

NATIONAL Assessment Centre Services

(incl 13/10/00)

NA18154730

Date In: 29/4/2018 16:01	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI/18021565/4	SAS e-Mailing		
Veh No: SLF 1850B	E-mail (Vehicle Reg, AIC Reg)		
D.O.A: 29/4/2018 10:40	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Vehicle OD 2hrs, TP 1hr)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: SH4342B	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: Customers 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:	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	Action

NA18027803	Invoice Preparation Checklist	AMU(S)	AMU(S)
Human's Particulars	1) AR: Accident Reporting (\$30)	Bill	Adj. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$25		
	7) NI: NI/DA + SMART Survey \$160		
	8) NTUC Additional Services		
	Q11:		
	*NI: Courtesy Car / Tpl Allowance \$5		
	*NI: Repairs Coordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DY / Collect Unexel Coordination \$2		
	TP (NI) / TP (Non INC) against INC \$25		
	9) NI: 1st Mile \$10		
	Invoice dated	Not Charged	
	Invoice valid	Not 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	29/11/2018 16:01
Date Of Accident	29/11/2018 10:40
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1850H
Insured/Policyholder	
Name Of Registered Owner	NG KONG WAH
NRIC No	S2706894D
Email Address	STEVENS@MASTERTECH.COM.SG
Mobile Phone No	(LOCAL) +65-96333877
Alternative Phone No	OTHERS-96333877

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-2.5 IS250 (A)
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	DMPCSN3086561801
Cover Note Number	

Driver

Name of Driver	STEVENS TAN YI REN
NRIC No	S0107141F
Date Of Birth	17/05/1953
Occupation	INDOOR
Date Of Driving Pass	09/10/1976
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96333877
Fax Number	
Contact Number	OTHERS-96333877
EMail Address	STEVENS@MASTERTECH.COM.SG

Address	5 TAMPINES STREET 86 #03-20
Postcode	528585
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	NO
Number of vehicles involved in the accident	4
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	SJH4342B
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SUPIAN BIN MD YUSUP
NRIC/Passport Number	
Contact Number	84994180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS8487X
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Vehicle Make/Model/Colour	NISSAN SYLPHY
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW5812B
Vehicle Make/Model/Colour	LEXUS 250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMIE
NRIC/Passport Number	
Contact Number	97818387
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO: 82F18504
ACCIDENT DATE: 29/11/18 @ 10:40am

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.

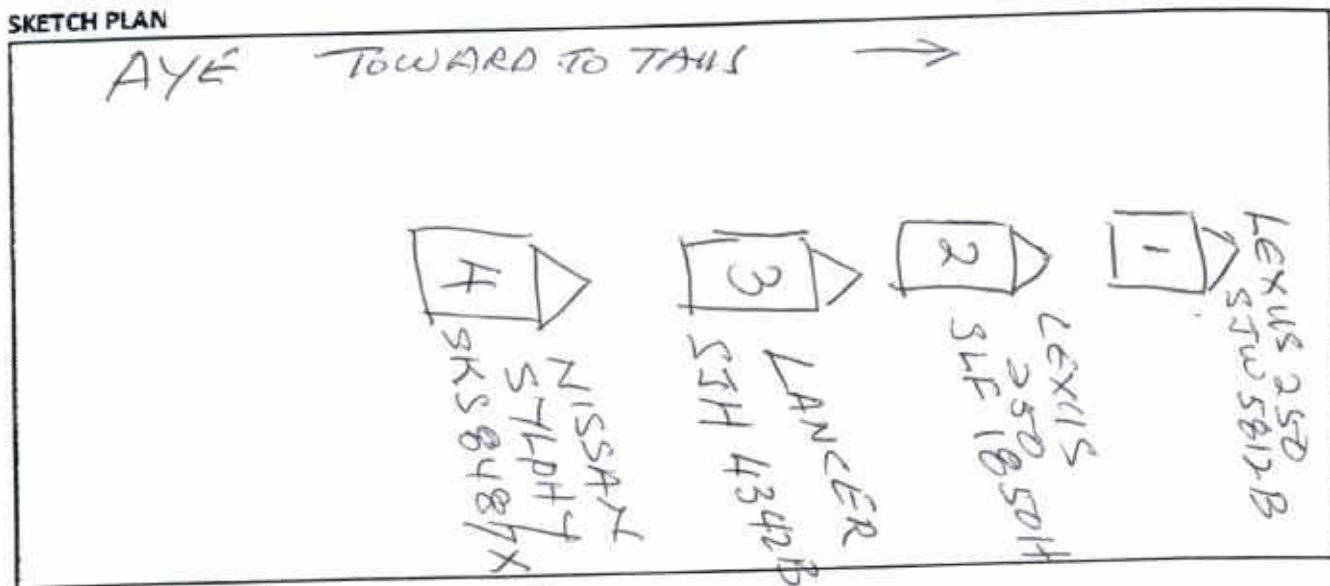
NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Roshan*
NRIC/FIN No.: *9/11/2018*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ 10:40 AM I WAS TRAVEL ALONG AYE TOWARD TAIL. ALL THE SUDDEEN TAKE IN FRONT STOP STW 5812B JAM BREAK. I HAVE TO BREAK MY CAR. THE CAR BEHIND ME IS SJH 4342B THAT HIT MY CAR. IT'S FORCE MY TO HIT THE CAR IN FRONT OF ME WHICH STW 5812B

OWN DAMAGE () 3RD PARTY CLAIM (✓) REPORTING ONLY () OWN WORKSHOP ()

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/PIN No.:


To Whom It May Concern

LETTER OF AUTHORITY

Accident Involving: SLF 1850H & SSW 5812B ON 29/11/18
SSM 4342B
SKS 8487
AT/ALONG AYE toward Tuas

I, Ng Kong Wah (NAME) owner/policyholder of vehicle no:
S2706894D authorized Steven Tan Yi Ren (NAME) of
NRIC/FIN/PASSPORT NO. 50107141F to *submit the following below:

- ☒ Accident Report
- ☐ Own Damage Claim
- ☒ Third Party Claim
- ☒ Third Party Claim (own workshop)



Signature of Policyholder
(Company Stamp if applicable)

S2706894D

NRIC/FIN/PASSPORT NO.

Date

***PLEASE TICK ACCORDINGLY**

30/1/2019

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT STATEMENT

DATE OF REPORT: 29/1/18 ACCIDENT DATE & TIME: 29/1/18 10:40am

ACCIDENT LOCATION: A/E TOWARDS TUAH

COUNTRY: SINGAPORE OR MALAYSIA

VEHICLE DETAILS/POLICYHOLDER DETAILS

VEHICLE NO: SLF 1850 H
POLICYHOLDER NAME: NG KONG WAH
NRIC NO: 527068942

POLICY NUMBER: DMPCSN 3086561801
HP/OFFICE: 96333 877 877
COVERAGE:

EMAIL:
INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET

VEHICLE PARTICULARS

MODEL: # 1850 IS 250

VEHICLE CATEGORY: PRIVATE OR COMMERCIAL

PURPOSE DURING ACCIDENT:

CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

NAME: STEVEN TAN YI REN
NRIC NO: 50107141F
DATE OF BIRTH: 17/9/1953
OCCUPATION: INDOOR OR OUTDOOR INDOOR
PASSED DATE: 9/10/1976
GENDER: FEMALE OR MALE MALE

HP NUMBER:
ADDRESS (COMPULSARY): 5 TAMPINES STREET
#03-20
POSTCODE 528585

EMAIL: stevend@master tech.com.sg
R/S WITH POLICYHOLDER: FRIEND

WEATHER CONDITION: DRY / CLEAR / WET / RAIN

INJURY: NO

POLICE REPORT: NO

VIDEO FOOTAGE OR VOICE RECORD: NO

OFFER BY OTHER WORKSHOP: NO

NO OF VEHICLE INVOLVED: 4

WITNESS: IF YES - NAME & HP:

