

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SNO92130008

Date In: 12/03/2021 14:44	Job description	Date & Time Completed	Done by
Ref No: NA/CT 21003273/4	SAS e-filing		
Veh No: SJX 71751M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/03/2021 19:08	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: SLR 31764	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

NA 2102241

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$) Inc Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: 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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*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: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref. 1:	Invoice dated	Fee Charged	
Ref. 2 / 3:			

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	12/03/2021 14:44 (SGT)
Date of Accident	11/03/2021 19:08 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	SLIP ROAD ENTERING INTO PUNGGOL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7175M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YEE SIONG ALAN
NRIC No	SXXXX359J
Email Address	ALANYSW@YAHOO.COM
Mobile Phone No	(Phone) +65-90716505
Alternative Phone No	+65-90716505

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	DMPCSNW00196362000
Cover Note Number	-

DRIVER

Name of Driver	WONG ZI XUAN NIKO
NRIC No	TXXXX660I
Date Of Birth	25/11/2001
Occupation	Indoor

Date Of Driving Pass	31/10/2020
Driving experience	5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92335536
Alt. Phone Number	-
Email Address	ALANYSW@YAHOO.COM
Address	BLK 168D PUNGGOL FIELD #08-665
Address complement	-
Postcode	824168
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	WONG YEE SIONG ALAN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20210311/7065

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	SLR3176U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YU THET WAI
NRIC No	SXXXX610I
Contact Number	(Phone) +65-93871471
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

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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 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;

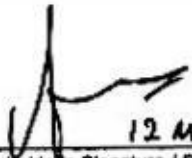


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

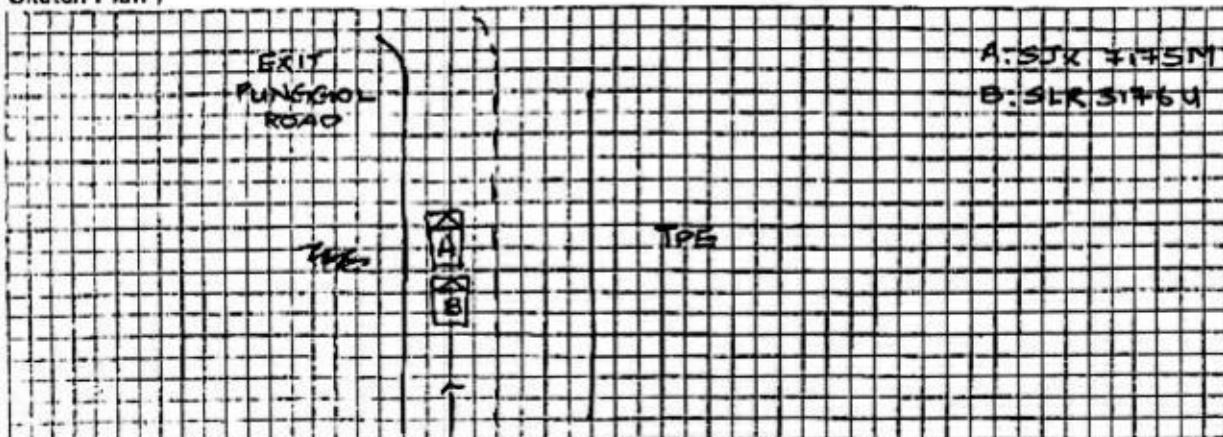
(collectively the "Purposes")

(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.

 12 MAR 2021	 12 Mar 2021	 12
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

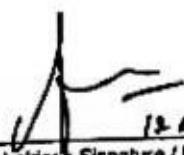


Describe Circumstances of the Accident


REFER TO POLICE REPORT F/20210311/7065

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

12 MAR 2021*


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

12 Mar 2021


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



F/20210311/7065

1 of 4

POLICE REPORT (NP299)

Report No. F/20210311/7065

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 11/03/2021 22:58	Vide Report No.	Station Diary No.
Name Of Informant WONG YEE SIONG, ALAN	Address 168D PUNGGOL FIELD #08-665 SINGAPORE 824168	
ID Type / ID No. NRIC NO / S7512359J	Contact No. Home/Office:	Mobile: 90716505
Nationality SINGAPORE CITIZEN	Email Address ALANYSW@YAHOO.COM	
Occupation Senior Commercial Manager	Sex Male	Age 45
Institution/School Name	Date of Birth 20/04/1975	Race Chinese
Date/Time Of Incident 11/03/2021 19:10 - 11/03/2021 19:20	Language English	
	Location Of Incident Car accident along Slip road entering into Punggol Road. Direction is from West to East.	

