

# NATIONAL Assessment Centre Services

Date In: 04/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19019385/13	SAS e-filing		
Veh No: SKF7673A	E-mail (within 3hrs. MO 2hrs)		
D.O.A: 02/11/19 1510	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: ( NHF )	Tel:	Fax:
TP Particulars:	Veh No: 5465214	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

NA1908469	<b>Invoice Preparation Checklist</b>	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) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$0		
Cat 2/3:	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	04/11/2019 09:23
Date Of Accident	02/11/2019 15:10
Exact Location Of Accident	SENGKANG E DR TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF7673A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR CHEW BOON LEONG
NRIC No	S1685987G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90051699
Alternative Phone No	OTHERS-90051699
<b>Vehicle Particulars</b>	
Manufacturer	CHEVROLET
Model	OPTRA
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3039601900
Cover Note Number	
<b>Driver</b>	
Name of Driver	MR CHEW BOON LEONG
NRIC No	S1685987G
Date Of Birth	18/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90051699
Fax Number	
Contact Number	OTHERS-90051699
EMail Address	NOEMAIL

Address	BLK 113 RIVERVALE WALK #13-45
Postcode	540113
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	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?	YES
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	SH6521G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MR CHEW BOON LEONG
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKF7673A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


## SKETCH PLAN


### IMPORTANT NOTICE

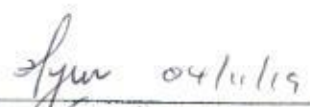
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

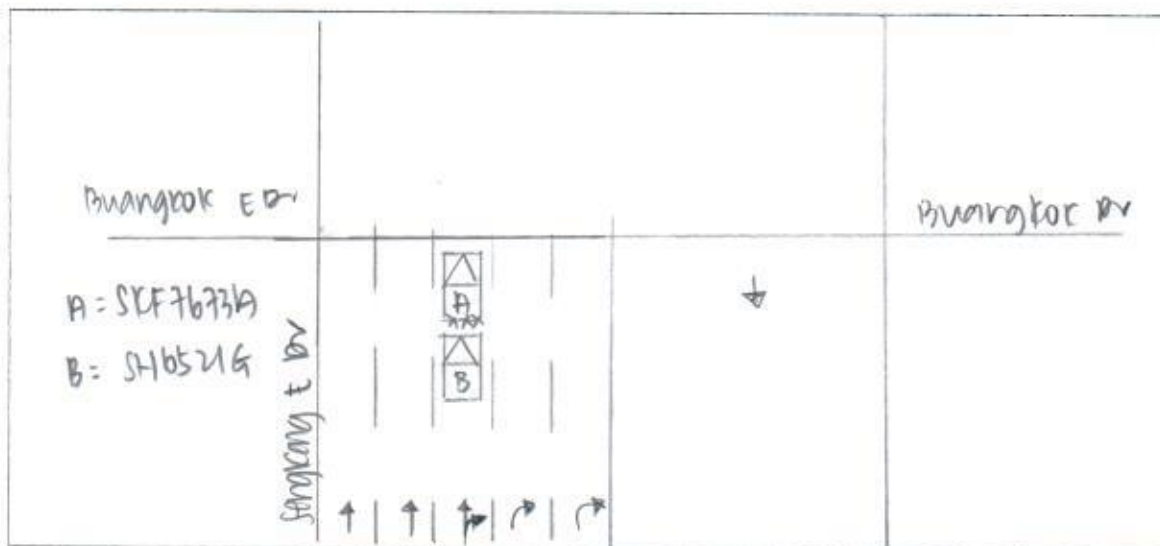
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stopped along sengkang E Dr as traffic light was in red.

Suddenly, I felt an impact. vehicle B hit on the rear portion of my vehicle and caused damages.

## 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:

 04/11/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

VEHICLE NO:	SKF7673A		MAKE & MODEL:	Chevrolet Optra	
DATE OF ACCIDENT	02 / 11 / 2019				
TIME OF ACCIDENT	15:10		AM/PM		
LOCATION OF ACCIDENT	Senggang E or towards Upp Serangoon Rd				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Chew Boon Leong				
TEL NO	90051699				
NRIC	S1685987A				
CLAIM TYPE	CD / <u>THIRD PARTY</u> / REPORTING ONLY				
INSURANCE CO	China Taipei				
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO.	DMPCSN3039601980				
NAME OF DRIVER	<u>As Above</u> / If No:				
NRIC	Any Passengers: <u>NIL</u>				
DATE OF BIRTH	18 / 04 / 1965				
OCCUPATION	<u>Outdoor</u> / Indoor				
DATE OF DRIVING PASS	16 / 01 / 1984				
GENDER	<u>Male</u> / Female				
CONTACT NO.	Office: Home:				
ADDRESS	Blk 113 Rivervale Walk #13-45 C 540113				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	<u>Clear</u> / Raining / Other:				
ROAD SURFACE	<u>Dry</u> / Wet / Other:				
ANY INJURIEES	No / If yes: Who? <u>Chew Boon Leong</u>				
CONTACT NO.					
POLICE REPORT	<u>No</u> / If yes: Where?				
VEHICLE B NO.	SH6521G Any Passenger: <u>NIL</u>				
NAME					
CONTACT NO.					
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.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

## 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.

DMPCSN303F01900

Engine No.: F16D31961271

Chassis No: KL1NA356E8H104821

1. Under Mark and Registration  
Number of Vehicle

SKF 7672A SKF 7673A

2. Name of Policy Holder

MR. CREW BOON LIONG

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

29 MAY 2005  
110137 HOURS  
28 MAY 2006

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

4. Date of Expiry of Insurance

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 FACE-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.: TOKYO CENTURY LEASING (S) 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.

ITRUST PTE LTD

52 FOCH ROAD

#02-02

SINGAPORE 209274

TEL: 6488 9833 FAX: 6286 0295

Email: [itrust@singnet.com.sg](mailto:itrust@singnet.com.sg)

Authorised Officer

Countersigned By

Authorised Signatory