

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

MNA418147584

Date In: 14/1/2008 15:58	Job description	Date & Time Completed	Done by
Ref No: NBA/AUG8020629/Y	SAS e-filing		
Veh No: SCM 1285C	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 13/1/2008 14:35	I-Motor Claim Form		
OID: 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: PEDK81RION

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 () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time:

Actions:

XMA1807.457

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

2/3:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
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 Report	14/11/2018 15:58
Date Of Accident	13/11/2018 19:35
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1285C
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	JO3S3H@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92732269
Alternative Phone No	OFFICE-67023360

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X SENSING (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100855732-00000
Cover Note Number	

Driver

Name of Driver	CHUNG JENG CHOON (ZENG JIANCHUN)
NRIC No	S8234660J
Date Of Birth	23/10/1982
Occupation	INDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92732269
Fax Number	
Contact Number	OFFICE-67023360
EMail Address	JO3S3H@YAHOO.COM

Address	BLK 357C ADMIRALTY DRIVE #08-134
Postcode	753357
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181113/2175

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

Details of Witness 1

Name	MR TAN
Phone Number	97958100
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN PEDESTRIAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

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

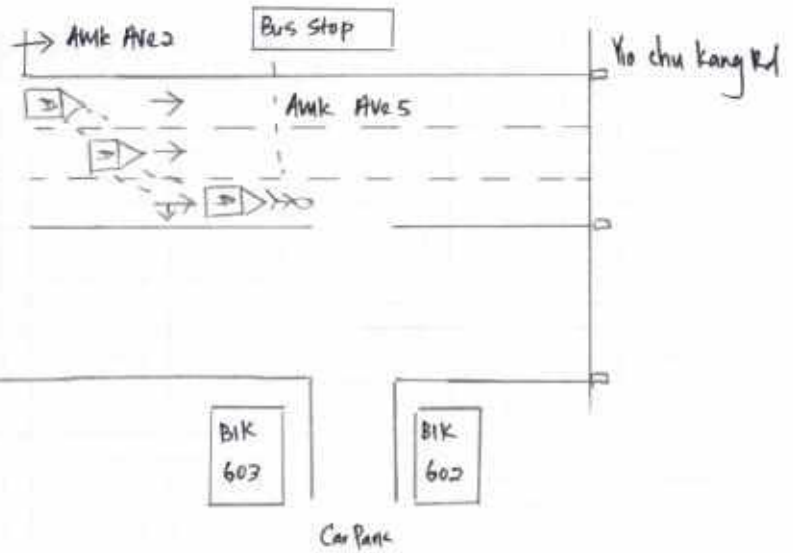
14 NOV 18 / 3PM

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

14/11/18
Rashid Hussain

SKETCH PLAN

Veh #. SLM 1285C
& Pedestrian



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20181113/2175

DECLARATION

I/We declare the foregoing particulars are true in every respect.

DANDELION ED PTE LTD
ROC: 201314301M

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14 Nov 18 / 3PM

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



**SINGAPORE
POLICE FORCE**



T/20181113/2175

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No. T/20181113/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 21:43	Vide Report No.: F/20181113/0234	Station Diary No.: 81
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Informant's Particulars

Name of Informant: CHUNG JENG CHOON			Address: APT BLK 357C ADMIRALTY DRIVE #08-134 SINGAPORE 753357		
ID Type / ID No.: NRIC NO / S8234660J			Contact No.: Home/Office: Mobile: 92732269		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 23/10/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 13/11/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 5 YIO CHU KANG ROAD AFTER THE JUNCTION OF ANG MO KIO AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM1285C	Car	HONDA	VEZEL X SENSING		Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20181113/2175

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20181113/2175

CONTINUATION OF REPORT

Driver				
Name	CHUNG JENG CHOON		ID No.	S8234660J
Related Vehicle	SLM1285C (Car)		Contact No.	92732269
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
WITNESS				
Name	TAN		ID No.	NIL
Related Vehicle	NIL		Contact No.	97958100
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 13/11/2018 at about 7.35pm, I was driving along Ang Mo Kio Avenue 2 towards Ang Mo Kio Avenue 5. I turned left into Ang Mo Kio Avenue 5 and was changing lane to the right. Then, I noticed that there was a pedestrian (unknown female Chinese, in her 70s) in front of my car and was crossing the road towards Blk 603 Ang Mo Kio. I applied emergency brake but was not able to stop the car and collided onto the said pedestrian. She fell onto the road. I stopped the car and attended to her. I called for the ambulance which later attended and conveyed her to hospital. Traffic police attended and the report number is F.20181113/0234. I was advised by the police to lodge a traffic accident report. There is in-car camera inside my car and the traffic police took it for investigation. I wish to state that there was a witness (Mr Tan, hp: 97958100) who was driving behind my car. I did not sustain any injury. My car is damaged with dent on the bonnet and front bumper (bottom left side).



**SINGAPORE
POLICE FORCE**



T/20181113/2175

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No. T/20181113/2175

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 /
SI BALA MURUGAN S/O KALIAPPAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Signature Of Informant:

Date/Time:
13/11/2018 21:43

Classification Of Case:

Authentication Stamp
NP168

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 13 NOV 18
*Accident Location: ALONG ANG MO KIO AVE

①

*Time of Accident: 7.35PM

Vehicle Details

*Vehicle Number: SLM 1285C

*Make & Model: HONDA VEZEL 1.5 X SENSIVE

Insured / Policyholder

*Owner Name: Dandaton ED Pte Ltd

*NRIC: 201314301M

*Address:

*Email:

*HP:

*Occupation: (Indoor / Outdoor) *Tel / H / Other: 6702 3360

Driver () same as above

*Driver Name: CHANG JEN CHUAN

*NRIC: 88234600J

*Address: 357C ADMIRALTY DRIVE #03-12A S(753351)

*Date of Birth: 23/10/1982

*Driving Pass Date:

*HP: 9273 2269

*Email: 203534@Yahoo.com

(JCS34)

*Gender: Male / Female

*Occupation: ENGINEER

(Indoor / Outdoor)

*Tel / H / Other:

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder:)

Passengers Details

*P/Name: (Male/Female) *P/Name: (Male/Female)

*P/Name: (Male/Female) *P/Name: (Male/Female)

Insurance Company

*Insurer: *Coverage: C / TPFT / TPO *Policy No:

Detail of other vehicle / Property 1

Vehicle No.: Pedestrian

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Hit onto Pedestrian

*Weather conditions: Clear / Raining / others:

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others:

*Witness: Yes / No (Name: Tan

NRIC :

HP: 97958100)

*Accident reported to police: Yes / No

*Summon against whom:

*Injured party: Yes / No

*No. of passengers (include driver):

-I/Name: Pedestrian

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name:

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S8234660J**
Name:

CHUNG JENG CHOON
(ZENG JIANCHUN)

Birth Date: 23 Oct 1982
Issue Date: 05 Aug 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8234660J



Abstract

CHUNG JENG CHOON
(ZENG JIANCHUN)

曾健春

RACE
CHINESE

Date of birth
23-10-1982

5.5

Country of birth
SINGAPORE

2023.4.19.12.21

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

05 Aug 2003



Licence No. S5234660.J

NP 428A



4900775



WHC No. **S8234660J**

Date of issue
30-10-2012

Abstract

APT BLK 357C ADMIRALTY DRIVE
#08-134
SINGAPORE 753357



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999994436/100855732-00000

OWN DAMAGE EXCESS S\$1,500.00 (I & II)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)
SUM INSURED S\$1.00
INSURING WITH COE/PARF YES

- 1) VEHICLE REGISTRATION NO. SLM1285C
2) NAME OF INSURED Dandellon ED Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 14 Sep 2018
4) DATE OF EXPIRY OF INSURANCE 13 Sep 2019
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured'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 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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
~~3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SWEE SENG CREDIT PTE LTD

* 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).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTP