

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTE19006654/13	SAS e-filing		
Veh No: SMD4631C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/04/19 1245	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: (UNIMOTOR	Tel:	Fax:
TP Particulars:	Veh No: FBG8517M	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

NA1902825	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT : 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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N=INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	15/04/2019 11:32
Date Of Accident	12/04/2019 12:45
Exact Location Of Accident	HOUGANG AVE 9 TURNING INTO YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4631C
Insured/Policyholder	
Name Of Registered Owner	CHARLES JOEY TAN
NRIC No	S9222076A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91255577
Alternative Phone No	OTHERS-91255577

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	DMPCSN3061411800
Cover Note Number	

Driver

Name of Driver	CHERMAINE NG
NRIC No	S9510022H
Date Of Birth	20/03/1995
Occupation	INDOOR
Date Of Driving Pass	01/03/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94237531
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 920 HOUGANG STREET 91 #15-09
Postcode	530920
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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
Passenger 1	NAME: : JAIME 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

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	FBG8517M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN

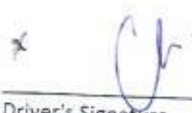
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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6. 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:

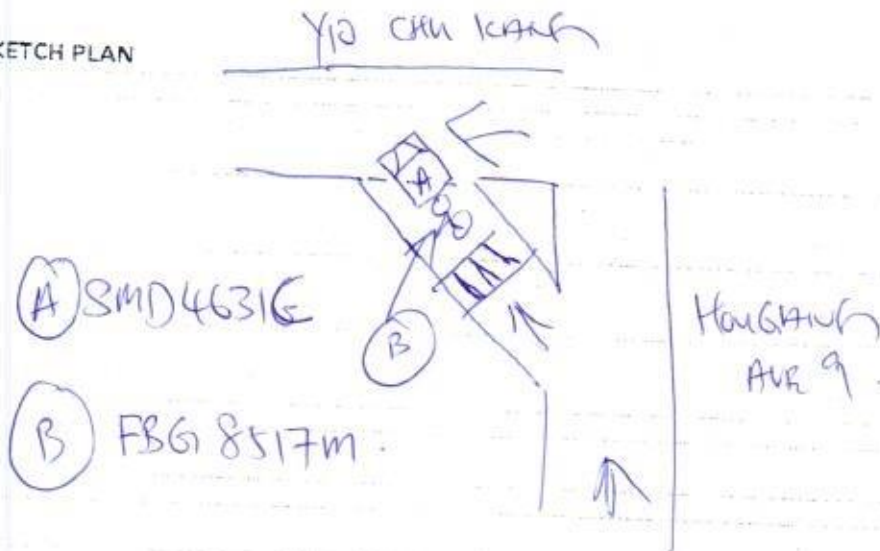
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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:

 15/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAFFIC CLEAR AT YIO CHU KANG ROAD SO I
 START TO DRIVE OUT FROM THE STOP LINE. AFTER A ~~FEW~~ ^{FEW} SECONDS
 A MOTORCYCLE ~~DID NOT~~ FROM MY REAR HIT ONTO MY CAR (A)
 REAR PORTION.

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.:

NOTICE OF REPORTING

This is to confirm that NRIC/FIN S9510022H residing at Blk 920 Hougang Street 91 #15-09, has reported to the Police a non-injury traffic accident which occurred at on 12/04/2019 at 1245hrs involving the following vehicles: SMD4631C Toyota Wish Dark Grey in Colour and FBG8517M Dae Lim Grey in colour. Location is filter lane of Hougang Ave 9 turning in to Yio Chu Kang Road.

2 If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Aloysius

Date: 12/04/2019

Time: 2124hrs

S/D Ref: 85

Police Post/Unit: Geylang NPC

Geylang NPC
No. 132 Paya Lebar Road
Singapore 409014
Tel: 1800-8486999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

VEHICLE NO: SMD4631C

MAKE & MODEL: Toyota Wish.

DATE OF ACCIDENT	12 / 04 / 19
TIME OF ACCIDENT	1245 AM (PM)
LOCATION OF ACCIDENT	Hougang Ave 9 turning in to Y10 CHO
Exact Purpose use during accident	+ ICAH ROAD
NAME OF OWNER	CHARLES JOEY TAN
TELP NO	91255577
NRIC	S9222076A
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
INSURANCE CO.	CHINA TAIPIING
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	DMPC SN3061411800
NAME OF DRIVER	As above / <u>If No.</u> CHARMAINE NG
NRIC	S95100224
DATE OF BIRTH	20 / 03 / 1995
OCCUPATION	Outdoor / <u>Indoor</u> JANE JAMES (F)
DATE OF DRIVING PASS	01 / 03 / 2018
GENDER	Male / <u>Female</u>
CONTACT NO.	94237531
ADDRESS	Office. Home.
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No. BIK 920 HOUGANG ST 91 # 15-09 S530920
RELATIONSHIP	Employee / If No. FRIENDS
WEATHER CONDITION	<u>Clear</u> / Raining / Other.
ROAD SURFACE	<u>Dry</u> / Wet / Other.
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / <u>If yes</u> , Where? GRYLANK NPC
VEHICLE B NO.	FRG 8517 M
NAME	Any Passenger.
CONTACT NO.	
VEHICLE C NO.	
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
ANY WITNESS	Any Passenger.
WITNESS CONTACT NO.	NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	NO
	YES / <u>NO</u>
PARTICULAR WORKSHOP	
TELP NO	UNIMOTOR CO
CONTACT PERSON	FAX: 67472373
FAX NO.	unimotorco@singtel.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9510022H**
 Name: **CHERMAINE NG**
 Birth Date: **20 Mar 1995**
 Issue Date: **01 Mar 2018**

002778389C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9510022H



Name: **CHERMAINE NG**
 黄诗媚
 Race: **CHINESE**
 Date of birth: **20-03-1995** Sex: **F**
 Country of birth: **SINGAPORE**

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

Class 24 Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE

01 Mar 2018



NRIC No. **S9510022H**



Date of issue
20-07-2010

Address
APT BLK 920 HOUGANG STREET 91
#15-09
SINGAPORE 530920

Phosphorus is a critical nutrient for plant growth and is a key component of many agricultural fertilizers. However, phosphorus is also a major pollutant of water bodies, leading to eutrophication and algal blooms. The development of phosphorus-efficient plant varieties is a key strategy for reducing phosphorus fertilizer use and mitigating environmental impacts. This paper reviews the current state of research on phosphorus-efficient plant varieties, focusing on the genetic and molecular mechanisms underlying phosphorus efficiency. The review highlights the importance of root architecture, nutrient uptake, and internal nutrient use efficiency in determining phosphorus efficiency. It also discusses the challenges and opportunities for developing phosphorus-efficient plant varieties, including the need for further research on the genetic and molecular mechanisms underlying phosphorus efficiency and the development of breeding strategies that can effectively incorporate phosphorus efficiency into crop varieties.