

NATIONAL Assessment Centre Services

(with 1 Jaring)

MYA/09107054

Date In: 16/08/2019 16:50	Job description	Date & Time Completed	Done by
Ref No: NBR/ST/190142364	SAS e-ling		
Veh No: SLK 6001L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/2019 15:50	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 in Owner/Whse		

Preferred Wksp / HNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLK 8549K	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: (\$	Landing: \$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 handling: 0788 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

NA/906212	Invoice Preparation Checklist:	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$20	
Additional Comments:	For claimant against INC Only (waf 10 Jan 2019)		
Cal. 1:	6) TR: Re-inspection	\$75	
Cal. 2/3:	7) NI: (da DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	1211		
	*NB: Courtesy Car / Tpi Allowance	\$5	
	*NB: Repair Co-ordination	\$10	
	*NB: Post Repair Inspection	\$25	
	*NB: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (N-in INC) against INC	\$20	
	9) N12: Idle Mobile	\$10	

Invoice date:	Pen Charged
Invoice date:	Pen Charged

07-MAY-2019 18:39

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	15/08/2019 16:50
Date Of Accident	14/08/2019 15:50
Exact Location Of Accident	T-JUNCTION OF BT PANJANG RD AND PENDING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6009L
Insured/Policyholder	
Name Of Registered Owner	LIM LI LIAN
NRIC No	S7313088C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88687696
Alternative Phone No	OTHERS-88687967

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	DMPCSN3055551900
Cover Note Number	

Driver

Name of Driver	WONG YONG WEI
NRIC No	S8204572D
Date Of Birth	05/02/1982
Occupation	INDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88687696
Fax Number	
Contact Number	OTHERS-88687967
Email Address	NOEMAIL

Address	BLK 172 GANGSA ROAD #09-18
Postcode	670172
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190814/2187

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	SLL8589K
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK SER BEE
NRIC/Passport Number	S2095760C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP5025U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG YONG WEI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLK6009L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

15/8/19
1712hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190814/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 21:18	Vide Report No.: J/20190814/0013	Station Diary No.: 119
Informant's Particulars		
Name of Informant: WONG YONG WEI		Address: APT BLK 172 GANGSA ROAD #09-18 SINGAPORE 670172
ID Type / ID No.: NRIC NO / S8204572D		Contact No.: Home/Office: Mobile: 88687697
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 37	Date of Birth: 05/02/1982
Type of Informant: Driver		Institution / School Name:
Race: Chinese		Language: English
Occupation: salesman		Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2019 15:50	Type of Location: T-Junction
Location: Along Road 1 BUKIT PANJANG ROAD				
Along Bukit Panjang rd, towards Chua chu kang. At the T-Junction of Bukit panjang ring rd, Pending rd.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK6009L	Car	TOYOTA	AXIO	Brown	Seriously Damaged	0
SLL8589K	Car	MAZDA	3	Blue	Totally Damaged	0
SLP5025U	Car	MAZDA	3	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190814/2187

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK6009L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG YONG WEI		ID No.	S8204572D
Related Vehicle	SLK6009L (Car)		Contact No.	88687697
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Quek Ser Bee		ID No.	S2095760C
Related Vehicle	SLL8589K (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON 14/08/2019 at about 1550hrs, I was driving along bukit panjang rd on my way back home (B/ 172 Gangsa rd #09-18) from work. I then stop my vehicle at the T-junction of bukit panjang road, Pending rd and bukit panjang ring rd as the Traffic lights was on red. I then stop behind the vehicle of (SLP5025U), which I had kept a safe distance between my vehicle (SLK 6009L). Shortly after, a vehicle (SLL8589K) own by Quek ser bee, S2095760C, Crash into the my back bumper which cause my car to hit the the vehicle in front of me. My car back bumper and hood was dented, my left tail-lights cover shattered. my back plate number drop and was damaged and my front plate number is slightly dented. Then Traffic Police and Ambulance was called to scene and help me and the other drivers to settle the situation. I was then informed to lodge a report by the police officers at scene. Then I was brought to Ng Teng Fong General Hospital by ambulance and they nurse informed me that I sustained a back sore and a neck sore. I received three days MC. I was the only one who was injured and the other drivers were not injured. Traffic Police had pass me one case card (J/20190814/0113). My in car camera recorded the entire incident and I had pass it on to the traffic police at scene. There was no witnessed at scene.



**SINGAPORE
POLICE FORCE**



T/20190814/2187

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

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Report No. T/20190814/2187

CONTINUATION OF REPORT



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190814/2187

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SC2 MOHAMED NASRULHAQ BIN MOHAMED
KAMSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

[Handwritten Signature]

Date/Time:

14/08/2019 21:18

Classification Of Case:

Authentication Stamp

NP168



Date of Accident : 14/08/19 Accident Time: 15:50 Hrs (24-HR-FORMAT)
 Accident Place : T-junction of Bukit Panjang Rd and Pending Rd.
 Vehicle Reg. No (Car plate No.) : SLK 6009L.
 Vehicle Make/Model : Toyota Axio
 Insurance Company : China Taiping Policy No. DmPCSn305551900
 Owner or Company Names /IC NO: Lim Li Lian /573130880
 Owner or Company Contact No. : 88687696 Owner's HP _____ Company Tel _____
 DRIVER'S Name & IC no. : Wong Yong wei /5820x5720.
 DRIVER'S Date of Birth : 05/02/1982 DRIVER'S License Pass Date 17 Jan 2007
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 172 Gangsa Road #09-18 (S) 670172
 DRIVER'S Contact No./ Alt No. : 1) 88687697 2) 8868 7696
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Ins
 Number of Passengers (including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

(B) Vehicle Reg No: SL 8589K
 Vehicle Make/Model: Mazda
 Name DRIVER: Quek Ser Bee
 IC No. DRIVER: S20957600
 DRIVER'S Contact & add: _____

(C) Vehicle Reg No: SLP 5025W
 Vehicle Make/Model: Mazda
 Name DRIVER: _____
 IC NO. DRIVER: _____
 DRIVER'S Contact & add: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8204572D

Name: WONG YONG WEI

For LKK/NAC Use Only

Birth Date: 05-Feb-1982

Issue Date: 10-Jun-2009

001751359E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8204572D

For LKK/NAC Use Only

WONG YONG WEI

王永威

Race: CHINESE

Date of birth: 05-02-1982

Country of birth: SINGAPORE

Sex: M

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

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

PASS DATE 17-Jun-2007

For LKK/NAC Use Only

License No: S8204572D

N7428A



442135E



NRIC No. S8204572D

For LKK/NAC Use Only

Date of issue: 09-06-2009

APT BLK 172 GANGSA ROAD #09-1B
SINGAPORE 670172

NRIC No: S8204572D

Date: 07/03/2017

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.	DMPCEN3055551900	Engine No.: 2NR8496332 Chassis No.: NRE1610009439
1. Index Mark and Registration Number of Vehicle	SLK6009L	
2. Name of Policy Holder	MR LIM LI LIAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23 JULY 2019	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	22 JULY 2020	EX OM 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 RACE-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. : KENSO LEASING 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.



Countersigned By:

Authorised Officer

Authorised Signatory