

# NATIONAL Assessment Centre Services (ver 1.10/100)

MINI118137844

Date In: 23/10/2018 / 17:53	Job description	Date & Time Completed	Done by
Ref No: NBA/CI1180192744	SAS e-Milling		
Veh No: 950 869C	E-Mall (within 3hrs, A/C 3hrs)		
D.O.A: 17/09/2017 / 18:10	E-Motor Claim Form		
OD / TP - Reporting Only	E-Motor W/O (within 3hrs, A/C 3hrs)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Veh No: SJX 5809G	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Thru:
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 repeller.

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

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

Remarks	INC Hotline: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:

Date/Time: Action:

\* policy number wrong in 6/A

\* register insurance name incorrect

\* charges survey fee \$30

Human's Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Assigned Person:	3) TP: Towing Fee	\$40/\$43	
	4) FT: Follow-Through Survey	\$130	
	5) PT: Follow-Through Survey (Re-survey)	\$30	
	6) TR: Re-inspection	\$35	
	7) NI: 1st DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) Q11		
	* NI: Courtesy Car / Tpl Allowance	\$5	
	* NI: Repair Coordination	\$10	
	* NI: Post Repair Inspection	\$35	
	* NI: DY / Collect Unsett Coordination	\$5	
	12 (NI) TP (Non-INC) against INC	\$20	
	9) NI: 1st Mobile	30	
	Invoice dated		
	Invoice dated		



## 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	23/10/2018 17:53
Date Of Accident	17/09/2017 18:10
Exact Location Of Accident	ALONG HAIG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8659C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VC MARKETING
Co Reg No	53154985B
Email Address	COOLSTUFF6287@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92267033
Alternative Phone No	OFFICE-92267033

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1525491702
Cover Note Number	

### Driver

Name of Driver	NG JIAK CHOR
NRIC No	S6910399E
Date Of Birth	07/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92267033
Fax Number	
Contact Number	OTHERS-92267033
Email Address	COOLSTUFF6287@GMAIL.COM

Address	BLK3 HAIG ROAD #04-541
Postcode	430003
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

#### 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?	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	SJX5809G
Vehicle Make/Model/Colour	
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)	



## 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.

**VC MARKETING**

Co. Reg. No. 53154985B

22/10/18

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:

Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5/10/2018 I RECEIVED A LETTER SAYING I  
WAS INVOLVED IN AN ACCIDENT ON 17/09/2017 AND  
I WAS NOT AWARE OF IT THAT ALL.

DECLARATION

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

**VC MARKETING**

Co. Reg. No. 53154985B

Policyholder's Signature *[Signature]* 22/10/18  
Date & Time:

Driver's Signature *[Signature]* 22/10/18  
(If driver is not the policyholder)  
Date & Time:

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





# EAST ASIA LAW CORPORATION

Advocates & Solicitors

133 New Bridge Road #10-02  
Chinatown Point Singapore 059413  
Tel: 65 6323 2565 Fax: 65 6323 2373  
E-mail: [law@ealc.com.sg](mailto:law@ealc.com.sg)  
Website: [www.ealc.com.sg](http://www.ealc.com.sg)

Kasturibai Manickam  
Jocinda Wong Jia Heng

ACRA Reg. No.  
200309625D

(Service of Court documents by way of fax is not accepted)  
GST Reg. No. 200309625D

Our ref : 2017.5267.EA.MK.ya

5 October 2018

Ng Jiak Chor (Driver)  
Blk 3 Haig Road  
#04-541  
Singapore 430003  
Your ref: GBD8659C

By certificate of Posting

VC Marketing (Owner)  
1 Queenway #01-25  
Queenway Shopping Ctr/ Tower  
Singapore 149053  
Your ref : GBD8659C

By certificate of Posting

China Taiping Insurance (Singapore) Pte. Ltd.  
No.3 Anson Road,  
#16-00 Springleaf Tower  
Singapore 079909  
Your ref: SNM18d04614C02

PDX #8178

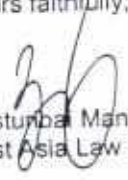
Dear Sir/Madam,

**CLAIMANT: TEE KIAN YONG  
ACCIDENT INVOLVING SJX5809G & GBD8659C ON 17 SEPTEMBER 2017 ALONG ALONG HAIG  
ROAD AT ABOUT 1810 HOURS**

We refer to the above matter and to M/s China Taiping Insurance (Singapore) Pte. Ltd's email dated 26 September 2018, a copy of which is enclosed.

Please look into this matter and revert within the next 7 days hereof.

Yours faithfully,

  
Kasturibai Manickam  
East Asia Law Corporation

Enc.

