

# NATIONAL Assessment Centre Services

Date In <b>15/10/21</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CT/21010647/13</b>	SAs e-filing		
Veh No <b>SM575614</b>	E-mail (w/da, Sta, AP, 2hrs)		
DOA <b>15/10/21 1440</b>	i-Motor Claim Form		
OD <b>(P) Reporting Only</b>	i-Motor W/O (Within OP 2hrs TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **FBE5174S** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

Policy No. ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 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 or repair.

( ) 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idue DA + SMRT Survey \$160		
	8) NTUC: Additional Services:-		
	DI*		
	*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: Idue Mobile 10		
	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 Submission	15/10/2021 18:15 (SGT)
Date of Accident	15/10/2021 14:40 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS7561Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG HUI WEN,IRIS(HUANG HUIWEN,IRIS)
NRIC No	SXXXX857F
Email Address	hupsoon238@yahoo.com
Mobile Phone No	(Phone) +65-81813383
Alternative Phone No	+65-81813383

#### VEHICLE PARTICULARS

Manufacturer	LandRover
Model	DISCOVERY SPORT 2.0D SE 5-SEATER
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
Transmission	Auto
CC	1999

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00181082101
Cover Note Number	-

#### DRIVER

Name of Driver	WONG HUI WEN,IRIS(HUANG HUIWEN,IRIS)
NRIC No	SXXXX857F

Date Of Birth	04/06/1981
Occupation	Indoor
Date Of Driving Pass	30/07/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81813383
Alt. Phone Number	+65-81813383
Email Address	hupsoon238@yahoo.com
Address	BLK 307 CLEMENTI AVE 4
Address complement	#04-375
Postcode	120307
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 vehicle 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

PLS REFER TO THE ATTACHED 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	FBK5174S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ASHRAFF BIN MOHAMED DAWOOD
Contact Number	(Phone) +65-85338765
Address	-
Address complement	-

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

**SKETCH PLAN**

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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.

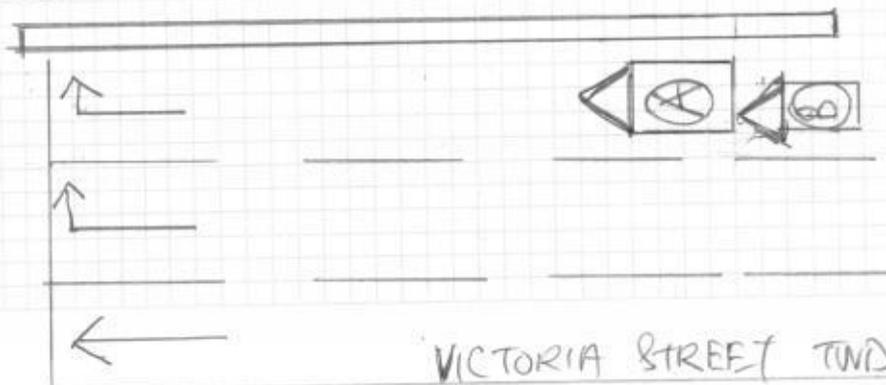
  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 15/10/21  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

(A) SMS 7561Y  
(B) FBK 5174S



VICTORIA STREET TOWNSHIP JLN SULTAN

**Describe Circumstances of the Accident**

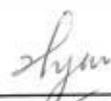
I WAS TRAVELLING ALONG VICTORIA STREET (TOWARDS JLN SULTAN).  
I WAS STATIONARY, AWAITING BEHIND OTHER CARS FOR  
TRAFFIC TO RIGHT TURN. SUDDENLY A BIKE RANG INTO  
MY REAR LEFT PORTION.  
TRAFFIC POLICE OFFICER ATTENDED ON SCENE. BUT BIKER &  
HIS PILLION WITH SCRATCHES REFUSED MEDICAL ASSISTANCE.

**Declaration**

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

 15/10/21  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



# HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: SMS 7561Y

MAKE/MODEL: PORSHE

DATE OF ACCIDENT: 15/10/2021  
DAY/MONTH/YEAR

TIME: 14 HR 40 MIN AM/PM

LOCATION OF ACCIDENT: VICTORIA STREET

EXACT PURPOSE USE DURING ACCIDENT: GOING FOR APPOINTMENT

### CAR OWNER

NAME OF CAR OWNER: WONG HUI WEN, IRIS

CONTACT NO: 8181 9383

NRIC: S8115857F

CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY

INSURANCE COMPANY: CHINA TAI PING

TYPE OF COVERAGE:  COMPREHENSIVE  THIRD PARTY  THIRD PARTY FIRE & THEFT

POLICY NO: DMPCSNVV00181082101

ACCIDENT DRIVER:  AS ABOVE  IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: WONG HUI WEN (IRIS)

NRIC: S8115857F NO OF PASSENGER/S: 1

DATE OF BIRTH: 04.06.1981

OCCUPATION: SECRETARY  OUTDOOR  INDOOR

DATE OF DRIVING PASS: 30.07.2017

GENDER:  MALE  FEMALE

CONTACT NO: 8181 9383

ADDRESS: BLK 307 CLEMENTI AVE 4 #04-375 (S) 120307

DRIVER OWN ANY VEHICLE: NO IF YES- REGISTRATION NO: NA

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:  CLEAR  RAINING OTHER: \_\_\_\_\_

ROAD SURFACE:  DRY  WET OTHER: \_\_\_\_\_

ANY INJURIES:  NO IF YES- NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

POLICE REPORT:  NO IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE:  NO/ YES

### 3RD PARTY INFO

VEHICLE B NO: FBK 5174S NO OF PASSENGER/S: 1 MALE

NAME: ASHRAFF BIN MUHAMMED DAWOOD

CONTACT NO: 8533 8765

VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

ANY WITNESS: \_\_\_\_\_

WITNESS CONTACT NO: \_\_\_\_\_

Motor Private Car

MX1F  
R SN  
AN0695A  
Cov. Type C

**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.	DMPCSNW00181082101	Engine No. : 170620W0331204DT	Cha. No. :SALCA2AN0HH720338
1. Index Mark and Registration Number of Vehicle	SMS7561Y		
2. Name of Policy Holder	WONG HUI WEN, IRIS (HUANG HUIWEN, IRIS)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/09/2021 (00:00:00)	Named Drivers Ex Sect. I	SS750.00
4. Date of Expiry of Insurance	05/09/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	SS100.00
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.		
	HIRE PURCHASE CO. : TECK WEI 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

**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 287995

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI CREDIT PTE LTD Tel: 6465 0020 Fax: 6465 0017  
Authorised Officer Email: info@teckwei.com.sg



Authorised Signatory