

NATIONAL Assessment Centre Services.

1st 1 2020 **MAY 20 2020**

Date In:	Job description	Date & Time Completed	Done by
24/11/2020 17:26	SAS e-illing		
Ref No: NBF/C7200/31164	E-mail (by date time, AIC time)		
Veh No: SKX 7084	I-Motor Claims Form		
D.O.A: 20/11/2020 07:25	I-Motor W/O (with: OD 3hrs, TP 4hrs)		
OID: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vehaz		

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Vch No: SKA9027D 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 ()

() 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: _____

NA2006346	1) AIT Accident Reporting (\$30)	INC (20)
Driver/Owner:	2) DA / Damage Assessment (\$100)	\$40/40
Contract No:	3) TP / Towing Fee	\$120
Damaged Portion:	4) PT / Follow-Through Survey	\$30
QC Checked by (Eng. In-Charge):	5) PT / Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 200)	\$75
	6) TR / Re-inspection	\$160
	7) NI / (See DA + EMRT Survey	
	8) NTUC Additional Services	
	9) NI / (See DA + EMRT Survey	
	10) NI / (See DA + EMRT Survey	
	11) NI / (See DA + EMRT Survey	
	12) NI / (See DA + EMRT Survey	
	13) NI / (See DA + EMRT Survey	
	14) NI / (See DA + EMRT Survey	
	15) NI / (See DA + EMRT Survey	
	16) NI / (See DA + EMRT Survey	
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	28) NI / (See DA + EMRT Survey	
	29) NI / (See DA + EMRT Survey	
	30) NI / (See DA + EMRT Survey	

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	24/11/2020 17:26
Date Of Accident	20/11/2020 07:25
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX748U
Insured/Policyholder	
Name Of Registered Owner	CW AUTO IM
Co Reg No	-
Email Address	NGSTANLEY37@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97353313
Alternative Phone No	OFFICE-97353313

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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSN30798619000
Cover Note Number	

Driver

Name of Driver	NG LYE SENG
NRIC No	SXXXX422F
Date Of Birth	25/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2009
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353313
Fax Number	
Contact Number	(LOCAL) 07353313

Address	BLK 331 CLEMENTI AVENUE 2 #12-140
Postcode	120331
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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)	2
Passenger 1	NAME: : LIM KIAN CHUAN (LIN JIANCHUAN) GENDER: : MALE

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20201120/7006

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	SKA9027D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLZ1988P
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 NG LYE SENG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX748U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM KIAN CHUAN (LIN JIANCHUAN)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX748U
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 willful 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:

EW 2 (20) 14

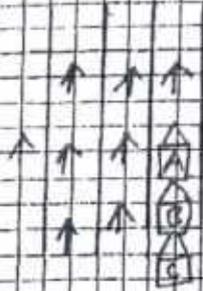


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel Signature
Name:
NIC/FIN No:


27/6/2020
Rashid Winton

AYE
Expressway



- ① SKX 745U
- ② SKA 9027D
- ③ SLZ 1988P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20001120/2006

DECLARATION

(We declare the foregoing particulars are true in every respect.)

CW AUTO 1*

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/ID No:

22/11/2020
Rashid bin Haniff

Date of Accident : 20/11/2020 Accident Time: 072511K (24-HR-Format)
 Accident Place : Ayer Rajah Expressway
 Vehicle Reg. No. (Car Plate No.) : SKX748U
 Vehicle Make/Model : Volkswagen Jetta
 Insurance Company : China Tarping Policy No. _____
 Owner or Company Name / IC No. : CW Auto IM
 Owner or Company Contact No. : 97353313 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Ng Iye Seng S7909422F
 DRIVER'S Date Of Birth : 25-03-1979 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 331 Clementi Ave 2 #12-140 S120331
 DRIVER'S Contact No. / Alt No. : 1) 97353313 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 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): 0

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 Particular (if any)

Vehicle Reg. No: _____	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: _____



**SINGAPORE
POLICE FORCE**



T/20201120/7006

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

1 of 4

Report No. T/20201120/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 10:33		File Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: NG LYE SENG		Address: 331 CLEMENTI AVENUE 2 #12-140 SINGAPORE 120331	
ID Type / ID No.: NRIC NO / S7909422F		Contact No.: Home/Office: Mobile: 97353313	
Nationality: SINGAPORE CITIZEN		Email: ngstanley37@yahoo.com.sg	
Sex: Male	Age: 41	Date of Birth: 25/03/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: private hirer		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: 20/11/2020 07:25	Type of Location: AYE
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling	Road Surface: SLIGHTLY WET		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKA9027D	Car	HONDA	CR-V	White	Seriously Damaged	0
SKX748U	Car	VOLKSWAGO N	JETTA	Grey	Seriously Damaged	0
SLZ1988P	Car	K.A	CERA (K3)	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201120/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408863
Tel No: 65470000

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Report No. T/20201120/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LYE SEHG	ID No.	S7909422F
Related Vehicle	SKX748U (Car)	Contact No.	97353313
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/11/2020	Date	20/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LIM KIAN CHUAN	ID No.	S8332757Z
Related Vehicle	NIL	Contact No.	88662006
Hospital/Clinic	CLEMENTI FAMILY HEALTHPOINT CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/11/2020	Date	20/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

Please indicate if you have videos/pictures

- i have picture of the accident photo i do not have in car camera.

Any landmarks

- highway

which road were you traveling

- i was travelling along aye towards jurong before buro vista exit

did the accident take place at a pedestrian crossing?

- No

description of the accident

- i was travelling along aye towards jurong before buro vista @0725am @20/11/2020, the front vehicle slow down , i also procced slowing down my vehicle -uddenly after awhile i felt an impact from my rear. i want to indicate that there was 1 passenger with me in the vehicle during the accident. we were both injure during the accident



**SINGAPORE
POLICE FORCE**



T/20201120/7006

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

3 of 4

Report No. T/20201120/7006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201120/7006

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

4 of 4

Report No: T/20201120/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
20/11/2020 10:33

Classification Of Case:

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.	DMHCSN30798619000	Engine No. : CAXF83003	
		Cha. No. WWZZZ16ZGM011277	
1. Index Mark and Registration Number of Vehicle	SKX748U		
2. Name of Policy Holder	CW AUTO IM		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31/10/2019	Excess Sect. II	S\$1,250.00
		Excess Sect. II (Outside Singapore)	S\$2,500.00
4. Date of Expiry of Insurance	25/11/2020		

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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.

ANY EMPLOYEE OF THE COMPANY OR

ANY AUTHORISED DRIVER ONLY.

6. Limitations as to use.*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. - WSJ CREDIT PTE LTD AS HP OWNER

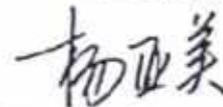
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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.

Issued By: Ho Li Hwa Irene
 Authorised Officer



Authorised Signatory