

# NATIONAL Assessment Centre Services.

(w/ 1 Jan 2008)

MINA469052480

Date In: 24/04/2009 11:36	Job description	Date & Time Completed	Done by
Ref No: NPA/MC/9007189/7	SAS e-filing		
Veh No: SP 5183U	E-mail (Agenda 3hrs, AIC 2hrs)		
D.O.A: 23/04/2009 16:00	1-Motor Claim Form	24/04/2009 16:00	24/04/2009
OID: TP: Reporting Only	1-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Yeh No: SLJ 2854U INC ( ) / Non-INC ( )

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Dates:

Times:

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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

NB/903012

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Additional Comments:

Page 1:

2/3

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$75
7) NI: Idao DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	\$5
• NS: Courtesy Car / TP Allowance	\$10
• NR: Repair Coordination	\$25
• NP: Post Repair Inspection	\$5
• ND: DV / Collect Excess Coordination	\$20
• TE (Nil) / TP (Non-INC)	\$0
9) NI: Idao Mobile	
Invoice dated	
Invoice dated	

Fee Charged

Fee Charged

FOR:



## 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	24/04/2019 11:36
Date Of Accident	23/04/2019 16:00
Exact Location Of Accident	CHANGHI AIRPORT T4 CARPARK A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP5183U
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	DTWTAN@YAHOO.CO.UK
Mobile Phone No	(LOCAL) +65-94525023
Alternative Phone No	OFFICE-94525023
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104142597
Cover Note Number	
Driver	
Name of Driver	DAVID TAN TIAN WEE (DAVID CHEN TIANWEI)
NRIC No	S7621877C
Date Of Birth	22/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94525023
Fax Number	
Contact Number	OTHERS-94525023
EMail Address	DTWTAN@YAHOO.CO.UK

Address	BLK 755 YISHUN STREET 72 #11-232
Postcode	760755
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SLJ2854U
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JINGWEI
NRIC/Passport Number	S8220756B
Contact Number	88288111
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.



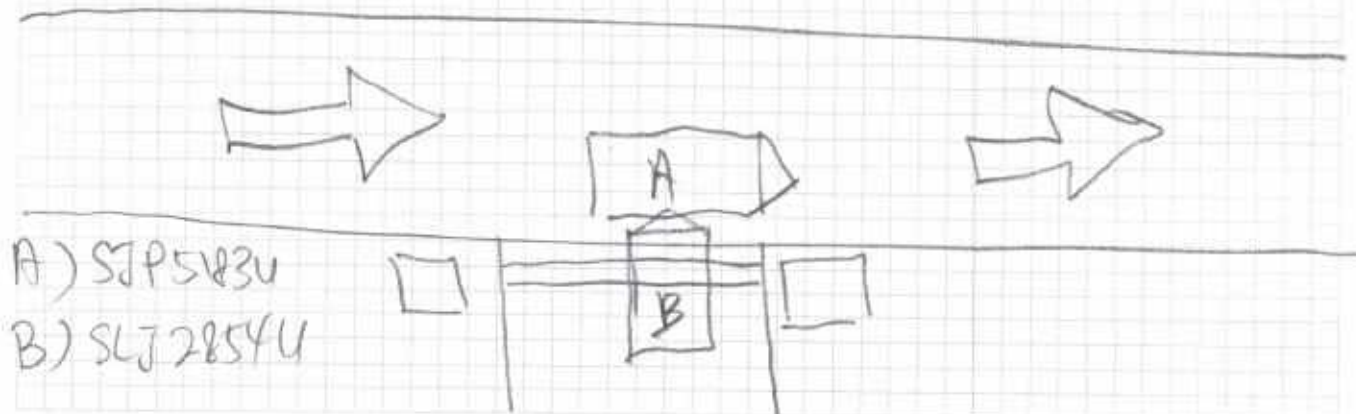
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/4/19 1023

Reporting Centre Personnel's Signature  
Name: Roski Liat/03  
NRIC/FIN No.:

# SKETCH PLAN

CHANGI AIRPORT T4 CARPARK A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 1600 hrs on 23/4/19, I had just entered Changi Airport Terminal 4 Car Park A heading straight towards the Arrived Hall. Barely about 5m into the carpark, I felt a sudden impact on my car and I saw a red colour car stopping behind me on the right side.

## 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: 24/4/19 1023 hrs

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

rsbm

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**From:** Desmond Foo Guo Hui <desmond.foogh@income.com.sg>  
**Sent:** Thursday, 25 April, 2019 2:12 PM  
**To:** LKK Bukit Merah  
**Subject:** RE: ACCIDENT ON 23042019  
**Attachments:** SJP5183U\_23042019.pdf

Hi Rosli

You may quote, MT/1041690 001 when billing us.

**Desmond Foo**  
Assistant Manager, Motor Insurance  
T +65 6430 7976  
[www.income.com.sg](http://www.income.com.sg)

 **income**  
made different



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**Find out more at [income.com.sg/careers](http://income.com.sg/careers)**

**in** with you

**From:** LKK Bukit Merah [<mailto:rsbm@lkkauto.com>]  
**Sent:** Wednesday, 24 April 2019 11:56 AM  
**To:** Desmond Foo Guo Hui <desmond.foogh@income.com.sg>  
**Subject:** ACCIDENT ON 23042019

Hi Sir the above mention gia cannot log into the ebao system thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the

recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 4 / 2019 (DD/MM/YYYY). TIME: 1600 (HH:MM)

LOCATION: Changi Airport - 14 Car Park A

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 5183U  
 b) INSURANCE COMPANY: INROM  
 c) POLICY NUMBER: 3104142597  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Avante  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 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: PANG'S MOTOR RENTAL PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: David Tan Tan Wei (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7621877C CONTACT: 94325023  
 c) ADDRESS: BK 755 #11-232 Yuhm Y 72 S760755

\* d) DATE OF BIRTH: 22 / 07 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3/3/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: S252854U MODEL: Honda Shuttle  
 b) DRIVER'S NAME: Lim JIN WEE  
 c) NRIC/FIN/PASSPORT: S820756B CONTACT: 8028011

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = dtwtan@yahoo.co.uk  
 VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7621877C



Name

DAVID TAN TIAN WEE  
(DAVID CHEN TIANWEI)

陈天威

Race  
CHINESE

Date of birth 22-07-1976 Sex M

Country of birth  
SINGAPORE

S7621877C



3920423

NRIC No. S7621877C



Date of issue  
08-09-2006

Address

APT BLK 755 YISHUN STREET 72  
#11-232  
SINGAPORE 760755

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7621877C

Name

DAVID TAN TIAN WEE  
(DAVID CHEN TIANWEI)

Birth Date 22 Jul 1976

Issue Date 09 Jan 2015



0023643808

SG  
50

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 03 Mar 2008

NP 428A



Licence No: S7621877C

## 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 Number: 5104142597

Cover : Third Party

- |  |                                 |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP5183U                      |
| Chassis Number                                   | : KMHU41BR9U725066              |
| 2. Name of Policyholder                          | : PANG'S MOTOR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance                   | : 03 Jan 2019                   |
| 4. Expiry Date of Insurance                      | : 02 Jan 2020                   |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : SININS AGENCY PTE. LTD. (00000615123)

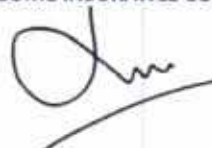
Date of Issue : 24 Sep 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive