

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA19 006W1**

Date In: 12/1/19 - 16:46	Job description	Date & Time Completed	Done by
Ref No: 119/C72 1922086074	SAS e-filing		
Veh No: 5621662	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/1/19 - 09:00	i-Motor Claim Form		
OD: TP 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: 5702267E	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

NA19 00385	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	14/01/2019 16:46
Date Of Accident	14/01/2019 09:20
Exact Location Of Accident	MCE (AYE) BEFORE EXIT 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ166Z
Insured/Policyholder	
Name Of Registered Owner	TANG WAI LING, DOREEN (DENG WEILING,DOREEN)
NRIC No	S8219409F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97457360
Alternative Phone No	OFFICE-97457360
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	DMPCSN3111441802
Cover Note Number	
Driver	
Name of Driver	TANG WAI LING, DOREEN (DENG WEILING,DOREEN)
NRIC No	S8219409F
Date Of Birth	16/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97457360
Fax Number	
Contact Number	OFFICE-97457360
Email Address	NOEMAIL

Address	BLK 348D YISHUN AVENUE 11 #16-603
Postcode	764348
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190114/2109.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU2267E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUTHIAH SREETHARAN
NRIC/Passport Number	S2645534J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER: :


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

A: JLO 166Z
B: JLO 2767E

MCE

A B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report - 7/12/2014/2129.

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.:



SINGAPORE POLICE FORCE



T/20190114/2109

1 of 4

Report No. T/20190114/2109

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 16:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: TANG WAI LING,DOREEN		Address: APT BLK 348D YISHUN AVENUE 11 #16-603 ADORA GREEN SINGAPORE 764348
ID Type / ID No.: NRIC NO / S8219409F		Contact No.: Home/Office: Mobile: 97457360
Nationality: SINGAPORE CITIZEN		Email:
Sex: Female	Age: 36	Date of Birth: 16/06/1982
Type of Informant: Driver		Institution / School Name:
Race: Chinese		Language:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2019 09:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL BOULEVARD				
BEFORE EXIT 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU2267E	Car				Slightly Damaged	1
SLQ166Z	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190114/2109

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ166Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN31114418 02	26/12/2018	25/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TANG WAI LING,DOREEN		ID No.	S8219409F
Related Vehicle	NIL		Contact No.	97457360
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	MUTHIAH SREETHARAN		ID No.	S2645534J
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 3 OF 5 .THE OTHER DRIVER WAS DRIVING ALONG ON LANE 1.AS I WAS GOING STRAIGHT,I SWITCHED LANE AND MOVED TO LANE 2 .AFTER I SUCCESSFULLY MOVED TO LANE 2,THE OTHER DRIVER TRIED TO FILTER TO LANE 2 AS WELL AND COLLIDED ON MY CAR.AFTER THE HIT, MY RIGHT SIDE MIRROR WAS TWISTED OUTWARDS DUE TO THE HEAVY IMPACT.

THE DRIVER HIT THE RIGHT PORTION OF MY VEHICLE AND DROVE AWAY.I KEPT HORNING AT HIM BUT HE REFUSED TO STOP AND NEVER GAVE ME ANY SIGNAL OR INDICATION.

I CHASED AFTER THE DRIVER FOR ABOUT 1 KM AND WE STOPPED BEFORE THE EXIT 3 AND HAD AN INTERACTION WITH THE DRIVER.AFTER SOME TIME THE DRIVER REFUSED TO EXCHANGE PARTICULAR.THEN ONE LTA OFFICER CAME DOWN TO THE LOCATION AND



**SINGAPORE
POLICE FORCE**



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Report No. T/20190114/2109

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

HELPED TO TALK TO THE DRIVER.

THE DRIVER WAS KEPT DENYING TO EXCHANGE PARTICULARS AND CLAIM THAT HE DID NOT HIT MY CAR. THE LTA OFFICER SUGGESTED TO DROVE OUT OF THE EXPRESSWAY TO SETTLE THE ISSUE DUE TO THE HEAVY TRAFFIC.

BOTH THE VEHICLE WAS SLIGHTLY DAMAGED. BUT THE OTHER DRIVER'S CAR WAS BADLY DAMAGED EARLIER BEFORE THE ACCIDENT.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190114/2109

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Report No. T/20190114/2109

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /

YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

14/01/2019 16:17

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8219409F**

Name
**TANG WAI LING, DOREEN
(DENG WEILING, DOREEN)**

Birth Date **16 Jun 1982**
Issue Date **20 Apr 2005**

001336434H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8219409F**

Name
**TANG WAI LING, DOREEN
(DENG WEILING, DOREEN)
MRS YEONG WAI LING,
DOREEN**

Race
CHINESE

Date of birth **16-06-1982** Sex **F**

Country of birth
SINGAPORE






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

Class 3 **Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg**

PASS DATE
20 Apr 2005

NP 428A

Licence No: **S8219409F**



4952459

S8219409F

NRIC No. **S8219409F**

邓伟玲

Date of issue
22-03-2013

APT BLK 348D YISHUN AVENUE 11 #16-603
SINGAPORE 764348

NRIC No: **S8219409F** Date: **30/04/2014**




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.	DMPCSN3111441802	Engine No :27191031356034 Chassis No:WDD2040452A726565
1. Index Mark and Registration Number of Vehicle	SLQ166Z	
2. Name of Policy Holder	TANG WAI LING, DOREEN (DENG WEILING, DOREEN) MRS YEONG WAI LING, DOREEN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 DECEMBER 2018	NAMED DRIVERS EX SECT. I\$500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$3,000.00 EX SECT. I - AGE >= 26.....\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	25 DECEMBER 2019	EX ON WINDSCREEN\$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\$1,000 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. : OCBC BANK 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.

Countersigned By:

Authorised Officer

Authorised Signatory