

# NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 119081880.

Date In: 24/6/19 14:37	Job description	Date & Time Completed	Done by
Ref No: NMA 572 190 11069164	SAS e-filing		
Veh No: 58x 338 B	E-mail (within 3hrs, AIC 2hrs)		
DDA: 21/6/19 03:45	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/Whse		

Preferred Wksp / INC Assgn Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SHA 3398H 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: (INC/Non-INC/OD/TP/NO/TP)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( ) Actions: ( )

( )

( )

( )

( )

( )

( )

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( )

( )

NMA 1904678

Client's Particulars:	Invoice Preparation Checklist	Am. (\$)	Gr. Am. (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Ref. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (Inc in 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	24/06/2019 14:37
Date Of Accident	21/06/2019 03:45
Exact Location Of Accident	PUNGGOL FIELD TWDS EDGEDALE PLAINS INFRT BLK 196
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX338B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SWEE TONG
NRIC No	S1494341B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98326455
Alternative Phone No	OFFICE-98326455

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
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	DMPCSN3008311902
Cover Note Number	-

### Driver

Name of Driver	GOH YANG KENG
NRIC No	S9448950D
Date Of Birth	27/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87534055
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 741 WOODLANDS CIRCLE #09-423
Postcode	730741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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 ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3398H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	91885625
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN


VEHICLE NO.: SBX 338 B  
INSURER : CHINA TAIPING  
DATE & TIME: 21/06/2019 1116 HRS


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:

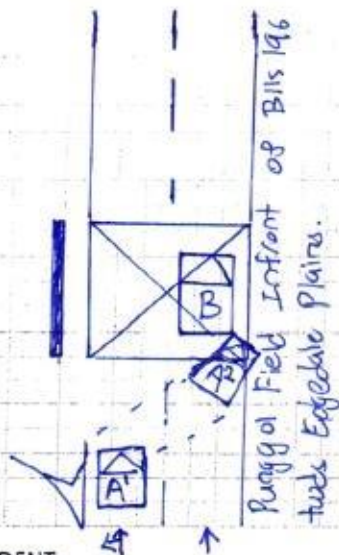
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A => SBX338B  
B => SHA3398H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated time and date, I vehicle A (SBX338B) was travelling along the stated venue. Suddenly, vehicle infront of me brake, I then change to Lane 1 and collided onto vehicle B (SHA3398H) rear right bumper.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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.:

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



Particular of Insured / Driver & Details of the Accident

Infront Blk

(Pls circle where applicable)

Location of Accident: Punggol Field lands Edgevale Plains, 146 Punggol Field Date & Time of Accident: 21/06/2019 0345HRS  
Purpose when vehicle was used at the time of accident: Private (Going Home)  
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SBX338B Make / Model: Toyota Altis  
Vehicle Category: Sedan  
Claiming Own insurance: YES ☒ NO ☐ If No, Reporting only / Third Party Claim  
Name of Preferred workshop: \_\_\_\_\_ Contact: \_\_\_\_\_

Insured / Policy Holder

Name of Registered Owner: Goh Swee Tong NRIC: S14943413  
Address: Blk 741 Woodlands Circle #09-423 Singapore 730741  
Mobile No: 9832 6455 Other Contact: Home No. / Office / Others: \_\_\_\_\_  
Email: \_\_\_\_\_

Driver

Name of Driver: Goh Yang Keng NRIC/ Fin: S9448950D  
Driving License Pass Date: 24/01/2017 DOB: 27/12/1994  
Address: Blk 741 Woodlands Circle #09-423  
Occupation: INDOOR / OUTDOOR Mobile No: 8753 4055  
Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: \_\_\_\_\_  
Email: starance94@gmail.com  
Driver an employee: YES / NO If no, what is relationship with the policyholder: Father  
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐ Policy Number: DMPGSN3008311902 Type of Coverage: Comprehensive

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_  
Weather Conditions: CLEAR / RAINING / OTHERS: \_\_\_\_\_  
Road Surface: DRY / WET  
Any video captured by car camera?: YES ☒ NO ☐ \*Any witness?: YES ☒ NO ☐  
Any police report made: YES ☒ NO ☐ \*Injured party: YES ☒ NO ☐ (\*If Yes, pls provide name & tel)  
**For Injured Party details, it must be supported by police report**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Reference: **S9448950D**

Name: **GOH YANG KENG**

Birth Date: **27 Dec 1994**  
Issue Date: **24 Jan 2017**

002650776A

*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9448950D**

Name: **GOH YANG KENG**

吴延庆

Race: **CHINESE**

Date of birth: **27-12-1994** Sex: **M**

Country of birth: **SINGAPORE**

S9448950D

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

**EFFECTIVE DATE**

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **24 Jan 2017**

*For LKK/NAC Use Only*

Licence No: **S9448950D**

NP 428A

4415270

**NPIC No: S9448950D**

Date of issue: **05-06-2009**

Address: **APT BLK 741 WOODLANDS CIRCLE  
#09-423  
SINGAPORE 730741**





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 20020834E

MX1F

R SN

AN0421A

Cov.Type: C

MOTOR PRIVATE CAR

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3008311902

Engine No : 3ZZ4541872

Chano:MR053ZEC107111904

1. Index Mark and Registration  
Number of Vehicle

SBX338B

AUTOSAFE

2. Name of Policy Holder

GOH SWEET TONG

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

24 January 2019

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

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 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. : LAKE VIEW CREDIT PTE LTD 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: ..... VITESSE SOLUTIONS .....  
Authorised Officer

Authorised Signatory





GOM SWEE TONG

吳瑞忠

Race

CHINESE

Date of Birth

23-12-1961

Sex

M

Country of Birth

SINGAPORE





2309525

NRIC No S1494341B



Blood Group: O+ve of issue

B+ 1-00-1994

4. MANDARIN (CHINESE) 2011-2012

Date: 11-11-1997

No: 2309525