

NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

NAI 49017774

Date In: 08/02/2009 17:02	Job description	Date & Time Completed	Done by
Ref No: NAI/CTI/9002281/Y	SAS e-filing		
Veh No: SJD 7K50L	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 07/02/2009 08:30	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SLA 1532R	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: ()	

General Remarks:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Activity

NAI 900955

Claimant's Particulars:	Invoice No: NAI 900955
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$35
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	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	08/02/2019 17:02
Date Of Accident	07/02/2019 08:30
Exact Location Of Accident	AYER RAJAH HAWKER CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7480L
Insured/Policyholder	
Name Of Registered Owner	LAM YEE NGON
NRIC No	S2672142C
Email Address	DJOANNAFAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90292286
Alternative Phone No	OFFICE-90292286

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	BREAKFAST
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	DMPCSN3088771600
Cover Note Number	

Driver

Name of Driver	LAM YEE NGON
NRIC No	S2672142C
Date Of Birth	24/09/1967
Occupation	INDOOR
Date Of Driving Pass	07/02/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292286
Fax Number	
Contact Number	OFFICE-90292286
Email Address	DJOANNAFAM@GMAIL.COM

Address	BLK 489C CHOA CHU KANG AVENUE 5 #14-229
Postcode	683489
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	SIDE SWIPE
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	3
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)	3
Passenger 1	NAME: : JOANNA FAM GENDER: : FEMALE
Passenger 2	NAME: : JUSTINE FAM 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 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	SLH1532R
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	97354270
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE2556A

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FRANCIS

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


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.

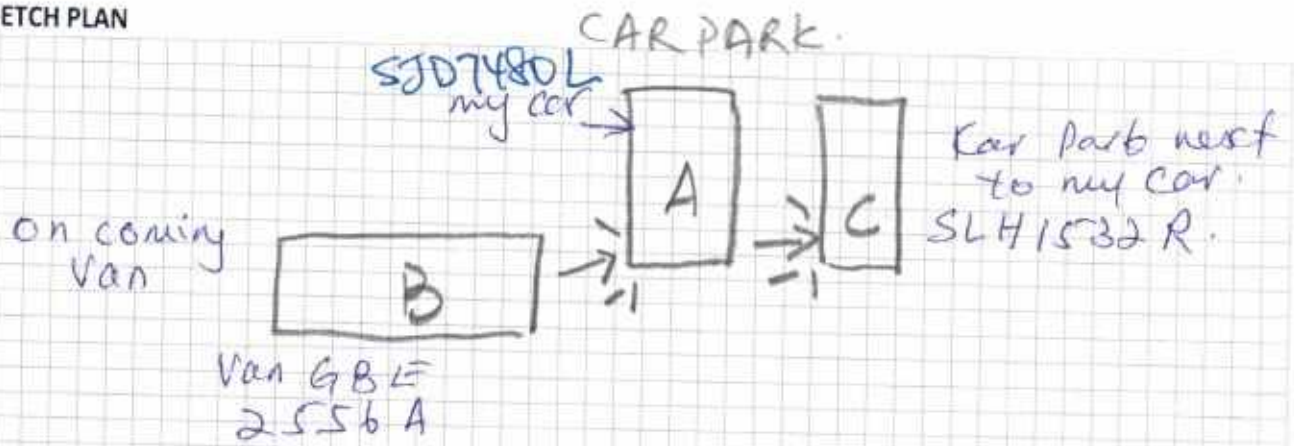

7/2/19 1400hrs.

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



Ayer Rajah Hawker Car Park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at Ayer Rajah Hawker Car Park.

When my car (A) was driving out from my parking lot, Car B suddenly approached at high speed and knock on my right side.

The impact is hard and caused my car to hit the adjacent car parked next to my car (Car C).

Both parties Car B and Car C want to claim against me.

No one was injured in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

1400 hrs. 7/2/19

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (7.12.2019) (DD/MM/YYYY), TIME: (8.30) (HH:MM)

LOCATION: Ayer Rajah Hawker Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJO 7480 L
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN3088771660
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA AIRWAVE 150 A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Breakfast
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LAM Yee Ngan (WIFE)
 b) NRIC/FIN/PASSPORT: S2673142C CONTACT: 90292286
 c) ADDRESS: BLK 489C CHOA CHU KANG Avenue 5 #14-229

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NG BROUKE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (24/9/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 7/2/2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLH 1532R MODEL: Mitsubishi
 b) DRIVER'S NAME: Jimmy
 c) NRIC/FIN/PASSPORT: CONTACT: 97354270

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 2556A MODEL: Toyota
 b) DRIVER'S NAME: FRANCIS
 c) NRIC/FIN/PASSPORT: CONTACT: 9003015

email = djoannafam@gmail.com


VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2672142C




Name
LAM YEE NGON
林汝安
Race
CHINESE
Date of Birth
24-09-1967 Sex
M
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE
S2672142C



Name
LAM YEE NGON
Birth Date
24 Sep 1967
Issue Date
07 Feb 2004



8140000



NRIC No: **S2672142C**



Nationality
MALAYSIAN
Blood Group Date of issue
O+ **19-06-1997**

APT BLK 489C CHOA CHU KANG AVENUE 5 #14-229
SINGAPORE 683489
NRIC No: **S2672142C** Date: **24/08/2016**


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

Class 2B Motorcycles not exceeding 300 cc
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Issue Date
07 Feb 2004
07 Feb 2004

UP 425A

Licence No: **S2672142C**





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.

5 Anson Road #15-00 Springhill Tower Singapore 079908
Tel: 6222 6111 Fax: 6222 1833
Website: www.ctaiping.com
Co. Reg. No. 20020284C

ORIGINAL

ENDORSEMENT

Agency	AN0509A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3088771600
Account	AN0509A	Issued on	16/03/2018 in SINGAPORE	Endorsement No.	SNM183060/2
Client	3112023	Acceptance Date	16/03/2018		
		Effective Date	01/10/2018		

Period of Insurance from 01/10/2017 to 31/03/2019, both dates inclusive

Insured's Name..... LAM YEE NGON
Address..... BLK 499C CHOA CHU KANG AVENUE 5
#14-229
SINGAPORE 683489

Premium	Base Annual Premium	\$52,137.20	
	Less 5% Loyalty Discount	\$5106.86-	
	Less 35% Autosafe Scheme	\$5710.62-	
	No Claim Discount 50.00%	\$5659.86-	
	Promotion Discount	\$5100.00-	
	Total Annual Premium	\$5559.86	Premium Due \$5279.16
			Premium GST \$519.54
			Total Due \$5298.70

Risk No. 001 MOTOR PRIVATE CAR
1. Registration SJD7480L

It is hereby declared and agreed that the period of insurance is extended to expire as above with effect from the effective date.

In consideration of which an additional premium as stated above is due to the Company.

Other terms and conditions remain unchanged.

Signed for and on behalf of the Company

Authorised Signature

SN/HLH5N/HLH5N/ME4856633/NITA PTE LTD