

# NATIONAL Assessment Centre Services. Form 1 Jan 03 MWA 118160867.

Date In: 13/12/18 14:37	Job description	Date & Time Completed	Done by
Ref No: MAI DAZ 18022431/h4.	SAS e-filing		
Veh No: SFD 363 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/12/18 19:30.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: GBH 1859 S.	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:	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

<p>WA1808188</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30); INC (\$80)</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (Nil): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Am (\$)</p> <p>20.00</p>	<p>Am (\$)</p> <p>Add bill</p>
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## 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	13/12/2018 14:37
Date Of Accident	12/12/2018 19:30
Exact Location Of Accident	ECP TWDS PIE (TUAS) EXIT 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD363K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG KEN PANG
NRIC No	S1515093I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97374673
Alternative Phone No	OFFICE-97374673

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00132947/05
Cover Note Number	-

### Driver

Name of Driver	PANG JUNGUO GALVIN
NRIC No	S9139727G
Date Of Birth	06/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97510832
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 538 PASIR RIS ST 51 #10-36
Postcode	510538
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	DRY

#### 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?	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: : LEW YAN JUN
	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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1859S
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	LEW YAN JUN
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SFD363K
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.:

# SKETCH PLAN

	<p>A: SFD363K</p> <p>B: GBH1859S</p> <p>ECP towards PIE (Tuas) Exit 1</p>

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along ECP towards PIE (Tuas) Exit 1 at extreme L<sup>t</sup> lane of 3 lanes.

All vehicles in front of me slowed down & stopped, I followed suite.

Suddenly, I felt an impact. VEH "B" collided into rear RH portion of my vehicle and caused damages.

After the incident, my passenger felt discomfort at the back & went to see doctor, given 2 days MC-

*Guillel*

## 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.:



VEHICLE NO: SFD363K

MAKE &amp; MODEL: mazda 5

DATE OF ACCIDENT	12 / 12 / 18
TIME OF ACCIDENT	0730 AM/PM
LOCATION OF ACCIDENT	ECP towards PIE (Tuas) RPT 1
EXACT PURPOSE USE DURING ACCIDENT	
<b>NAME OF OWNER</b>	Pang Chong Ken
TEL NO	9737-4673
NRIC	S15130931
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY
INSURANCE CO	Direct Asia
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	MY100132947/05
<b>NAME OF DRIVER</b>	As Above / If No: Pang Junguo, Galvin
NRIC	S91397276
DATE OF BIRTH	06 / 11 / 1991
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	29 / 12 / 2010
GENDER	Male / Female
CONTACT NO.	9751-0832
ADDRESS	Blk 538 Pasir Ris St 51 #10-36 Singapore 510538
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: father
WEATHER CONDITION	Clean / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes: Who? ① Pang Junguo, Galvin
CONTACT NO.	② Lew Yan Jun
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	GBH18595
NAME	
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<b>IN-CAR CAMERA</b>	<input checked="" type="checkbox"/> YES / NO
PARTICULAR WORKSHOP	SM AUTOMOTIVE
	1 Kaki Bukit Ave 6, Blk C #01-43
	Autobay@Kaki Bukit Singapore 417883
TEL NO	TEL: 6747 9241
CONTACT PERSON	Reena / Sukyi
FAX NO.	FAX: 6741 7276
EMAIL	reena@nhtmotor.com
	admin@nhtmotor.com

pls email the G/A  
to this email address. Thanks.

Driver.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9139727G**



Name

**PANG JUNGUO, GALVIN**

**馮 俊 國**

Race

**CHINESE**

Date of birth

**06-11-1991**

Sex

**M**

**S9139727G**

Country of birth

**SINGAPORE**

3 9 5 7 1 9 4



NRIC No. **S9139727G**

Date of issue

**09-11-2006**

**APT BLK 538 PASIR RIS STREET 51 #10-36  
SINGAPORE 510538**

NRIC No: **S9139727G**

Date: **25/09/2015 (R)**



Driver:

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9139727G**

Name:

**PANG JUNGUO, GALVIN**

Birth Date: **06 Nov 1991**

Issue Date: **29 Dec 2010**



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

EFFECTIVE DATE

- Class 3 Motor Cars= $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 29 Dec 2010

NP 428A



Owner.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1515093I**



Name

**PANG CHONG KEN**

馮 崇 炯

Race

**CHINESE**

Date of birth

**05-04-1961**

Sex

**M**

**S1515093I**

Country/Place of birth

**SINGAPORE**

**5949600**



NRIC No. **S1515093I**



Date of issue

**01-06-2018**

Address

**APT BLK 538 PASIR RIS STREET 51  
#10-36  
SINGAPORE 510538**



**From:** DirectAsia Singapore  
**Sent:** Monday, October 8, 2018 11:36 AM  
**To:** s363k@hotmail.com  
**Subject:** Thank you for renewing your DirectAsia Motor Car Insurance!



Hello Chong Ken Pang,

Thank you for renewing your Motor Car insurance with DirectAsia! We appreciate having you as our happy customer.

To access your documents, to **'My Account'** to view the following:

1. Your Certificate of Insurance. A legal document which shows you are insured with DirectAsia Insurance.
2. The Policy Schedule which gives you a summary of your cover. This includes your receipt/invoice for payment made or due on your policy.

Please review these documents together with the full policy details. This forms your contract with us. [View or download the policy details.](#)

Here's a quick summary of your insurance:

Policy ID	: MT/00132947/05
Policyholder/Car Owner	: Chong Ken Pang
Declared Main Driver	: Chong Ken Pang
Vehicle Registration No.	: SFD363K
Plan Type	: Comprehensive
Driver Plan	: Flexible Plan
Period of Insurance	: 30/10/2018 to 29/10/2019
Vehicle Usage	: Private Use + Commuting to work
No Claim Discount	: 50%
Other Discount Applicable	: Certificate of Merit

Policy Excess : S\$ 600.00 (before any applicable GST)

Based on the information provided and coverage selected, you are covered under the following driver plan:

**Flexible Plan:** in addition to the Main Driver, all authorized drivers are covered.

Lastly, if any of your personal, car or driver information has changed, please tell us either by logging in to 'My Account' or by calling us at 6665 5555 to speak to one of our friendly customer care specialists (Monday to Friday, 8am - 8pm).

Thank you for choosing us!

From all of us at DirectAsia  
Where happier matters.

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We reserve the rights to revise the premium or decline renewal if there are any material changes to your existing policy information before its expiry.

**The legal bit:**

This Motor Car policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

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