# DRIVING LICENCE / INS CAP & STAMPED FROM UNIT ALS STAMP

## ACCIDENT STATEMENT

ACCIDENT DATE: (17/09/2017) (DD/MM/YYYY), TIME: (15:10) (HH:MM)

LOCATION: ALONG HAILU ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: WBD 8659C  
 b) INSURANCE COMPANY: China Taiping Insurance  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota HIACE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: VC MARKETING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53154985-B CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: 1/4 JACK CHUA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 910399E CONTACT: 92167033  
 c) ADDRESS: 3 HAILU ROAD 704-541 173000 21

\*d) DATE OF BIRTH: (07/07/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/5/2011

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: SJX 5809G MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = coolstuff6287@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6910399E



Name  
NG JIAK CHOR

黄叶昌

Race  
CHINESE

Date of birth  
07-03-1959

Sex  
M

Country of birth  
SINGAPORE



4303754



NRIC No. S6910399E



Date of issue  
07-11-2008

201 BLK HIAIS ROAD #04-541  
SINGAPORE 430003

NRIC No. S6910399E

Date: 15/09/2011

No: 19023





**NG JIAK CHOR**

Birth Date: **07 Mar 1969**

Issue Date: **22 May 2006**



**001419947K**

YOU ARE LIC. ISED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS LATE

1-8A



ORIGINAL

THE SCHEDULE

Agency AN0579A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number ..... DMCVEN1525491702  
Account AN0579A Issued on ..... 16/06/2017 in SINGAPORE Replacing Policy no. DMCVEN1525491601  
Client 3174094 Acceptance Date 16/06/2017

Period of Insurance from 17/06/2017 to 16/06/2018, both dates inclusive

Insured's Name.... M/S VC MARKETING ✓  
Address: 1 QUEENSWAY  
#01-25  
QUEENSWAY SHOPPING CTR/TWR  
SINGAPORE 149053

Business/Occupation... RETAIL SALES  
Financial Interest MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Premium .....	Base Annual Premium .....	S\$2,117.00	
	Less 10% Loyalty Discount .....	S\$211.70	
	Less 25% Autosafe Scheme .....	S\$476.33	
	No Claim Discount ..... 10.00%	S\$285.79	
	Windscreens @ \$1,000 .....	S\$50.00	
	Total Annual Premium .....	S\$1,193.18	Premium Due S\$1,193.18
			Premium GST S\$83.52
			Total Due S\$1,276.70

Risk No. 001 MOTOR COMMERCIAL VEHICLE  
ORIGINAL REGISTRATION DATE: 17 JUN 2015

1. Registration	USD6453C ✓	Make/Model ..	TOYOTA HIACE 3.0 DX DIESEL TURBO A
Type of Cover	Comprehensive	No. of seats	2
Engine No.	1ED249047	Capacity cc's	0
Chassis No.	KDM2010160812		
		Tonnage .....	1.41
			Certificate Ref. ME300/C

Sum Insured, Market value at the time of loss

Excess Sect I .....	S\$100.00
EX CN WINDSCREEN .....	S\$100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 1, 5, 10, 11, 12 & 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreens damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorised driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNAH18137844 Vehicle Registration No: GBD 8659 C  
Name(as shown in NRIC) : NIG JIAK CHOR NRIC/FIN/Passport No : 3691E399E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 17/09/2018 Time of Accident : 18:10  
Place of Accident : Aleng Heng Road  
Insurance Company: EQ Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy Number to DMCPHQ18-004540

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keshi Lintars  
NRIC/FIN No.:  
Date: 01/11/2018



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA118137844-001 Vehicle Registration No: GPD 8659C

Name (as shown in NRIC) : NG JIAK CHOR NRIC/FIN/Passport No : 86910399E

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 9226 7033

Email Address : \_\_\_\_\_

Date of Accident : 17/09/2017 Time of Accident : 18:10

Place of Accident : AYER HONG ROAD

Insurance Company: EG Insurance

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER DMCVSN1525491702

\_\_\_\_\_  
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\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Kohli  
NRIC/FIN No.: 1261/2018  
Date:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: 2/M4118/37844-02 Vehicle Registration No: GBD8659C

Name (as shown in NRIC): NG JIAK CHOR NRIC/FIN/Passport No: 86910399E

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 92267033

Email Address : \_\_\_\_\_

Date of Accident : 17/09/2018 Time of Accident: 18:10

Place of Accident : \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE SHOULD BE OTHER THAN TAMPING & NOT FOR INSURANCE

\_\_\_\_\_  
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\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

22/11/2018  
Reporting Centre Personnel's Signature  
Name: Polli  
NRIC/FIN No: 123456789  
Date: