

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 01/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/18021635/13	SAS e-filing		
Veh No: 5BU1008M	E-mail (within 3hrs, AIC 2hrs)		
DOA: 29/11/18 1410	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (9:00AM - 12:00PM) Tel: Fax:)

TP Particulars:	Veh No: 5106837A	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

Client's Particulars:	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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	01/12/2018 09:02
Date Of Accident	29/11/2018 14:10
Exact Location Of Accident	WOODLANDS CAUSEWAY TWDS JB CUSTOM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBU1008M
Insured/Policyholder	
Name Of Registered Owner	AW CHI TONG DEREK
NRIC No	S8118687A
Email Address	AW_DEREK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97853428
Alternative Phone No	OTHERS-97853428
Vehicle Particulars	
Manufacturer	NISSAN
Model	ELGRAND
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	DMPCSN3041261800
Cover Note Number	
Driver	
Name of Driver	AW CHI TONG DEREK
NRIC No	S8118687A
Date Of Birth	20/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853428
Fax Number	
Contact Number	OTHERS-97853428
EMail Address	AW_DEREK@HOTMAIL.COM

Address	BLK 130B LOR 1 TOA PAYOH #32-516
Postcode	312130
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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) 8

Passenger 1
NAME: : MDM TAN
GENDER: : FEMALE

Passenger 2
NAME: : ASHER AW
GENDER: : MALE

Passenger 3
NAME: : ANDER AW
GENDER: : MALE

Passenger 4
NAME: : LOVEN ZO
GENDER: : MALE

Passenger 5
NAME: : NELLY
GENDER: : FEMALE

Passenger 6
NAME: : YUN YUN
GENDER: : FEMALE

Passenger 7
NAME: : SEOK YUN
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6827K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SOFFIAN BIN AMIN
NRIC/Passport Number	S8536634C
Contact Number	88200562
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

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.

Policyholder's Signature / Date & Time

Sketch Plan

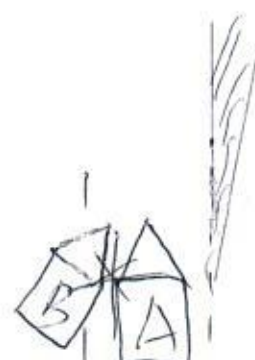
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A - SPW1008M

B - SLQ 68.27K

Woodlands Causeway to JB





Describe Circumstances of the Accident


On 29/11/2018 at about 2.10pm.
I was driving my vehicle SB11008M along
Woodlands Causeway toward JB. ~~to~~
At that time was heavily raining. When
in driving along centre lane before reaching
the Lorry (split lane).
Suddenly vehicle (B) SQ682K drive
from my left into my lane and hit
my front left directly.
I alighted and check the scene.
we exchanged particulars. That's all.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 30/11/2018
5.15pm


Driver's Signature (If driver is not the policyholder) / Date
& Time 30/11/2018
5.15pm


Witnessed by Reporting Centre
Personnel 01/12/18

Accident Statement

Date of Accident 29/11/2018
 Time of Accident AM / (PM) 2:10 PM
 Location of Accident Woodlands Causeway Toward

Details of Owner & Vehicle

Vehicle (A) Registered Number 2BN1008M
 Name of Owner AN CH. TONG, DEREK
 NRIC No 28112687A
 Date of Birth (if owner is driver) 20/08/1981
 Occupation (if owner is driver) Indoor / Outdoor CONSTRUCTION
 Gender (Male) / Female
 Address 120B LORONG 1 TUA PAUH, #32-516, S37230
 Owner's Contact No : H/P: 97853428 Tel:
 Driving Passed Date 26/07/2000
 Type of Claim Own Damaged / (Third Party) / Reporting only
 Vehicle Make / Type of Vehicle / Color NISSAN / GRAND HIGHWAYSTAR 2.5 / BROWN
 Vehicle on Tow? No / Yes
 Exact Purpose of Use (Private) / Commercial / Hire & Reward

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (S) P/L
 Type of Policy Comprehensive / Third Party, Fire&Theft / Third Party Only
 Policy Number DMPCSN3041261800
 Fleet Policy No / Yes

Driver Particulars

Name of Driver
 NRIC No
 Date of Birth / /
 Occupation Indoor / Outdoor
 Gender Male / Female
 Contact Number H/P: Tel:
 Email Address
 Driving Passed Date / /
 Address
 Relationship of the Driver with the Insured Owner / Son / Daughter / Spouse / Employee / Others
 Does the Driver Own Any Other Vehicle No / if Yes : Vehicle No? Insurance Co.:
 Number of Passengers (Including Driver)? 5 adults, 3 kids 4M 4F

General Information of the Accident

Type of Collision SIDE TO SIDE
 Weather Conditions / Road Surface Clear / (Raining) - Dry / Wet / Others :
 Any Police Report Lodged? No / if Yes : Where?
 Notice of Intended Prosecution Given? No / if Yes : Against Who?
 Was any body injured in the Accident? No / if Yes : Who / Which Vehicle?
 Was any other material or property damaged? Yes / (No)
 Was any foreign vehicle involved in this accident? No / if Yes : Which Veh.? Veh. Category:
 Was there any video captured by Car Camera? (Yes) / No

Details of other Vehicle (s) / Properties (1)

Vehicle (B) Registered Number - 3rd Party SLQ 6827K
 Details of Properties Damaged (Front) / Rear / Others :
 Name of Driver MUHAMMAD SOFFIAN BIN AMIN
 NRIC / Passport Number / Fin Number S8536634C
 Contact Number H/P: 88200562 Tel:
 Address BLK 701 PASIR RIS DRIO, #04-109, S510701
 Insurance Company

Details of Witness

(No) If Yes : H/P :

Details of other Vehicle (s) / Properties



(C) Vehicle No: (E) Vehicle No:
 (D) Vehicle No: (F) Vehicle No:

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S8118687A**
 Name
AW CHI TONG, DEREK
(HU ZHITANG, DEREK)
 Birth Date: **20 Aug 1981**
 Issue Date: **14 Nov 2013**

002236649D

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S8118687A**


Name
AW CHI TONG, DEREK
(HU ZHITANG, DEREK)
胡志堂
 Race
CHINESE
 Date of birth **20-08-1981** Sex **M**
 Country of birth
SINGAPORE

S8118687A

HP: 97853428

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 **26 Jul 2000**

NP 428A

Licence No: **S8118687A**

4836735


 NRIC No. **S8118687A**


 Date of issue
21-02-2012

APT BLK 130B LORONG 1 TOA PAYOH #32-518
SINGAPORE 312130
 NRIC No: **S8118687A** Date: **28/03/2018**

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.	DMPCSN3041261800	Engine No. :QR25072866L	Chassis No:JN1TBAE5220802257
1. Index Mark and Registration Number of Vehicle	SBU1008M		
2. Name of Policy Holder	AM CHI TONG DEBEK		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	29 JUNE 2018	NAMED DRIVERS EX SECT. I\$81,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$53,000.00 EX SECT. I - AGE >= 26.....\$9500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN\$9100.00	
4. Date of Expiry of Insurance	20 JUNE 2019		
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 \$9500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOPS FOR EACH POLICY YEAR.			
Hire Purchase : Maybank			
* 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.

Countersigned By:

Authorised Officer

Authorised Signatory