

# NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 23/04/19	Job description	Date & Time Completed	Done by
Ref No: NAKTE19007139/13	SAS e-filing		
Veh No: SJV5398K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/04/19 1840	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: ( LEE BROTHERS )	Tel:	Fax:
TP Particulars:	Veh No: 5LG7133D	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


NA1903008

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 2/3:

## Invoice Preparation Checklist

- |   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---|----------------------|----------------------|
| 1) AR: Accident Reporting (\$30);               |                      |                      |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| 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:-                   |                      |                      |
| OD*   |                      |                      |
| *N5: Courtesy Car / Tpt 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: 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	23/04/2019 16:07
Date Of Accident	20/04/2019 18:40
Exact Location Of Accident	RAFFLES AVE TWDS STAMFORD RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5398K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY JI XIANG
NRIC No	S8423400A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92375967
Alternative Phone No	OTHERS-92375967

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	DMPCSN3089931901
Cover Note Number	

#### Driver

Name of Driver	TAY JI XIANG
NRIC No	S8423400A
Date Of Birth	08/08/1984
Occupation	INDOOR
Date Of Driving Pass	15/09/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92375967
Fax Number	
Contact Number	OTHERS-92375967
EMail Address	NOEMAIL

Address	BLK 319C ANCHORVALE DRIVE #12-52
Postcode	543319
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	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

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	SLG7123D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROY MATTHIAS WONG CHEE WAH
NRIC/Passport Number	
Contact Number	98382087
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.

Policyholder's Signature  
Date & Time:

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

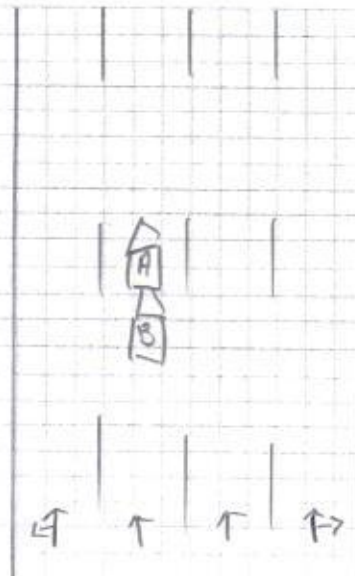
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Raffles Ave towards  
Stamford Road

(A) - SJU 53981

(B) - SLG 71230



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the above mention Road. As  
the traffic stopped I followed. out of the sudden I felt an  
Impact from the rear. I came down and realise vehicle B hit onto  
me. We manage to exchange details and left.

## 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.:



VEHICLE NO: SJ05398K.

MAKE &amp; MODEL: Toyota Camry.

waiting  
CI

DATE OF ACCIDENT	20 / 4 / 2019.	
TIME OF ACCIDENT	1840 AM / PM.	
LOCATION OF ACCIDENT	Raffles Ave towards Stamford road.	
Exact Purpose use during accident	personal use.	
NAME OF OWNER	Tay Si Xiang	
TELP NO.	9237 5967.	
NRIC	S5423400H.	
CLAIM TYPE	OD / Third Party / Reporting Only	
INSURANCE CO.	Ching	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPC SN 308 993 1901.	
NAME OF DRIVER	As above / If No:	
NRIC	Any Passenger: 0	
DATE OF BIRTH	08 / /	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	15 / 09 / 2007.	
GENDER	Male / Female	
CONTACT NO.	Office: Home:	
ADDRESS	B/S9C Anchorvale Drive #12-52 3C543319).	
DRIVER OWN ANY VEHICLE	No / Yes (Reg No):	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Others,	
ROAD SURFACE	Dry / Wet / Others,	
ANY INJURIES	No / Yes (Who?):	
CONTACT NO.		
POLICE REPORT	No / Yes (Where?):	
VEHICLE (B) NO.	S267123D	Any Passenger
NAME	Ray Matthias Wong	Unknown.
CONTACT NO.	9838 2087.	
VEHICLE (C) NO.		Any Passenger
VEHICLE (D) NO.		Any Passenger
VEHICLE (E) NO.		Any Passenger
VEHICLE (F) NO.		Any Passenger
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	Lee Brothers Automotive Pte Ltd	
ADDRESS	1 Kakit Bukit Ave 6 #02-47	
	Autobay@Kaki Bukit Singapore 417883	
CONTACT NO.	(O) 6509 5521 (Fax) 6509 5523	
EMAIL	sales@leebrothers.com.sg	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8423400A



Name

TAY JI XIANG

郑吉翔

Race

CHINESE

Date of birth

08-08-1964

Sex

M

Country/Place of birth

SINGAPORE



S8423400A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8423400A

Name

TAY JI XIANG

Birth Date: 08 Aug 1964

Issue Date: 15 Sep 2007



0015291348



NRIC No. S8423400A



Date of issue

15-04-2015

Address

APT BLK 319C ANCHORVALE DRIVE  
#12-52  
SINGAPORE 543319

5454523

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 15 Sep 2007



Licence No: S8423400A

NP 428A



MOTOR PRIVATE CAR R

**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)

ORIGINAL

CERTIFICATE No.

DMPCSN3089931901

Engine No :1AZE153365

ChaNo:MR053BK4107051611

1. Index Mark and Registration

Number of Vehicle

SJV5398K

AUTOSAFE

=====

2. Name of Policy Holder

TAY JI XIANG

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

29 January 2019

Named Drivers Ex Sect. I ..... S\$750.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

28 January 2020

Ex Sect. I - Age &lt;= 25..... S\$3,000.00

Ex Sect. I - Age &gt;= 26..... S\$500.00

\* Age as at date of accident

5. Persons or Classes of Persons entitled to drive\*

EX ON WINDSCREEN ..... S\$100.00

(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

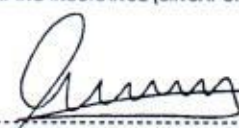
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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.

 Issued By: .....  
 Authorised Officer

  
 .....  
 Authorised Signatory