	WONG KIM SEOW
NRIC No	S1673917J
Date Of Birth	18/07/1964
Occupation	INDOOR
Date Of Driving Pass	22/02/1988
Driving Experience	30 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90011920
Fax Number	
Contact Number	OTHERS-90011920
EMail Address	KIMWONG.SG@GMAIL.COM

Address	40 CHAPEL ROAD
Postcode	429546
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	2
Was any body injured in the Accident?	NO
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?	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 SKETCH PLAN

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	SKF6545T
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH AIK HUAT
NRIC/Passport Number	S7115314B
Contact Number	94372008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

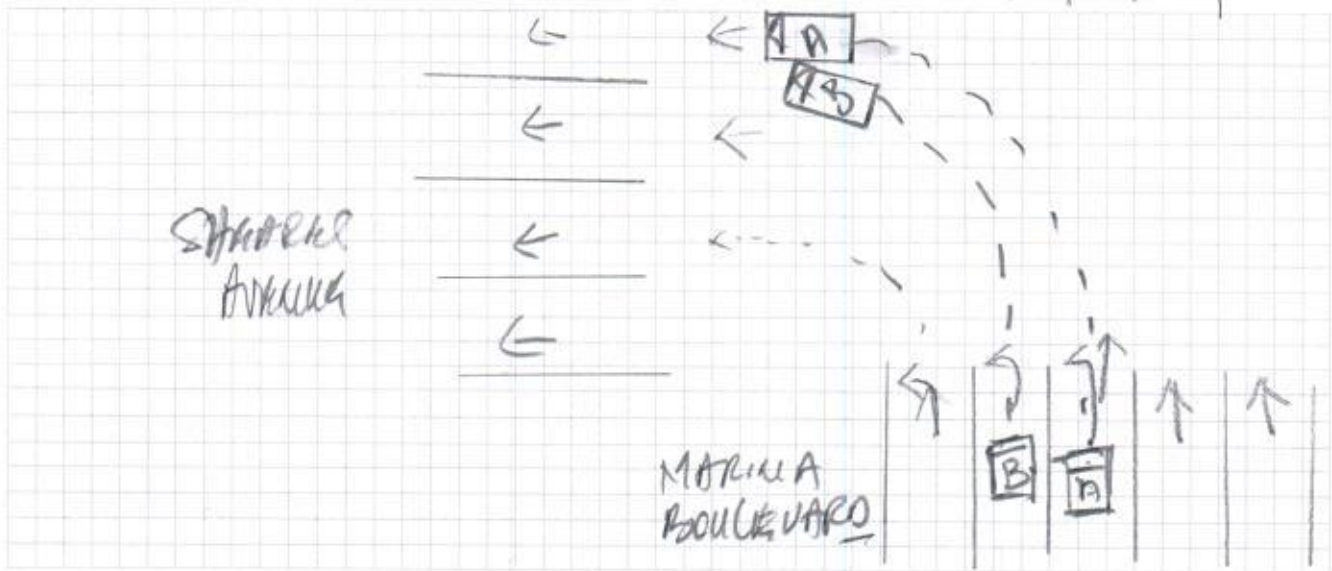
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/4/2018 AT ABOUT 13:15 HRS WAS AT MARINA BOULEVARD AND WANTED TO TURN INTO SHARES AVENUE & WAS AT THE EXTREME RIGHT TURNING LANE. AFTER FINISHING MY TURN INTO SHARES AVENUE, SUDDANLY I FELT A BANG ON MY LEFT SIDE, I QUICKLY STOP MY CAR & LOOK MY LEFT & SAW A CAR SKF 6545T MAKE A WIDE TURN & HIT THE LEFT SIDE OF MY CAR SJJ 6304M. I CAME DOWN TOOK PICTURES & EXCHANGE PARTICULAR WITH THE OTHER PARTY THEN ALL.

DECLARATION

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 20/11/2018 (DD/MM/YYYY), TIME: 13.15 (HH:MM)

LOCATION: Marina Boulevard Interchange Shores Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ 6304M
 b) INSURANCE COMPANY: China Taiping Insurance
 c) POLICY NUMBER: DMPCSN 3046331804
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Camry 2.4
 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: Wong Kim Seng (MALE / FEMALE) 90011920
 b) NRIC/FIN/PASSPORT: S1629173 CONTACT: 90011920
 c) ADDRESS: 40 Chapel Rd #29546

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: As above CONTACT: As above
 c) ADDRESS: As above

* d) DATE OF BIRTH: 18/07/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF 6545T MODEL: Toyota Wish
 b) DRIVER'S NAME: Roh Aik Huat
 c) NRIC/FIN/PASSPORT: S7115314B CONTACT: 94372008

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
(1)

No of passenger
(Including driver)
()

No of passenger
(Including driver)
()

Email: Kim Wong sg@gmail.com

Fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1673917J



Name

WONG KIM SEOW

黄锦秀

Race

CHINESE

Date of Birth

18-07-1964

Sex

F

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1673917J

Name

WONG KIM SEOW

Birth Date 18 Jul 1964

Issue Date 15 Aug 2014



002334198H

1031318



NRIC No. S1673917J



Blood Group

Date of issue

A+

15-06-1993

40 CHAPEL ROAD
SINGAPORE 428546

NRIC No: S1673917J

Date: 12-07-2005

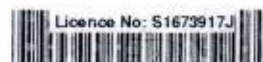
No: 5174801

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 22 Feb 1988

NP 428A



Licence No: S1673917J



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1F
R SN
AN0498A
Cov.Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE No. DMPCSN3046331804 Engine No : 2AZE108002
Chano: MR053BK4007028865

1. Index Mark and Registration Number of Vehicle SJJ6304M AUTOSAFE

2. Name of Policy Holder MR WONG KIM SEOW

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 25 September 2018 Named Drivers Ex Sect. I S\$1,500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance 24 September 2019 Ex Sect. I - Age >= 26..... S\$500.00
* Age as at date of accident
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.

HIRE PURCHASE CO. : CENTURY TOKYO LEASING (S) PTE LTD 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.

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.

Issued By: NEO & COMPANY INSURANCE AGENCY PTE LTD
Authorised Officer

.....
Authorised Signatory