

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118090939.

Date In: 14/1/18 17:12	Job description	Date & Time Completed	Done by
Ref No: MA1 C7Z18012879164	SAS e-filing		
Veh No: SKA 99142	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 13/1/18 17:45.	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: SLG. 9007 T.	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

MA1804516	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Fast Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile 30		
at 2 / 3:	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 ability.
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 Report	14/07/2018 17:12
Date Of Accident	13/07/2018 17:45
Exact Location Of Accident	SLE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9814Z
Insured/Policyholder	
Name Of Registered Owner	MR THAM PENG YUE @ ISHAQ THAM PENG YUE
NRIC No	S7719057J
Email Address	PETER.THAM@HBM.COM
Mobile Phone No	(LOCAL) +65-91852087
Alternative Phone No	OTHERS-91852087

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3042591704
Cover Note Number	-

Driver

Name of Driver	MR THAM PENG YUE @ ISHAQ THAM PENG YUE
NRIC No	S7719057J
Date Of Birth	09/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91852087
Fax Number	
Contact Number	OTHERS-91852087
Email Address	PETER.THAM@HBM.COM

Address	BLK 412 WOODLANDS STREET 41 #12-45
Postcode	730412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT

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	SLG9007T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	T.THINESH
NRIC/Passport Number	S94190501
Contact Number	92229301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THAM PENG YUE @ ISHAQ THAM PENG YUE
Approximate Age	
Injuries Sustain	SLIGHTLY
Injured person in which vehicle?	SKA9814Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders;

 14/7/18

Policyholder's Signature

Date & Time

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SLC

I was on the way home using CE/SLC between 1745
 to 1815 to Woodland. The expressway was congested
 for hours and traffic was slow. While moving a long
 good distance away from the car in front of me, during
 one of the stop and when my car was stationary, I
 heard a loud bang and felt my car move forward. I
 realize that my car is being hit from behind.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

 14/7/18
 Policyholder's Signature
 Date & Time

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


 Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No.



**SINGAPORE
POLICE FORCE**



T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No: T/20180714/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 17:41	Vide Report No.:	Station Diary No.: 221
--	------------------	---------------------------

Informant's Particulars

Name of Informant: THAM PENG YUE		Address: APT BLK 412 WOODLANDS STREET 41 #12-45 SINGAPORE 730412	
ID Type / ID No.: NRIC NO / S7719057J		Contact No.: Home/Office: Mobile: 91852087	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 09/07/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Business development manager		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE before Mandai				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA9814Z	Car	MERCEDES BENZ	C180K	Black	Seriously Damaged	0
SLG9007T	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA9814Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30425917 04	27/07/2017	26/07/2018



**SINGAPORE
POLICE FORCE**



T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No: T/20180714/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM PENG YUE	ID No.	S7719057J
Related Vehicle	SKA9814Z (Car)	Contact No.	91852087
Hospital/Clinic	SILVER CROSS CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/07/2018	Date Discharge	14/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	T THINESH	ID No.	S9419050I
Related Vehicle	SLG9007T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/07/2018 at about 1745hrs, I was driving my vehicle bearing SKA9814Z along SLE toward Mandal. At the point of time, the traffic was very heavy, all the cars were moving slowly. All of a sudden, a vehicle bearing SLG9007T hit onto the rear of my vehicle. The impact was quite big as my vehicle moved forward.

I went out to make a check on my vehicle. The entire rear bumper was damaged. Both boot and rear bumper need to be replaced. The other vehicle front was damaged as well. However both of our vehicle still drivable. No ambulance or Traffic Police was at scene. We exchanged our particulars and drove off.

After the accident, I felt a sharp pain at my back. I tried to eat Panadol however it was of no use. On 14/07/2018, I went to Silver Cross Clinic to seek medical attention. I was given 3 days MC from the doctor dated 14/07/2018 to 16/07/2018. I am making this report for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180714/2133

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20180714/2133

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 TOH CHAI TEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/07/2018 17:41

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219

SN 130

Authentic Stamp
NP168



Signature :

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7719057J



THAM PENG YUE
@ISHAQ THAM PENG YUE

譚秉耀

Race
CHINESE

Date of birth
09-07-1977 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7719057J

Name
THAM PENG YUE

Birth Date 09 Jul 1977

Issue Date 04 Jan 2005



NRIC No. S7719057J



Date of issue
28-06-2004

APT BLK 412 WOODLANDS STREET 41 P12-45
SINGAPORE 730412

NRIC No. S7719057J Date 24-07-2004 (R) No. 1956372

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

04 Jan 2005

Class 3A Motor cars without clutch pedals $\leq 3000\text{kg}$
with ≤ 7 passengers, exclusive of the driver,
and motor tractors/vehicles without clutch
pedals $\leq 2500\text{kg}$



NF 423A

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.	DNPCSN3042591704	Engine No : 27191031299391 Chassis No: WDD2040452A353544
1. Index Mark and Registration Number of Vehicle	SKA9814Z	
2. Name of Policy Holder	MR THAM PENG YUE@ISHAQ THAM PENG YUE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 JULY 2017	NAMED DRIVERS EX SECT. IS\$500.00 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
4. Date of Expiry of Insurance	26 JULY 2018	EX ON WINDSCREENS\$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.

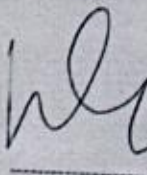

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIPE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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.

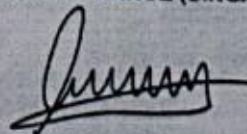
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory