

# NATIONAL Assessment Centre Services

Form NA-01 (01/01/2005)

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Date In: 18/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/CTI20014122/13	SAS e-filing		
Veh No. SLC4177P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A. : 17/12/20 1715	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: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SMP923A	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 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			

NA2100379		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (\$30)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:		6) TR: Re-inspection	\$75		
Cat 2/3:		7) NI: Idao DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON*			
		*N5: Courtesy Car / Tp 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: Idao 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 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. 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 Submission	18/12/2020 17:26 (SGT)
Date of Accident	17/12/2020 17:15 (SGT)
Exact Location of Accident	Lor 1 Geylang, Singapore
Additional Location Information	JUNC OF LOR 1 GEYLANG & SIMS AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4177P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG FU HONG@WONG FU HON
NRIC No	SXXXX792I
Email Address	wongfuhon@gmail.com
Mobile Phone No	(Phone) +65-98533089
Alternative Phone No	+65-98533089

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00047612000
Cover Note Number	-

#### DRIVER

Name of Driver	WONG FU HONG@WONG FU HON
NRIC No	SXXXX792I
Date Of Birth	05/04/1950
Occupation	Indoor

Date Of Driving Pass	16/06/1982
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98533089
Alt. Phone Number	+65-98533089
Email Address	wongfuhon@gmail.com
Address	15 CEYLON LANE
Address complement	#05-03
Postcode	423468
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I STOP MY VEH AT THE RED TRAFFIC LIGHT JUNC AT JUNC OF LOR 1 GEYLANG & SIMS AVE.SUDDENLY VEH B CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP9223A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISS CHEW
Contact Number	(Phone) +65-97517234
Address	-
Address complement	-
Postcode	-

Insurance Company Name .....	➤
Nature Of Damage .....	➤
Details of property damaged in accident .....	➤
No. Of Passenger (Including Driver) .....	➤

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/12/20) (DD/MM/YYYY), TIME: (17:15) (HH:MM)

LOCATION: LOR 1 GEYLANG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC4177P  
 b) INSURANCE COMPANY: CHINA TRADING  
 c) POLICY NUMBER: DMPCSN00004761000  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: WONG FU HONG (a) WONG FU HON (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S25717921 CONTACT: 98533089  
 c) ADDRESS: 15 CEYLON LANE #05-03  
 423468

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\*d) DATE OF BIRTH: (05/04/1950) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/06/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SAP 9223B MODEL:  
 b) DRIVER'S NAME: MISS CHEW  
 c) NRIC/FIN/PASSPORT: CONTACT: 97517234

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = wong@fuhong@gmail.com

fax =

VIDEO = yes - with workshop



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

#### 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

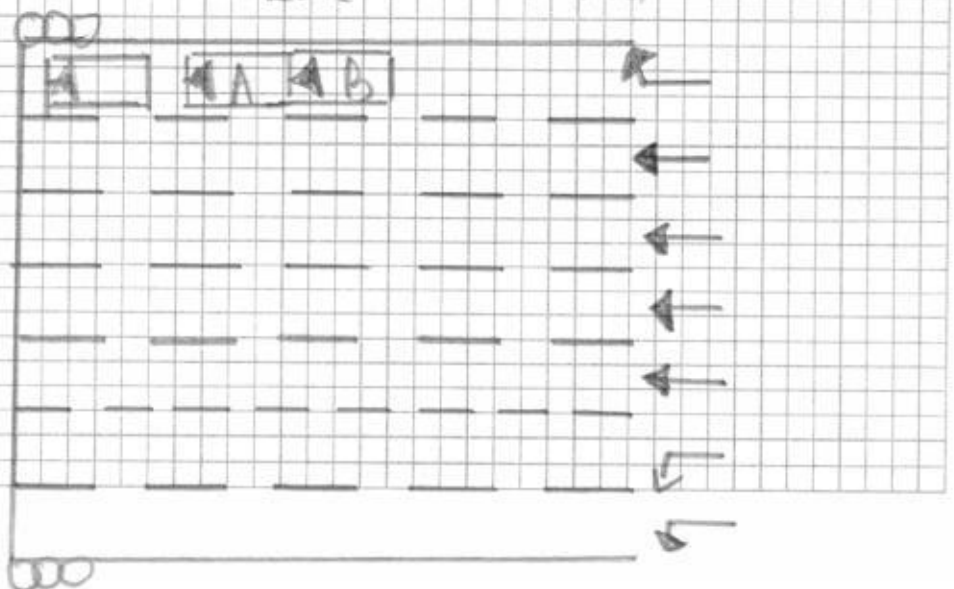
Sketch Plan

18/12/2020

JUNC OF LOR 1 GEYLANG & SIMS AVE

A - SLC4177P

B - SMP9223B



**Describe Circumstances of the Accident**

*Pls refer to the statement.*

**Declaration**

We declare the foregoing particulars are true in every respect.

*Long Au Hong*  
Policyholder's Signature / Date &  
Time

*18/12/2020*

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

*Sign 18/12/20*  
Witnessed by Reporting Centre  
Personnel

Motor Private Car

MX1

N SN

AN0014A

Cov. Type.T

### 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.

DMPCSNW00047612000

Engine No.: 1NZZ326628

Cha. No. MHFBT9F3906065324

1. Index Mark and Registration  
Number of Vehicle

SLC4177P

2. Name of Policy Holder

WONG FU HONG @WONG FU HON

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

13/05/2020

4. Date of Expiry of Insurance

12/05/2021

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.

\* Limitations rendered inoperative by Section 6 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: ASOKA INVESTMENT PTE LTD  
Authorised Officer



Authorised Signatory