

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA18164581

Date In: 13/8-18:43	Job description	Date & Time Completed	Done by
Ref No: NA/6A28014675/24	SAS e-filing		
Veh No: JLC5335V	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/8/18-13:20	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: P063571L	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

NA805034	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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):	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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	13/08/2018 18:43
Date Of Accident	12/08/2018 13:20
Exact Location Of Accident	TPE TWDS SENGKANG BEFORE TAMPINES LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5335U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN ZHEN YU LEONARD
NRIC No	S9046836G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90086862
Alternative Phone No	OFFICE-90086862

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3SP LUX
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVP000003761-00-000
Cover Note Number	

### Driver

Name of Driver	CHIN ZHEN YU, LEONARD
NRIC No	S9046836G
Date Of Birth	03/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90086862
Fax Number	
Contact Number	OFFICE-90086862
EMail Address	NOEMAIL

Address	BLK 275C COMPASS VALE LINK #09-228
Postcode	543275
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180812/2063.

#### 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	FBL3571L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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 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.

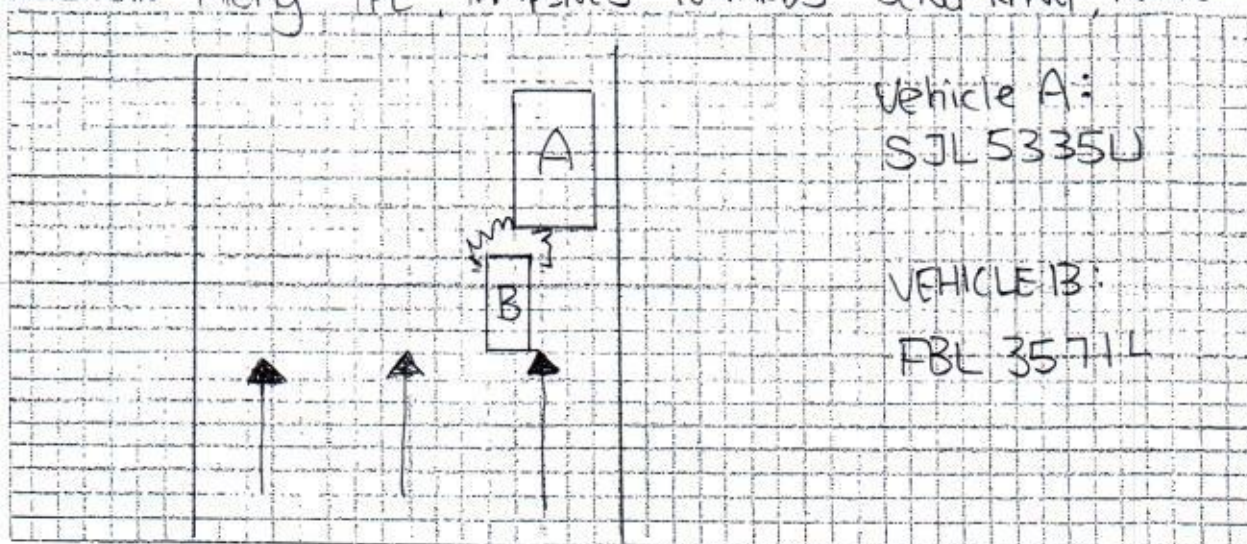
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Along TPE TAMPINES TOWARDS SENG KANG, Before Tampines link exit.



Vehicle A:  
SJL 5335U

VEHICLE B:  
FBL 3571L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A has come to a near stop with 3 - 5 seconds of time to react to avoid an accident. ~~How~~ the vehicle B was heading at a speed<sup>in</sup> which does not have time to react to the situation of the given time period, resulted in collision.

There is a highway camera nearby: H168A highway lamppost camera.

