

NATIONAL Assessment Centre Services

Date In: 17/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CT/22004610/m4	SAS e-filing		
Veh No: SJF 1898U	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 13/05/2022 18:55	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	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: SDN 8885P	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%; 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 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 2201327	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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 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	17/05/2022 21:53 (SGT)
Date of Accident	13/05/2022 18:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BENCOOLEN STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF1898U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FONG KOK WAI
NRIC No	SXXXX175B
Email Address	fkW1898@gmail.com
Mobile Phone No	(Phone) +65-97869845
Alternative Phone No	+65-97869845

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q7
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00045622201
Cover Note Number	-

DRIVER

Name of Driver	FONG KOK WAI
NRIC No	SXXXX175B

Date Of Birth	05/11/1958
Occupation	Indoor
Date Of Driving Pass	18/09/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97869845
Alt. Phone Number	+65-97869845
Email Address	fkW1898@gmail.com
Address	104 GERALD DRIVE
Address complement	#01-67
Postcode	798594
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOHNNY CHUNG
Gender	Male

PASSENGER 2

Name	TONG KWEE
Gender	Male

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	SDN8885P
Vehicle Manufacturer	Porsche

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NICOLE LIM PECK SAN
NRIC No	SXXXX113E
Contact Number	(Phone) +65-88228822
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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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 :

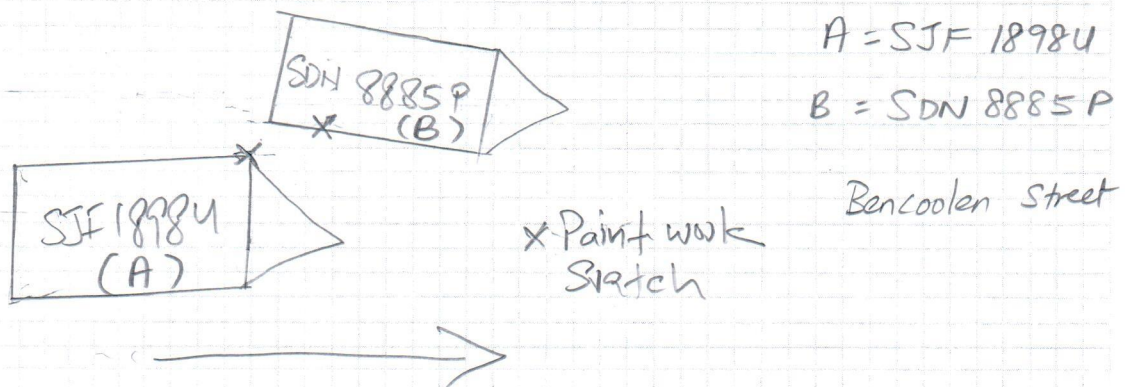
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



Describe Circumstances of the Accident

CS518884

Traffic was heavy and I was slowly filtering in to the next lane and ~~sudden~~ suddenly a car (SDN 8885P) was accelerating and zoom past me. I didn't feel the impact but the car SDN 8885P stopped in front of me. The driver alighted and checked the car and say that I hit her car.

There was a minor paintwork scratch above the ~~the~~ right ~~to~~ back wheel rim. mine was also a minor scratch on the left fion corner ~~bumper~~ bumper.

Declaration

We declare the foregoing particulars are true in every respect.

 17/5

Policyholder's Signature / Date & Time

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

R 17/5/22

Witnessed by Reporting Centre Personnel

PRIVATE SETTLEMENT FORM

1. We, the undersigned agree to mutually settle among ourselves a motor accident as follows:

Date / Time: 14/5/2022 @ 10 pm 13/05/2022 6.55 pm

Location: Bencoolen Street

Involving vehicle registration numbers: SJF18984 & SDN8885P



2. Both parties have declared as follows:

- a. There are no bodily injuries or death involved to any party;
- b. There is no any other vehicle involved in the accident;
- c. There is no government property damaged due to the accident;
- d. The parties have agreed to settle this matter amicably as follows: **tick as applicable*

☒ Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident;

☒ Without any admission of liability, FONG KOK WAI has paid a sum of SS 1300 which Nicole Lim Peck San hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident;

- e. Both parties have not and will not make a police report of this accident;
- f. Both parties will not file any accident claims for this accident;

Paying Party	Owner Receiving Party
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>S1245175B</u> NRIC </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signature (Owner of vehicle) </div> <div style="text-align: center;"> <u>S7822113E</u> NRIC </div> </div>
<u>FONG KOK WAI</u> Full Name	<u>Nicole Lim Peck San</u> Full Name (Owner of vehicle)
<u>97869845</u> Contact Number	<u>8822 8822</u> Contact Number
<u>SJF18984</u> Vehicle Number	<u>SDN8885P</u> Vehicle Number
<u>14/5/2022</u> Date	<u>15/05/2022</u> Date

ACCIDENT STATEMENT

ACCIDENT DATE: 13/05/2022 (DD/MM/YYYY), TIME: 18:55 (HH:MM)

LOCATION: BENCOOLEN STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 55F1898U
 b) INSURANCE COMPANY: CHINA TAIPIING
 c) POLICY NUMBER: DMPCSNWD0045622201
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: AUDI A7 SUV AUTO / MANUAL (198cc)
 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: TONG KOK WAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S295175B CONTACT: 97869845
 c) ADDRESS: 104 GERALD DRIVE #01-67
SINGAPORE 798594

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TONG KOK WAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S295175B CONTACT: 97869845
 c) ADDRESS: 104 GERALD DRIVE #01-67
SINGAPORE 798594

- * d) DATE OF BIRTH: 05/11/1958 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 15 YRS (18/09/2007)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner
 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: SDN 8885 P MODEL: Porsche
 b) DRIVER'S NAME: NICOLE LIM PECK SAN
 c) NRIC/FIN/PASSPORT: S7822113E CONTACT: 88228822

9. THIRD PARTY VEHICLE

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

Email = fkwi898@gmail.com

Fax = _____

VIDEO = NO

* No of passengers
 (including driver)

(3)

1) Johnny Chung (m)

2) Tongkwee (m)

* No of passenger

(including driver)

(1)

* No of passenger

(including driver)

()



Motor Private Car

MX1E

R SN

AN0055A

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.

DMPCSNW00045622201

Engine No.: CYR090196

Cha. No.:WAUZZZ4M2KD030897

1. Index Mark and Registration
Number of Vehicle

SJF1898U

2. Name of Policy Holder

FONG KOK WAI

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

01/03/2022
(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

4. Date of Expiry of Insurance

28/02/2023

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.

* 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: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer

Authorised Signatory