

NATIONAL Assessment Centre Services

Part 1 (Jan 2005)

MNA 120055100

Date In: 29/6/20 10:41	Job description	Date & Time Completed	Done by
Ref No: MNA CTZ 2000 6760164	SAS e-filing		
Veh No: SKK 1474X	E-mail (within 3hrs, A/C 2hrs)		
IP: 27/6/20 12:20	I-Motor Claim Form		
IP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SMP 5873 B.	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 repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC/Non-INC: 676016)	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	Action

NA200 3437		Invoice Preparation Checklist		Am (S)	RYA (S)
Claimants Particulars:		1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claimants only: INC Only (w/c 19 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		QD:			
		• NS: Courtesy Car / Tpt Allowance \$3			
		• NG: Repair Co-ordination \$10			
		• NT: Post Repair Inspection \$25			
		• NR: DV / Collect Excess Coordination \$3			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao Mobile \$0			
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		
Author's Comments:					
Tell:					

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	29/06/2020 10:41
Date Of Accident	27/06/2020 12:20
Exact Location Of Accident	CTE TWDS CITY B4 EXIT 7D
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK1474X
Insured/Policyholder	
Name Of Registered Owner	MISS NG TECK YONG
NRIC No	SXXXX934D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96167946
Alternative Phone No	OFFICE-96167946

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	DMPCSN3000621906
Cover Note Number	

Driver

Name of Driver	WEE EN ZE JOSHUA
NRIC No	SXXXX620A
Date Of Birth	27/07/1992
Occupation	INDOOR
Date Of Driving Pass	13/09/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96167946
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	22 JLN MUTIARA
Postcode	249200
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	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	4
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)	3
Passenger 1	NAME: : HAN MINJI GENDER: : FEMALE
Passenger 2	NAME: : WEE JAE EE GENDER: : FEMALE

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

REFER TO 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	SMP5873B
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ261G
Vehicle Make/Model/Colour
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKN377J
Vehicle Make/Model/Colour
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 WEE EN ZE JOSHUA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKK1474X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HAN MINJI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKK1474X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name	WEE JAE EE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKK1474X
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.

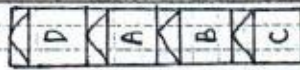
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CIE TWDs City Before Exit 7D



Vehicle A - SKK1474X

Vehicle B - SMP5873B

Vehicle C - SLQ2616

Vehicle D - SKN377J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SKK1474X) was travelling straight along at the stated location on lane 1. As vehicle in front of me slowed down and came to a stop, I followed suit. Suddenly I felt a huge impact from my rear portion of my vehicle causing me to surge forward and collided onto vehicle D. I alighted and realised I was involved in the chain collision consisting of four vehicle.

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.:

Date of Accident : 27 Jun 2020 Accident Time: 1220 hrs (24-HR-FORMAT)

Accident Place : CTE Towards city Before Exit 7D

Vehicle Reg. No (Car plate No.) : SKK1474X Vehicle Make/Model: Volkswagen Jetta

Insurance Company : China Taiping Policy No. DMPCSN3000621906

Name of Registered Owner : Company / Individual Ng Teck Yong

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S0118934D

: Co Contact No: - Owner's Contact No: -

DRIVER'S Name : Wee En Ze, Joshua DRIVER'S NRIC No: S9227620A

DRIVER'S Date of Birth : 27 Jul 1992 DRIVER'S License Pass Date: 13 Sep 2017

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -

DRIVER'S Address : 22 Jalan Mutiara Singapore 249200

DRIVER'S Contact No. / Alt No. : 1) 9616 7946 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)

Email Address : Joshiwee@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 03 Passenger Name: Han Min Ji Gender: M / ☒ F

Was the accident reported to the police? YES / ☒ NO Passenger Name: Wee Jae Ee Gender: M / ☒ F

Was there any video Captured by car camera: YES / ☒ NO Any Injuries: YES / NO Injured Name: _____

Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMP5873B</u>	Vehicle Reg No: <u>SL02616</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SKN 377J</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCEMotor 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.

DMPCSN3000621906

Engine No : CTH001994

ChaNo:WWZZZ16ZDM020110

1. Index Mark and Registration
Number of Vehicle

SKK1474X

AUTOSAFE
=====

2. Name of Policy Holder

MISS NG TECK YONG

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

13 December 2019

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance

12 December 2020

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\$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.

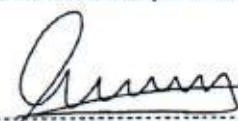
HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

* 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

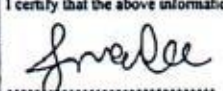
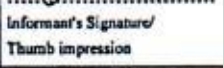
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:VITESSE SOLUTIONS.....
Authorised Officer
.....
Authorised Signatory

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

257059I

DECEASED	Death registered at BUKIT MERAH WEST NEIGHBOURHOOD POLICE CTR, S'PORE						
	Full name of deceased NG TECK YONG						
	NRIC/Identification Document No. S0118934D		Sex FEMALE	Date of birth 28/03/1953			
	Race/Dialect Group CHINESE/TEOCHEW		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address 22 JALAN MUTIARA SINGAPORE 249200			Date and hour of death 03/07/2017 1717			
	Place or Address where death occurred SINGAPORE GENERAL HOSPITAL PTE LTD			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) ACUTE MYELOID LEUKEMIA			Years	Months	Days	Hours
	Disease or Condition leading to death				4		
	(b)						
	Antecedent Causes						
	(c)						
	II Other Significant conditions						
Name and official status of person certifying cause of death DR LING HUA CHAN, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: N354133 Date: 03/07/2017				
INFORMANT	Name WEE LENG IMM JUNE (HUANG LINGYIN JUNE)			I certify that the above information given by me is correct.			
	Address 1003 LOWER DELTA ROAD #10-02 SINGAPORE 099308						
	NRIC/Identification Document No. S7519393I						
	Relationship DAUGHTER			Informant's Signature/ Date 9/7/2017			
REGISTRATION OFFICER	Name of Registration Officer CHUA JUN QIAN			Bukit Merah West			
	Designation REGISTRATION OFFICER			Neighbourhood Police Centre			
	Date 04/07/2017			500, Bukit Merah View, #01-01 Singapore 159682			
				for Registrar of Births and Deaths			