Brief details.

It was about 7:08pm on 11 Mar 2021. We were driving home from Jurong to Punggol. It happened just after exiting TPE towards Punggol, on the slip road before turning left into Punggol road. The traffic was heavy and the car was stopped waiting for the cars in front to move off. Before we could move off, I felt something bang into my car while my car was still stationary with the foot brake on. Immediately, we disembarked the car to check what was going on. We realised that the car behind had accidentally moved off before ours and ended up colliding into our rear bumper and created some dents and scratches on the rear bumper. We took some pictures and exchanges contact details with the driver behind for further

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2021 22:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210311/7065

claims or settlement. Ms Yu (the driver) was apologizing to us, saying she was so sorry about the incident as she knew it was her fault banging into our stationary car.

The driver of my car was my daughter (Wong Zi Xuan, Niko / NRIC: T0136660I)

Car details: Mercedes E250 Cabriolet / SJX 7175 M

The car driver who accidentally bang into my car: (Yu Thet Wai / NRIC: S9373610I)

Car details: Citroen C4 / SLR 3176 U

Pls see attached pictures of the incident. You can contact me for video footage if required as i'm unable to upload due to file size.

There is no personnel injury during the accident. Only damages to the car.

Regards,

Alan Wong (Owner of the damaged car/ SJX 7175 M)

Hp: 90716505

Subjects Involved			
Suspect			
Person Name	Yu Thet Wai		
ID Type	NRIC NO	ID No	S9373610I
Gender	Female	Age	26
Race	Burmese	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		11/03/2021 22:58	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210311/7065

Address	31 Jurong West St 41 #14-17 SINGAPORE 649412	Mobile No	93871471
Complexion	Light tan	Build	Slim
Height About	158cm	Hair Colour	Black
Relation To Informant	Not related		

Victim

Person Name	WONG YEE SIONG, ALAN		
ID Type	NRIC NO	ID No	S7512359J
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Senior Commercial Manager	Address	168D PUNGGOL FIELD #08- 665 SINGAPORE 824168
Mobile No	90716505	Is Informant A Victim?	Yes

Person Name	Wong Zi Xuan, Niko		
ID Type	NRIC NO	ID No	T0136660I
Gender	Female	Age	19
Race	Chinese	Language	English
Occupation	Student	Address	168D PUNGGOL FIELD #08- 665 SINGAPORE 824168
Mobile No	92335536	Relation To Informant	Children

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/03/2021 22:58

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210311/7065

4 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210311/7065

Person Name	WONG YEE SIONG, ALAN (Informant)
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

11/03/2021 22:58

Classification Of Case:



Motor Private Car

MX1E

N SN

AN0676A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00196362000

Engine No.: 27186030074210

Cha. No.: WDD2074472F053132

1. Index Mark and Registration
Number of Vehicle

SJX7175M

AUTOSAFE

=====

2. Name of Policy Holder

WONG YEE SIONG, ALAN

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

30/12/2020
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

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\$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.: MAYBANK SINGAPORE LIMITED

* 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: EZY-1 SERVICES PTE LTD
Authorised Officer

Authorised Signatory

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 03 / 2021) (DD/MM/YYYY), TIME: (19 : 08) (HH:MM)

LOCATION: TPE (EXIT PUNGGOL, SLIP ROAD TOWARDS PUNGGOL ROAD)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 7175 M
 b) INSURANCE COMPANY: CHINA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MER E250
 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 YEE SIONG, ALAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7512359J CONTACT: 9071 6505
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9233 5536
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SLR 3176 U MODEL: _____
 b) DRIVER'S NAME: Yu Tret wai
 c) NRIC/FIN/PASSPORT: S9373610 I CONTACT: 9387 1471

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)

(3)

IM+IF

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

Email = alanysw@yahoo.com

fax =

VIDEO = ~~not~~ YES