

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

MAA 2000 2398

Date In: 06/01/2020 18:08	Job description	Date & Time Completed	Done by
Ref No: NBS/CT/20000327/4	SAS e-filing		
Veh No: SY41996M	E-mail (w/dia 2hrs, AIC 2hrs)		
D.O.A: 05/01/2020 13:05	I-Motor Claim Form		
OID (TP) Reporting Only	I-Motor W/O (with/od 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksn		

Preferred Wkep / INC Assign Wkep / OW: () Tel: () Fax: ()

TP Particulars: Veh No: GBA 509M 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() 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: _____

Date/Time: _____

Claimant: _____	1) All Accident Reporting (\$30)	
Driver/Owner: _____	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No: _____	3) TP: Towing Fee \$40/\$45	
Damaged Portion: _____	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge): _____	5) PF: Follow-Through Survey (Resurvey) \$30	
Author's comments: _____	For claiming against INC Only (ver 10 Jan 2005)	
Ref: _____	6) TR: Re-inspection \$75	
	7) NI: Idco DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	OIL	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil); TP (Non INC) against INC \$30	
	9) N12: Idco Mobile	
	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	06/01/2020 18:48
Date Of Accident	05/01/2020 13:05
Exact Location Of Accident	ALONG WOODLANDS DRIVE 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1996M
Insured/Policyholder	
Name Of Registered Owner	NG CHOON KUAY
NRIC No	SXXXX761A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91832112
Alternative Phone No	OFFICE-91832112

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 X (A)
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	DMPCSN3075241901
Cover Note Number	

Driver

Name of Driver	NG CHOON KUAY
NRIC No	SXXXX761A
Date Of Birth	14/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1991
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91832112
Fax Number	
Contact Number	OFFICE-91832112
Email Address	NOEMAIL

Address	BLK 671 WOODLANDS DRIVE 71 #02-55
Postcode	730671
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 ON 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	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	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200106/2062

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	GBA5509M
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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: NG CHOON KUAY

Approximate Age

Injuries Sustain: SLIGHT INJURY

Injured person in which vehicle?: SJL1996M

Were seat belts worn?: YES

Was this injured conveyed to hospital by ambulance?: NO

Address

Postcode

SKETCH PLAN

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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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

MARK

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05/01/2020 (dd/mm/yy) Time of Accident: 13:05 (24-HR-FORMAT)

Vehicle No.: SJL 1996 M Vehicle Make & Model: Honda Stream 1.8

Exact location of Accident: WOODLANDS DRIVE 71

Policyholder's Name / IC No.: NG CHOON KUAY S7027761A

Driver's Name / IC No.: NG CHOON KUAY S7027761A (As Above)

Driver's Contact No.: 9183 2112 Company Contact No: _____

Driver's Address: 671 WOODLANDS DRIVE 71 #02-55 S730671

Insurance Company: CHINA TAIPING Email address (if any): _____

Relationship between Owner & Driver: OWNER or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____

Gender : _____

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (IF YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (IF YES) Which Police Station: THOMSON NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBA 5509 M

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	GBA5509M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG CHOON KUAY	ID No.	S7027761A
Related Vehicle	SJL1996M (Car)	Contact No.	91832112
Hospital/Clinic	NEO MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06/01/2020 at about 1305hrs, while I was driving my vehicle (SJL 1996M) and was driving near 671A Woodlands drive multi-storey carpark when suddenly a silver lorry (GBA5509M) dashed out from my left and collided head on to my vehicle. I got down from my vehicle to discover that the front right tire of his vehicle caused a dent to the left front of my car bumper. I wish to add that the driver of the silver lorry refused to provide any particulars. I also wish to add that I do not have any in car camera, however there is 1 camera near the multi-storey carpark that might have captured us. I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200106/2062

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20200106/2062

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: E / SC2 SIA KUN YUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2020 12:52
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;">SN 070</div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; display: inline-block;">  SIGNATURE </div>

Officer- In -Charge
Investigation Section
Traffic Police Department
10 Ubi Avenue 3
Singapore 408865

Staff Sgt Wong Sieu Lui
TP/AEIT

Name: Ng Choon Kuay
NRIC No: S7027761A
Add: APT Blk 671 Woodlands Dr
71 #02-55 Singapore 730671
HP: 91832112

Dear Sir/Mdm,

Report of an accident involving SJL1996M and GBA5509M along Woodlands Dr 71 near to Woodlands Drive Block 671A Multi-Storey Carpark on 05/01/2020 at 1305hrs

On 06/01/2020 (date) at 1252hrs (time), I lodged a traffic accident report vide: T/20200106/2062

I wish to amend in the brief details as follows:

1) The accident happened on 05/01/2020 at 1305hrs instead of 06/01/2020 at 1305hrs.

Yours faithfully,


Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: SC/SGT Sia Kun Yuan	Station Diary No. eSD 21 dated on 06/01/2020
Signature 	 SIGNATURE



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Co. Reg. No. 200208384E

MX1F
 R SN
 AN0420A
 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, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3075241901	Engine No :R16A1800943 Chano:RN61090965
1. Index Mark and Registration Number of Vehicle	SJL1996M	
2. Name of Policy Holder	NG CHOON KUAY	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinances or Enactment	24 November 2019	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers:
4. Date of Expiry of Insurance	23 November 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\$500 will apply to the Insured and Named Drivers in the event of own damage claim at our Authorized workshops for each Policy year.

HIKE PURCHASE CO. : TOKYO CENTURY LEASING (S) PTE LTD

* 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: INXPRESS TODAY AGENCY PTE LTD
 Authorized Officer

[Signature]
 Authorized Signatory