

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MHA11901250**

Date In: 25/1/19 - 16:54	Job description	Date & Time Completed	Done by
Ref No: NA/C-TX900128/19	SAS e-filing		
Veh No: SW98960	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/1/19 - 18:00	i-Motor Claim Form		
<input checked="" type="radio"/> 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: Vch No: **SHD4342** 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
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1900249	Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) 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:-			
	ON:			
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	25/01/2019 16:54
Date Of Accident	24/01/2019 18:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9696U
Insured/Policyholder	
Name Of Registered Owner	MR LAU ZENGBIN
NRIC No	S8239008A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91252324
Alternative Phone No	OFFICE-91252324

Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN 2.0 A/T ABS D/AIRBAG AWD
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?	YES
If No, Please state action to be taken	
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	DMPCSN3072391800
Cover Note Number	

Driver

Name of Driver	NG WUAN CHIN (HUANG WAN JUN)
NRIC No	S8204483C
Date Of Birth	04/02/1982
Occupation	INDOOR
Date Of Driving Pass	07/03/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93252324
Fax Number	
Contact Number	OFFICE-93252324
Email Address	NOEMAIL

Address	95 PAVILION CIRCLE
Postcode	658535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SHD4329K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH YEOW SENG
NRIC/Passport Number	S1337088E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

SKETCH PLAN

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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 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

upper Buloh Kumbang Rd.

A: SLW9696V
B: SHD43V9K

A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE.
SUDDENLY VEHILCE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN
TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 1 / 19) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: Upp Bukit Timah Rd twd Chay Chuan Kang Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW9696U
b) INSURANCE COMPANY: C92
c) POLICY NUMBER: 2MP05N3072391800
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)?
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mr Lim Zengbin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8239008A CONTACT: 91552324
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Wuan Chin (Huang Wan Jin) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8204483C CONTACT: 91552324
c) ADDRESS: 115 Persimmon Circle (658535)

*d) DATE OF BIRTH: (4 / 2 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7.5 / 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

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: SHD4329 K MODEL: _____
b) DRIVER'S NAME: loh yeeow sing
c) NRIC/FIN/PASSPORT: S1329088E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = yerlauzenghin@gmail.com

fax =

VIDEO = /

Enquire Vehicle Registration Details

NRIC/Passport/Company Cert No.:	S8239008A
Owner ID Type:	Singapore NRIC
Owner Name:	LAU ZENGBIN (LIU ZENGBIN)
Registered Address:	66 CHESTNUT AVENUE #14-11 SINGAPORE 679520
Mailing Address:	-
Birth Date:	09 Dec 1982

Vehicle No.:	SLW9696U
Previous Vehicle No.:	SLZ3081S
Effective Date of Ownership:	14 Nov 2018
Original Regn Date:	04 Dec 2014
Registration Date:	04 Dec 2014
Year of Manufacture:	2014
Vehicle Type:	Passenger Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	PORSCHE
Vehicle Model:	MACAN 2.0 A/T ABS D/AIRBAG AWD
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	WP1ZZZ9SZFLB12789
Engine No.:	084834
Engine Capacity / Power Rating:	1984 cc / -
Maximum Power Output:	174.0 kW (233 bhp)
Propellant:	Petrol
Max Unladen Weight:	1940 kg
Maximum Laden Weight:	2445 kg
Open Market Value:	\$67,995.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2024
Minimum PARF Benefit:	\$47,195.00
No. of Transfers:	2
IU Label No.:	1125518671
COE No.:	2014110103000023R
COE Expiry Date:	03 Dec 2024
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:	B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium:	\$72,180.00 / -
Actual QP Paid:	\$72,180.00
QP (Regn Cat):	\$72,180.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$72,180.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$30,000.00 (140%), next \$17,995.00 (180%)
Actual ARF Paid:	\$94,391.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	168.00 (g/km)
CEV/VES Rebate Utilised Amount:	-
CO Emission:	-
HC Emission:	-

Replace Vehicle No. (Confirmation)

Vehicle No. To Be Replaced:	SLZ3081S
Vehicle Make:	PORSCHE
Vehicle Model:	MACAN 2.0 A/T ABS D/AIRBAG AWD
Chassis No.:	WP1ZZZ95ZFLB12789
Engine No.:	084834
Motor No.:	-
Replace With:	SLW9696U
Expiry Date:	14 Nov 2019

Note:

Upon successful replacement of the vehicle registration number:

- You are required to change the physical number plate(s) on the existing vehicle and display the newly replaced vehicle registration number by 18 Nov 2018. Please print and produce the receipt at the workshop as proof of approval from the LTA to change your vehicle number plate(s).
- Please visit our website at www.onemotoring.com.sg if you have any queries.

Previous

Print

Confirm

Cancel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8204483C**

Name: **NG WUAN CHIN (HUANG WAN JUN)**

Birth Date: **04 Feb 1982**

Issue Date: **07 Mar 2007**

0014838528




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8204483C**

Name: **NG WUAN CHIN (HUANG WAN JUN)**

黄婉君

Race: **CHINESE**

Date of birth: **04-02-1982**

Sex: **F**

Country of birth: **SINGAPORE**





4896303

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE: **07 Mar 2007**

Licence No: **S8204483C**

NP 428A



NRIC No. **S8204483C**

Date of issue: **15-10-2012**

95 PAVILION CIRCLE
SINGAPORE 856535

NRIC No: **S8204483C**

Date: **22/11/2018**




4896303

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.	DMPCSN3072391800	Engine No : 084834 Chassis No: WP1ZZ295ZFLB12789
1. Index Mark and Registration Number of Vehicle	SLZ3081S	
2. Name of Policy Holder	MR LAU ZENGBIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 NOVEMBER 2018 (11:15 HOURS) 09 NOVEMBER 2019	NAMED DRIVERS EX SECT. I.....S\$1,500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$350.00
4. Date of Expiry of Insurance		
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\$500 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. : MAYBANK 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