

NATIONAL Assessment Centre Services

Date In: 27/12/19	Job description	Date & Time Completed	Done by
Ref No NA/CTE19022761/13	SAS e-filing		
Veh No SMH6517R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 26/12/19 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: (N-51 Tel: Fax:)

TP Particulars: Veh No: SJA1376K 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time Actions

Date/Time	Actions

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Auditors' Comments :-		
Cat. 1:		
Cat. 2 / 3:		

	Amt (\$) 1st Bill	Amt (\$) 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) NI: 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	27/12/2019 14:58
Date Of Accident	26/12/2019 18:40
Exact Location Of Accident	JURONG WEST ST 93 SLIP RD INTO UPP JURONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6517R
Insured/Policyholder	
Name Of Registered Owner	MR TAY WEE SENG, TERRY (ZHENG WEISHENG)
NRIC No	SXXXX419E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92992323
Alternative Phone No	OTHERS-92992323
Vehicle Particulars	
Manufacturer	AUDI
Model	A6
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	DMPCSN3017801900
Cover Note Number	
Driver	
Name of Driver	MR TAY WEE SENG, TERRY (ZHENG WEISHENG)
NRIC No	SXXXX419E
Date Of Birth	23/05/1986
Occupation	INDOOR
Date Of Driving Pass	03/04/2006
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92992323
Fax Number	
Contact Number	OTHERS-92992323
EMail Address	NOEMAIL

Address BLK 685B JURONG WEST ST 64
#12-165
Postcode 642685
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? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191227/7001

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 SJA1376K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SOH BOON AN
NRIC/Passport Number SXXXX134B
Contact Number 98429262
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MR TAY WEE SENG,TERRY(ZHENG WEISHENG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH6517R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

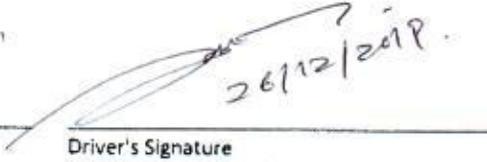
IMPORTANT NOTICE

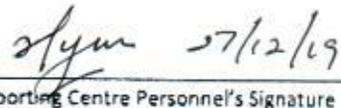
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

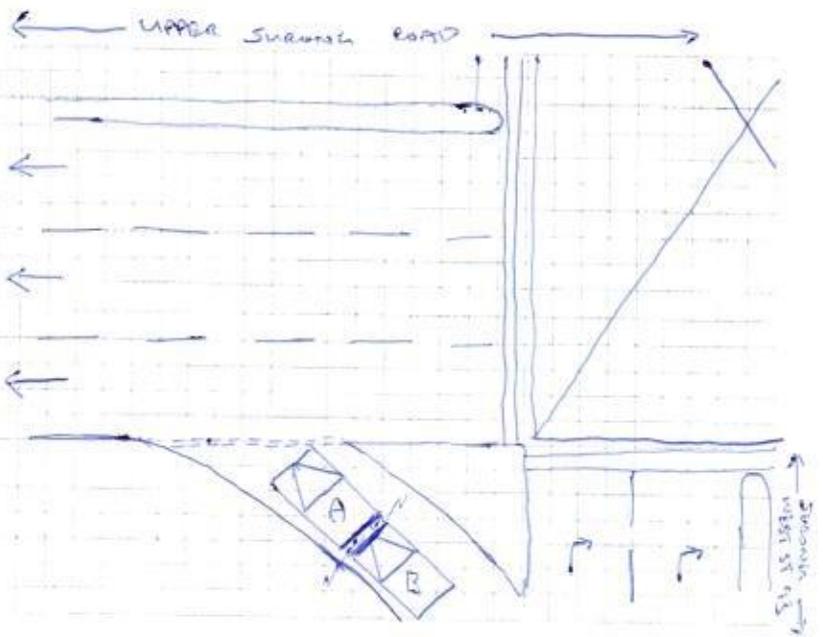

Policyholder's Signature
Date & Time: 26/12/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/12/2019


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

SKETCH PLAN

Vehicle A - SMH 6517R
 Vehicle B - SJA 1376K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Junyong West St 93 and entering into the slip road into Upper Junyong Road, towards Boon Lay Way direction.

While at the slip road, I brake to complete stop at the give way line to give way to the on-going vehicle, which suddenly I felt a great impact from the rear of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate (SJA 1376K) that collided to the rear of my vehicle.

Vehicle A - SMH 6517R
 Vehicle B - SJA 1376K

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 26/12/2019

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 26/12/2019

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2019 00:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAY WEE SENG, TERRY		Address: APT BLK 685B JURONG WEST STREET 64 #15-165 SINGAPORE 642685	
ID Type / ID No.: NRIC NO / S8613419E		Contact No.:	Mobile: 92992323
Nationality: SINGAPORE CITIZEN		Email: terrytay88@gmail.com	
Sex: Male	Age: 33	Date of Birth: 23/05/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/12/2019 18:40	Type of Location: T-Junction
Location: JURONG WEST STREET 93				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA1376K	Car	HONDA	Stream	Brown		0
SMH6517R	Car	AUDI	A6+2.0+TFS I+MU	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH6517R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30178019 00	07/03/2019	06/03/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH BOON AN	ID No.	S9737134B
Related Vehicle	SJA1376K (Car)	Contact No.	98429262
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
Driver			
Name	TAY WEE SENG, TERRY	ID No.	S8613419E
Related Vehicle	SMH6517R (Car)	Contact No.	92992323
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/12/2019	Date Discharge	26/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was driving along Jurong west street 93 and entering into the slip road onto upper Jurong road towards boon lay way direction. While at the slip road, I slow down to a complete stop at the give way line to give way to on going vehicle when I suddenly felt a great impact from the rear of my vehicle. I alighted my vehicle and realized that it was a vehicle with license plate number SJA1376K that has collided onto the rear of my vehicle. After the impact I felt pain and strain on my neck and shoulder area and went on to see a doctor at Mount Alvernia and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20191227/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191227/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
27/12/2019 00:12

Classification Of Case:

Vehicle No.	SMH 6517R	Model / Make	Audi A6
Date of Accident	26/12/2019		
Time of Accident	1840	HRS	
Location of Accident	SLIP ROAD FROM JURONG WEST ST 93 INTO UPPER JURONG ROAD		
Exact purpose use during accident	PRIVATE USE	TOWARD BOON LAY WAY	
Name of Owner	TERRY TAY WEE SENG		
Telephone No.	H/P: 92992323	Home:	Office:
NRIC	S 8613419E		
Address	BLK 685B JURONG WEST ST 64 #15-165 S(642685)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIPING		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMP CSN 3017801900		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	03/04/2006		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	TAY WEE SENG TERRY 92992323		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Traffic Police division.
Vehicle B No.	SSA 1376K	Any Passengers:	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	Terrytay88@gmail.com		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

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.	DMPCSN3017801900	Engine No : CDN331788 Chassis No: WAUZZ24G7DN121140
1. Index Mark and Registration Number of Vehicle	SMH6517R	
2. Name of Policy Holder	MR TAY WEE SENG, TERRY (ZHENG WEISHENG)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07 MARCH 2019 (17:02 HOURS)	NAMED DRIVERS EX SECT. I.....S\$750.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	06 MARCH 2020	EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 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.

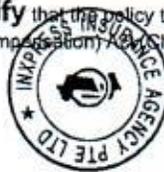
EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT) WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 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. : HL BANK 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.



[Handwritten Signature]

[Handwritten Signature]

Countersigned By: _____
Authorised Officer

Authorised Signatory