

NATIONAL Assessment Centre Services.

[ref: 1 Jan 00]

MAA/9019395

Date In: 12/02/2009 12:08	Job description	Date & Time Completed	Done by
Ref No: MAA/CTI19002468/Y	SAS e-filing		
Veh No: SJR 7311T	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 08/02/2009 21:00	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJM 960S	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Assigned to

NA/901102	
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	Forfeiting against INC Only (ref 10 Jan 2005)
Ref 1:	6) TR: Re-inspection \$75
Ref 2/3:	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*NS: Repair Co-ordination \$10
	*NS: Post Repair Inspection \$25
	*NS: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Non INC) against INC \$20
	9) NI: Ideal Mobiles 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 willful 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	12/02/2019 12:03
Date Of Accident	08/02/2019 21:00
Exact Location Of Accident	ALONG YIO CHU KANG RD TOWARDS GERALD DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7311T
Insured/Policyholder	
Name Of Registered Owner	MDM CHOO WEN LIN NORENE
NRIC No	S7208058J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331386
Alternative Phone No	OTHERS-96883726

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	DMPCSN3042771800
Cover Note Number	

Driver

Name of Driver	TAN YOU JI CRANSTON
NRIC No	S6916424B
Date Of Birth	12/05/1969
Occupation	INDOOR
Date Of Driving Pass	17/05/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331386
Fax Number	
Contact Number	OTHERS-96883726
Email Address	NOEMAIL

Address	BLK 986A BUANGKOK CRESCENT #13-23
Postcode	531986
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) 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)	3
Passenger 1	NAME: : CHOO WEN LIN NORENE GENDER: : FEMALE
Passenger 2	NAME: : TAN WEI LIANG CALVERT GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SJM960S
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SHUN HAO
NRIC/Passport Number	S9131024D
Contact Number	96883726
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN YOU JI CRANSTON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHOO WEN LIN NORENE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name TAN WEI LIANG CALVERT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJR7311T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

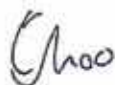
SKETCH PLAN

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:

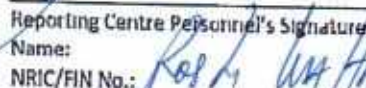
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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



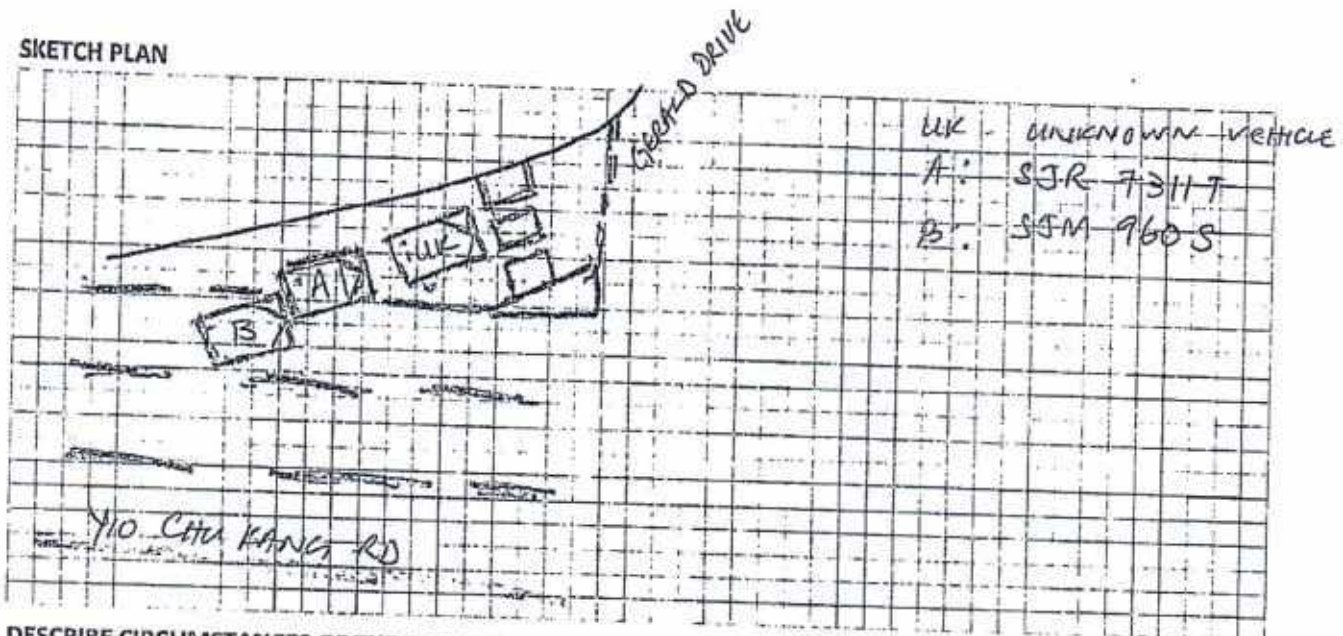
Policyholder's Signature
Date & Time:



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

I was driving along Yio Chu Kang Road. At the junction of Gerald Drive, I slow down as an unknown vehicle was ahead of mine (Zebra Crossing). At this moment, as I was about to move off, vehicle 'B' collided against my vehicle. After the impact/collision we exchanged particulars and left the scene.