NO PPL IN CAR: 1

PASSENGER NAME (NAME AND GENDER):

- 1)
- 2)
- 3)

THIRD PARTY'S DETAILS

VEHICLE NO:
NAME:
NRIC NO:
HP NUMBER:
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0107141F**

Name: **STEVEN TAN YI REN**

Birth Date: **17 May 1953**

Issue Date: **03 Nov 2003**

1000071719E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0107141F**

Name: **STEVEN TAN YI REN**



陳奕任

Race: **CHINESE**

Date of Birth: **17-05-1953**

Sex: **M**

Country of Birth: **SINGAPORE**





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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	21 Feb 1976
Class 2A	Motorcycles between 201 cc and 400 cc	21 Feb 1976
Class 2	Motorcycles exceeding 400 cc	21 Feb 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Oct 1976

Licence No: S0107141F

NP 429A



A0101947

S0107141F

5 TAMPINES STREET 88 #03-20
SINGAPORE 528585

NRIC No: **S0107141F** Date: **20/09/2018**

AB+ **04-02-2002**




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2706894D



Name

NG KONG WAH



吳 廣 華

Race

CHINESE

Date of Birth

20-11-1952

Sex

M

Country of Birth

MALAYSIA

S2706894D

S2706894D



NRIC No. S2706894D



Nationality

MALAYSIAN

Group: Date of issue

D+ 27-09-2001

APT BLK 353 WOODLANDS AVENUE 1 #04-755
SINGAPORE 730353

NRIC No: S2706894D

Date: 11/01/2008

No: 6934729



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #18-00 Springleaf Tower Singapore 079909
Tel: 6389 8111 Fax: 6222 1033
Website: www.ctaiping.com
Co. Reg. No. 200208304E

ORIGINAL

THE SCHEDULE

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN1086561001
Account	AN0420A	Issued on 10/01/2018 in SINGAPORE	Replacing Policy no.	DMPCSN1086561600
Client	3197933	Acceptance Date	10/01/2018		

Period of Insurance from 14/01/2018 to 13/01/2019, both dates inclusive

Insured's Name....	NG KONG WAN
Address.	BLK 353 WOODLANDS AVENUE 1 #04-755 SINGAPORE 730353

Business/Occup... DIRECTOR
Financial interest HONG LEONG FINANCE LTD AS HP OWNER

Premium	Base Annual Premium.....	\$22,280.00	
	Less 5% Loyalty Discount.....	\$114.00-	
	Less 35% Autosave Scheme.....	\$759.10-	
	No Claim Discount10.00%	\$140.79-	
	Promotion Discount.....	\$300.00-	
	Total Annual Premium	\$21,067.11	Premium Due \$21,067.11
			Premium GST \$74.70
			Total Due \$21,141.81

Risk No. 001	MOTOR PRIVATE CAR
	ORIGINAL REGISTRATION DATE: 14-01-2009
1. Registration	SLP1850H Make/Model .. LEXUS IS 250
Type of Cover Comprehensive	No. of seats 5 Body Type SALOON
Engine No. .. 4GR0516953	Capacity cc's 2500 Yr of Manuf/Regn 2008/2009
Chassis No... JTBK262605096763	Certificate Ref. MX1E
Sum Insured..Market value at the time of loss	
Named Drivers Ex Sect. I	\$21,500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age < 25.....	\$23,000.00
Ex Sect. I - Age >= 26.....	\$5500.00
* Age as at date of accident	
EX ON WINDSCREEN	\$5100.00
Named Drivers THE INSURED	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAVE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen 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.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)

Notwithstanding anything contained to the contrary, we will waive up to the first \$21,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year

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