Followed follow police report

DECLARATION

I/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:

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

Date of Accident : 12 August 18 Accident Time: 13:20 (24-HR-Format)  
Accident Place : TPE, TAMPINES TOWARDS SENG KANG, Before  
Tampines link exit.  
Vehicle Reg. No. (Car Plate No.) : SJL 5335U  
Vehicle Make/Model : MAZDA 3  
Insurance Company : Great American Policy No. MOMVP000003761-00-000  
Owner or Company Name / IC No. : CHIN ZHEN YU, LEONARD  
Owner or Company Contact No. : 60086862 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHIN ZHEN YU, LEONARD S9046836G  
DRIVER'S Date Of Birth : 03/12/1990 DRIVER'S License Pass Date 15 Jul 2013  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 275C COMPASSVALE LINK #09-228  
SINGAPORE 543275  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : weiyuan0312@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): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: FBL 3571L

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: \_\_\_\_\_



# SINGAPORE POLICE FORCE



T/20180812/2063

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180812/2063

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2018 16:52	Vide Report No.: G/20180812/0125	Station Diary No.: 80
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Informant's Particulars				
Name of Informant: CHIN ZHEN YU, LEONARD		Address: APT BLK 275C COMPASSVALE LINK #09-228 SINGAPORE 543275		
ID Type / ID No.: NRIC NO / S9046836G		Contact No.: Home/Office: Mobile: 90086862		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 03/12/1990	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES		Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2018 13:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY  Along TPE, Next exit Tampines Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3571L	Motorcycle				Slightly Damaged	0
SJL5335U	Car	MAZDA	MAZDA3SP LUX	White	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL5335U	GREAT AMERICAN INSURANCE COMPANY	MT2018AVAES009 9	26/04/2018	25/04/2019



# SINGAPORE POLICE FORCE



T/20180812/2063

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180812/2063

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN ZHEN YU, LEONARD	ID No.	S9046836G
Related Vehicle	NIL	Contact No.	90086862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 12/08/2018 at about 1320hrs, I was driving my vehicle bearing the registration plate number SJL5335U along TPE near to Tampines Link Exit and I was driving on the 1st lane. While driving, there was vehicle in front of my vehicle, and he was slowing down his vehicle with his hazard light on. I then slow down my vehicle and subsequently, then came to a stop. However, right after I came to stop, I felt an impact on the rear of my vehicle. I then alighted from my vehicle and discovered that a motorcycle bearing the registration plate number FBL3571L had collided to the rear of my vehicle. I then immediately checked of the rider and called for ambulance as her right leg was bleeding.

After which, Traffic police and ambulance came and attended to us. The rider was then conveyed to hospital and I was advised by the Traffic Police to lodge a police report. As such, I am lodging this report.



**SINGAPORE  
POLICE FORCE**



T/20180812/2063

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20180812/2063

**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:

F /

Sgt 1 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/08/2018 16:52

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9046836G



Name

CHIN ZHEN YU, LEONARD

钟 镇 宇

Race

CHINESE

Date of birth

03-12-1990

Sex

M

Country/Place of birth

SINGAPORE



5707223



NRIC No. S9046836G



Date of issue

10-02-2017

Address



APT BLK 275C COMPASSVALE LINK  
#09-228  
SINGAPORE 543275

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9046836G**  
Name: **CHIN ZHEN YU, LEONARD**

Birth Date: 03 Dec 1990  
Issue Date: 15 Jul 2013

002202388A




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

	EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	15 Jul 2013

NP 428A

Licence No: S9046836G



## 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)

### Policy Details

Certificate Number	: MOMVP000003761-00-000	Cover	: Private Car (Third Party Only)
Policyholder Name	: Chin Zhen Yu Leonard	Chassis Number	: JMBK106280441719
NCD Entitlement	: Nil	Engine Number	: Z6746094
Hire Purchase	: N/A	Registration Number	: SJL5335U
Period of Insurance	: From 26/04/2018 (00:00) To 25/04/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Policyholder  
b) Any person who is driving on the Policyholder's order or with their permission  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business  
This Policy does not cover:

- a) Use for Hire and Reward  
b) Use for racing, pace making, reliability trial or speed testing  
c) Use for carriage of goods (other than samples) in connection with any trade of business  
d) Use for any purpose in connection with Motor Trade

\* 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

Excess (Section 1)	: N/A	Workshop	: Not Applicable
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: N/A	NCD Protection	: No

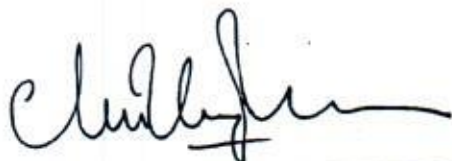
### Driver Details

Main Driver	: Chin Zhen Yu Leonard
Named Driver 1	: N/A
Named Driver 2	: N/A
Named Driver 3	: N/A
Name of Intermediary	: AVA Insurance Brokers Pte Ltd
Date of Issue	:

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

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

gaw