DECLARATION

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

Choo
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: Koh
NRIC/FIN No.: 126026019

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	08/02/2019	Time of Accident:	2100
Exact Location:	ALONG Y10 CHUKKANG RD TOWARDS GERALD DRIVE		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SJR 7311 T		
Name of Registered Owner:	MAW CHOO WEN LIN NORENE		
NRIC / FIN / Passport no:	S7208058 J 9733 1386-		
Vehicle Make:	TOYOTA	Vehicle Model:	VIOS
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	<u>Private</u> / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	CHINA TAIPING		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	PMPCSN 3042771800		

DRIVER			
Name of Driver:	TAN YOU JI CRANSTON		<input type="checkbox"/> same as owner
NRIC / FIN / Passport no:	S6914424 B	Date of Birth:	12/05/1969
Occupation:	<u>Indoor</u> / Outdoor	Driving Pass Date:	17/05/2000
Contact Number:	9777 8006	Gender:	<u>Male</u> / Female
Address:	BLK 906A BUANG KOK CRESCENT #13-32 (S31 986)		
Relationship with Owner:	Owner / Employee / <u>Spouse</u> / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:		
Weather Condition:	<u>Clear</u> / Raining / Others:		
Road Surface:	<u>Dry</u> / Wet / Others:		
Was anybody injured?	<u>Yes</u> / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	03		

01 - MALE 01 - FEMALE

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SJM 960 S		
Vehicle Make / Model:	TOYOTA ACTIS		
Name of Driver:	ANG SHUN HAO		
NRIC / FIN / Passport no:	S9131024 D		
Contact Number:	9688 3726		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	TAN YOU JI SJR 7311 T CRANSTON	CHOO WEN LIN NORENE	TAN WEI LIANG CALVERT

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver _____

Date and time _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6916424B



TAN YOU JI CRANSTON

陳有吉

RACE
CHINESE

Date of Birth
12-05-1969

Country/Place of Birth
SINGAPORE

REPUBLIC OF SINGAPORE



IDENTITY NUMBER S6916424B

TAN YOU JI CRANSTON

Birth Date 12 May 1969

Issue Date 29 Apr 2015



S665923

Ident. No. S6916424B

Date of Issue
27-10-2016

APT BLK 986A BUANGKOK CRESCENT
#13-02
SINGAPORE 531968

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	09 Jun 1967
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	17 May 2000

NP 426A



Licence No: S6916424B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7208058J



Name

CHOO WEN LIN NORENE

朱政霖

Race

CHINESE

Date of birth

12-03-1972

Sex

F

Country of birth

SINGAPORE

3663926



57208058J



Date of issue

27-10-2016

Address

APT. BLK 886A BUANGKOK CRESCENT
#13-23
SINGAPORE 531986

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.

DMPCSN3042771800

Engine No : 1N3X917167

Chassis No: MR053HY9305115777

1. Index Mark and Registration
Number of Vehicle

SJR7311T

2. Name of Policy Holder

MDM CHOO WEN LIN NORENE (NON-DRIVER)

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

10 JULY 2018

NAMED DRIVERS EX SECT. I.....S\$500.00
IN ADDITION TO NAMED DRIVERS EX:

4. Date of Expiry of Insurance

09 JULY 2019

EX SECT. I - AGE <= 25.....S\$3,000.00

EX SECT. I - AGE >= 26.....S\$500.00

5. Persons or Classes of Persons entitled to drive *

* AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREEN.....S\$100.00

ANY 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 NAMED DRIVERS IN THE EVENT OF OWN DAMAGE
CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : KENSO LEASING 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
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory



Elaine Lee
97489011

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAY4190 Vehicle Registration No: STK 73117
Name (as shown in NRIC) : Tan You Jie Ernest NRIC/FIN/Passport No : S691642413
(* ~~Vehicle Driver~~ / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97331386
Email Address : _____
Date of Accident : 08/02/2019 Time of Accident : 21:00
Place of Accident : Along Yoo Cebu Road Road towards GARDEN ALANK
Insurance Company : Chuan Tan Pines

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO DELETE FIRST 2 PHOTOS THAT DOES NOT BELONG TO THE CASE
VEHICLE INVOLVED (FRONT PORTRAIT)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: h07013
Date: 12/02/2019