

# NATIONAL Assessment Centre Services. Part 1 (2010) : SM 0920C & 000H

Date In: 26/12/20 15:52	Job description	Date & Time Completed	Done by
Ref No: NA1 C72 200 14504 / h4	SAS e-filing		
Veh No: SMS 1427 S	E-mail (within 3hrs, A/C 2hrs)		
ICOA: 24/12/20 17:20	I-Motor Claim Form		
Old: <input checked="" type="radio"/> 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: SKM 1380Y	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: (

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2100790	Invoice Breakdown	
Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engn-In-Charge):	4) PT: 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: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*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: Ideal Mobile \$0	
	Invoice dated	Fee Charged
		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 Submission	26/12/2020 15:52 (SGT)
Date of Accident	24/12/2020 17:20 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS SLE PUNGGOL RD SLIP RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1427S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FENG KUO LUN
NRIC No	SXXXX057I
Email Address	ASHLEY9567@YAHOO.COM
Mobile Phone No	(Phone) +65-91999905
Alternative Phone No	+65-91999905

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00016262000
Cover Note Number	-

#### DRIVER

Name of Driver	FENG KUO LUN
NRIC No	SXXXX057I
Date Of Birth	04/01/1981
Occupation	Indoor

Date Of Driving Pass .....	05/07/2016
Driving experience .....	4 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91999905
Alt. Phone Number .....	+65-91999905
Email Address .....	ASHLEY9567@YAHOO.COM
Address .....	BLK 453 HOUGANG AVE 10 #12-591
Address complement .....	-
Postcode .....	530453
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN SOCK HWEE
Gender .....	Female

#### PASSENGER 2

Name .....	FENG JIE RU
Gender .....	Female

#### 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

#### 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 .....	SKM1380Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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 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

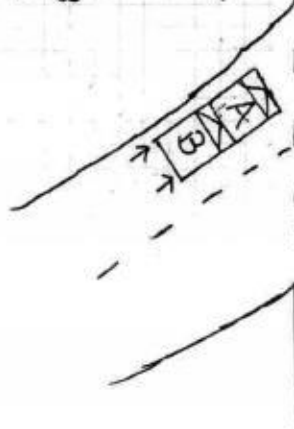
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

Vehicle A: SMS 1427S  
Vehicle B: SKM 1380Y

TPE TWDS SLE Punggol Rd Slip Rd



Punggol Road

On the stated date & time, I, Vehicle A (SMS1427S) were travelling along the stated location. As there were a motorcycle on the main road, I then stopped and gave way. Suddenly, Vehicle B (SKM1380Y) collided onto the rear portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.

RH.

Policyholder's Signature / Date &  
Time



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

Witnessed by Reporting Centre  
Personnel



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S81890571**  
 Name: **FENG KUO-LUN**  
 Birth Date: **04 Jan 1981**  
 Issue Date: **05 Jul 2016**

002585479C

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S81890571**


 Name: **FENG KUO-LUN**  
 冯 国 伦  
 Race: **CHINESE**  
 Date of birth: **04-01-1981**  
 Country/Place of birth: **TAIWAN**


 Sex: **M**  
 S81890571

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES**

**EFFECTIVE DATE**

**Class 3** Motor cars with unladen weight  $\leq 4000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **05 Jul 2016**

NP 428A

Licence No: S81890571

9324327


 NRIC No: **S81890571**


 Nationality: **AUSTRALIAN**  
 Date of issue: **14-03-2014**

APT BLK 453 HOUGANG AVENUE TO #12-591  
 SINGAPORE 530453  
 NRIC No: **S81890571** **Class: 13/10/2014 (D)**



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0421A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1900  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00016262000

Engine No.: LEB-1450831

Cha. No.: GP5-1341818

1. Index Mark and Registration  
Number of Vehicle

SMS1427S

AUTOSAFE

2. Name of Policy Holder

FENG KUO LUN

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

12/02/2020

Named Drivers Ex Sect. I

S\$0.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* 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: Ng Hwee Lang Alice  
Authorised Officer

Authorised Signatory



Date of Accident: 24/2/2020 Accident Time: 1720 (24-HR-FORMAT)  
Accident Place: TPE TWOS SLE Punggol Rd Slip Rd  
Vehicle Reg. No (Car plate No.): SMS 1427 S Vehicle Make/Model: Honda Fit  
Insurance Company: China Taiping Policy No. DMP(SNW 06016262000  
Name of Registered Owner: Company / Individual Feng Kuo Lun  
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S8189057I  
Co Contact No: - Owner's Contact No: 9199 9905  
DRIVER'S Name: Feng Kuo Lun DRIVER'S NRIC No: S8189057I  
DRIVER'S Date of Birth: 04-01-1981 DRIVER'S License Pass Date: 05 Jul 2016  
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address: APT B1k 453 Honggang Avenue 10 # 12-591 S (530452)  
DRIVER'S Contact No / Alt No: 1) 9199 9905 2) -  
DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address: ivarfeng@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): 3 Passenger Name: Tan Sock Hwee Gender: M(F)  
Was the accident reported to the police? YES NO Passenger Name: Feng Jie Ru Gender: M(F)  
Was there any video Captured by car camera: YES NO Any Injuries: YES / NO 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>SKM 1380 Y</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: _____

**Other Party Driver's Particulars (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: _____