

# NATIONAL Assessment Centre Services

Date In: 05/04/2019 15:42	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19006074/K4	SAS e-filing		
Veh No: PC5106R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 17/01/2019 10:35	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SLG4246C 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%. F: 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

NA1902471	<b>Invoice Preparation Checklist</b>		Am't (\$) In 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	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 willful 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	05/04/2019 15:42
Date Of Accident	17/01/2019 10:35
Exact Location Of Accident	MACPHERSON ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC5106R
Insured/Policyholder	
Name Of Registered Owner	M/S ATREX ENGINEERING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93872659
Alternative Phone No	OFFICE-93872659
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3063951800
Cover Note Number	
Driver	
Name of Driver	NG HWEE CHUAH
NRIC No	S6903736D
Date Of Birth	30/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1987
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872659
Fax Number	
Contact Number	OTHERS-93872659
EEmail Address	NOEMAIL

Address	BLK 954 HOUGANG AVENUE 9 #05-528
Postcode	530954
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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)	2

#### 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

PLS REFER TO THE ATTACHED 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	SLG4246C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97364088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

X

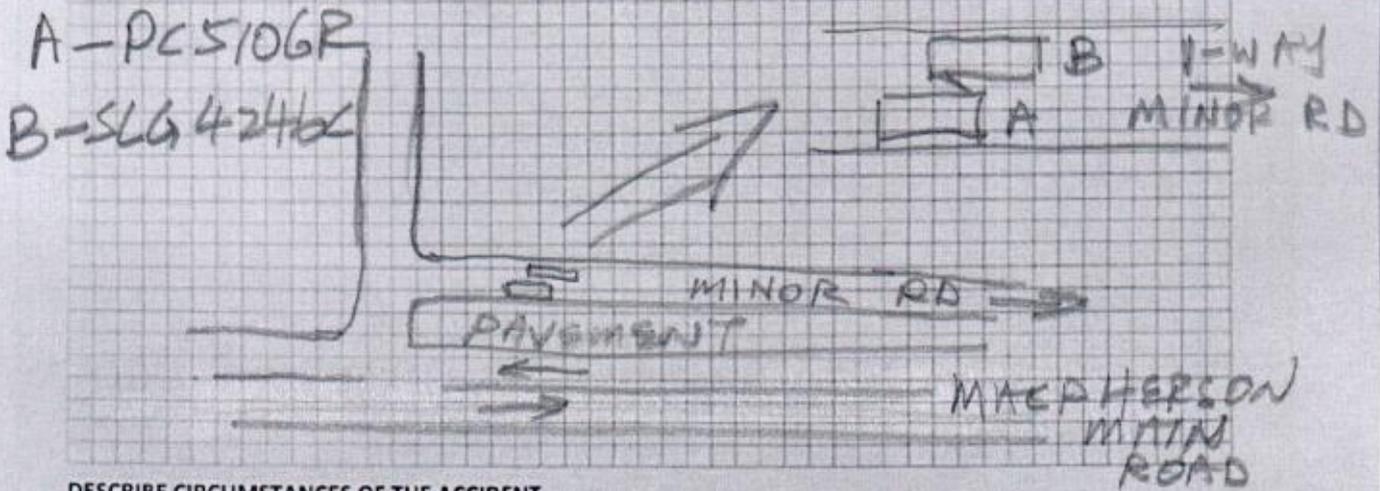


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17 JAN 2019 @ 1035 HRS I'VE PARK ALONG MINOR ROAD (1-WAY) AND MY PASSENGER PREPARE TO ALIGHT TO DROP CHECKQUE TO LUB BANK.

AS SHE OPEN THE DOOR <sup>TO ALIGHT</sup> NOT NOTICING VEHICLE-B WAS COMING IN FROM HER SIDE, THE OPENED SCRATCHES THE VEHICLE-B REAR RIGHT SIDE AFTER THE REAR DOOR.

VEHICLE-B DRIVER MR BRANDON NG FROM KEUWE HAIR COSMETICS SAID THE IT WAS A RENTAL VEHICLE BY HIS OFFICE. I TRIED TO CONTACT THE PERSON-IN-CHARGE BUT IN VAIN.

DECLARATION

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

X  
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.:

5/4/2019

Reported on 5/14/2019 @ 15:30 HRS.

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/2019) (DD/MM/YYYY), TIME: (10:35) (HH:MM)

LOCATION: MACPHERSON ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC5106R
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93872659
- c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: SLG4246C MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97364088

### 9. THIRD PARTY VEHICLE

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

\* No of passenger (including dr) (2)

\* No of passenger (including dr) (-)

\* No of passenger (including dr) (-)

email = andre@atrex.com.sg ✓

fax = driver told.

CTF Insurance ask to reports.

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S6903736D



Name  
 NG HWEE CHUAH

黄惠泉

Race  
 CHINESE

Date of Birth  
 30-01-1969

Sex  
 M

Country of Birth  
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE  
 S6903736D



NG HWEE CHUAH

Valid From: 30 Jan 1969  
 Valid Until: 29 Aug 2009



0 1 4 9 3 3 9



NRIC No. S6903736D



Blood Group  
 O+

Date of issue  
 01-11-1991

APT BLK 954 HOUGANG AVENUE 9 #05-628  
 SINGAPORE 530954

NRIC No. S6903736D Date: 12-04-1999 Max: 1900307

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tricycles the weight of which unladen does not exceed 7500 kilograms

EXPIRES DATE  
 30 Oct 1997

NP 428A

License No: S6903736D



Email: andre@atrex.com.sg ✓

**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.	DMB1SN3063951800	Engine No :65195033621141
		Chassis No:WDF44781523200079
1. Index Mark and Registration Number of Vehicle	PC5106R	
2. Name of Policy Holder	M/S ATREX ENGINEERING PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 OCTOBER 2018	EX SECT. I .....S\$2,000.00 EX SECT. II .....S\$3,000.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	25 OCTOBER 2019	
5. Persons or Classes of Persons entitled to drive *		

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR 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 ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* 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