

NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

MA049026662

Date In: 26/02/2019 14:25	Job description	Date & Time Completed	Done by
Ref No: N/A/CIT/9003581/Y	SAS e-filing		
Veh No: SLF1404	E-mail (3-4 hrs, A/C 2 hrs)		
D.O.A: 25/02/2019 18:15	I-Motor Claim Form		
OID: 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: SKX2715C	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:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time:	Action:

26/02/2019	Invoice	Particulars	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$40		
QC Checked by (Engr-In-Charge):	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) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
	ON:			
	*NS: Courtesy Car / Tpt Allowance	\$5		
	*NR: Repair Co-ordination	\$10		
	*NT: Post Repair Inspection	\$25		
	*NB: DV / Collect Excess Coordination	\$3		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: 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	26/02/2019 14:25
Date Of Accident	25/02/2019 18:15
Exact Location Of Accident	BT TIMAH RD B/F BALMORAL RD IN FRONT OF BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1410U
Insured/Policyholder	
Name Of Registered Owner	WONG FUH YONG (WANG FUXIONG)
NRIC No	S7426563D
Email Address	FUHYONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81257323
Alternative Phone No	OTHERS-81257323

Vehicle Particulars

Manufacturer	LEXUS
Model	GS300-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	DMPCSN1659521802
Cover Note Number	

Driver

Name of Driver	WONG FUH YONG (WANG FUXIONG)
NRIC No	S7426563D
Date Of Birth	15/08/1974
Occupation	INDOOR
Date Of Driving Pass	15/02/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81257323
Fax Number	
Contact Number	OTHERS-81257323
Email Address	FUHYONG@YAHOO.COM

Address	35 TAMAN MAS MERAH
Postcode	128164
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	CHAIN COLLISION
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)	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

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	SKX2775C
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VISSER ELINE
NRIC/Passport Number	
Contact Number	96707132
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH3502M
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Vehicle Make/Model/Colour	HYUNDAI GETZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AIZZA MADRID TALADTAD
NRIC/Passport Number	G3125914U
Contact Number	98908648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

26/2/2019 0940H

Driver's Signature

(If driver is not the policyholder)

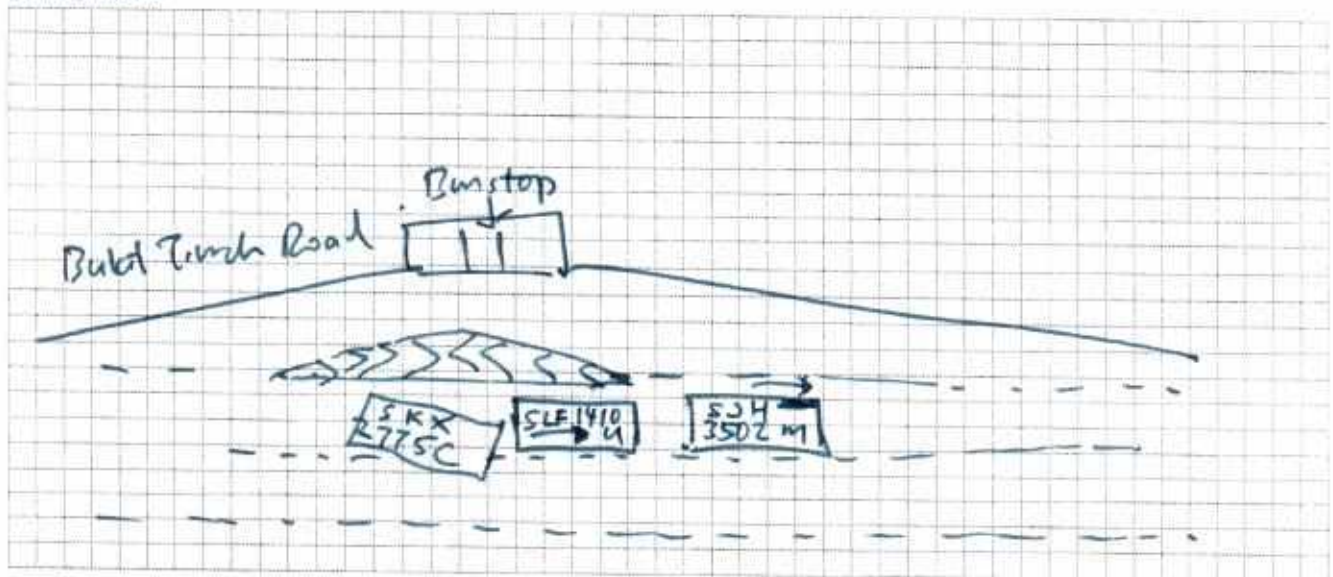
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 25/5/2019 1815H, I was travelling along Bukit Timah Road towards
 Balmore Road. Weather was clear, road was dry, traffic was
 heavy. I was ~~inching~~ inching along the road behind SJH 3502 M
 when suddenly I felt a heavy impact from the back. I attempted
 to brake ~~but~~ and managed to stop most of the forward
 momentum but not before I topped out the back of SJH 3502 M.

I exited the car and noted that SKX 2775C driven by a
 young Caucasian lady has collided with the back of the
 car. The lady driving the Getz came out shortly after.
 Neither of the drivers ~~appeared~~ appeared to be ~~badly~~ hurt.
 All cars remained at their terminal location. The "boyfriend"
 of SKX 2775C came by to exchange information.
 Photos were taken and identification exchanged. I left the
 scene of the accident after confirming that all parties are
 okay.

DECLARATION

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

Policyholder's Signature
 Date & Time: 26/2/19

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: 25, 2, 2019 (DD/MM/YYYY). TIME: 18.15 (HH:MM) in front of
LOCATION: Bukit Timah Road, before Balmoral road Bus stop

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLF1410U
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSN1659521802
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: LEXUS GS300
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: WONG FUH YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7426563D CONTACT: 81257323
c) ADDRESS: 35 TAMAN MAS MERAH
SINGAPORE 128164

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: WONG FUH YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7426563D CONTACT: 81257323
c) ADDRESS: 35 TAMAN MAS MERAH
SINGAPORE 128164

* d) DATE OF BIRTH: 15/8/1974 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKX2775C MODEL: MERCEDES
b) DRIVER'S NAME: Visser Elme
c) NRIC/FIN/PASSPORT: CONTACT: 96707132

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SJH 3502M MODEL: Hyundai Getz
e) DRIVER'S NAME: AIZZA MADRID TALADTAN
f) NRIC/FIN/PASSPORT: G31259144 CONTACT: 98908648

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = fuhyong@yahoo.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7426563D



Name
WONG FUH YONG
(WANG FUXIONG)
王 菰 雄

Race
CHINESE

Date of birth
15-08-1974

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7426563D

WONG FUH YONG (WANG FUXIONG)

Birth Date 15 Aug 1974

Issue Date 27 Feb 2003



384333




NRIC No. S7426563D

Date of issue
01-12-2004

35 TAMAN MAS MERAH
SINGAPORE 128164

NRIC No: S7426563D


Date: 27/08/2015

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
15 Feb 2002

Licence No: S7426563D



NP 428A

ORIGINAL

THE SCHEDULE

Agency	BR0085A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN1659521802
Account	BR0085A	Issued on	19/10/2018 in SINGAPORE	Replacing Policy no.	DMPCSN1659521701
Client	3113102	Acceptance Date	19/10/2018		

Period of Insurance from 18/11/2018 to 17/11/2019, both dates inclusive

Insured's Name	MR WONG FUH YONG
Address	35 TAMAS MAS MERAH SINGAPORE 128164

Business/Occupn... DOCTOR

Premium	Base Annual Premium	S\$2,644.00	
	Less 10% Loyalty Discount	S\$264.40-	
	Less 20% Autosafe Scheme	S\$475.92-	
	No Claim Discount 50.00%	S\$951.84-	
	Incentive Discount 10%	S\$95.18-	
	Total Annual Premium	S\$856.66	Premium Due S\$856.66
			Premium GST S\$59.97
			Total Due S\$916.63

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE: 18/11/2009		
1. Registration	SLF1410U	Make/Model	LEXUS GS300 AUTO
Type of Cover	Comprehensive	No. of seats	5
Engine No.	3GR0271522	Capacity cc's	2995
Chassis No.	JTHRH96S905066501		Yr of Manuf/Regn 2009/2009
			Certificate Ref. MX1E
Sum Insured..Market value at the time of loss			
Named Drivers Ex Sect. I	S\$1,500.00		
Additional Ex Other than Named Drivers:			
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\$100.00		
Named Drivers THE INSURED	HO SU LIN EVELYN		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)

Notwithstanding anything contained to the contrary, we will waive up to the first S\$1,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our Authorised Workshops as per Certificate of Insurance Card attached.

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