

NATIONAL Assessment Centre Services.

Print 1 Jan 2003

MMA 119042753

Date In: 214/19 14:23	Job description	Date & Time Completed	Done by
Ref No: NAL 21P19005788/64.	SAS e-filing		
Vch No: SLP 1365P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 114/19 09:15.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vch No: 6867918 X.	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 repater.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6708 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

<p>MA 1902379</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>At 1:</p> <p>At 2/3:</p>	<p>Invoice/Reparation Check List</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>INC (\$50)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$50)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$43</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (w/c 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (N-on INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	INC (\$50)	30.00	2) DA: Damage Assessment (\$100);	INC (\$50)		3) TP: Towing Fee	\$40/\$43		4) FT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (w/c 10 Jan 2003)			6) TR: Re-inspection	\$75		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:-			OD:			*N5: Courtesy Car / Tpt Allowance	\$5		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$5		TP (N11): TP (N-on INC) against INC	\$20		9) N12: Idao Mobile	\$0	
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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 02/04/2019 14:23
 Date Of Accident 01/04/2019 09:15
 Exact Location Of Accident ALONG MANDAI RD TWDS BKE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP1365P
Insured/Policyholder
 Name Of Registered Owner TAN WEE HONG
 NRIC No S7933322J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-86888335
 Alternative Phone No OFFICE-86888335

Vehicle Particulars

Manufacturer HONDA
 Model STREAM
 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 HIRE

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number SD18V14497/VPL/R00
 Cover Note Number -

Driver

Name of Driver TAN WEE HONG
 NRIC No S7933322J
 Date Of Birth 16/10/1979
 Occupation INDOOR
 Date Of Driving Pass 20/04/2001
 Driving Experience 17 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86888335
 Fax Number
 Contact Number OFFICE-86888335
 EMail Address NOEMAIL

Address	BLK 303A ANCHORVALE LINK #06-78
Postcode	541303
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 (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)	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

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7918X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 TAN WEE HONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLP1365P

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.:

A - SLP1365P
B - GBC 7918X

B - GBC 7918X

Refer to the police report T/20190402/2048

Refer to the police report T/20190402/2048

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

$V_1 = \{v \in V : \exists \text{ } \alpha \in \mathbb{R} \text{ such that } v = \alpha \cdot 1\}$

Date & Time:

NRIC/FIN No.:

Date of Accident : 1/4/19 Accident Time: 9:15 am (24-HR-Format)
Accident Place : Along Mandai Road towards BKE
Vehicle No. (Car Plate No.) : SLP136SP Make/Model: Honda Stream
Insurance Company : Liberty Policy No: SD18V14497
Owner or Company Name /IC No. : Tan wee Hong / 57933322J
Owner or Company Contact No. : _____ Owner's Hp 86888335 Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 16/10/1979 DRIVER'S License Pass Date 20/4/2001
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : BLK 303A Anchorvale link # 06-78
DRIVER'S Contact No. / Alt No. : 1) _____ 2) 5541303
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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 driver
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
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: <u>G1B G1 7918X (ms16)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20190402/2048

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

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Report No. T/20190402/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2019 10:56		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: TAN WEE HONG			Address: APT BLK 303A ANCHORVALE LINK #06-78 SINGAPORE 541303		
ID Type / ID No.: NRIC NO / S7933322J			Contact No.: Home/Office: Mobile: 86888335		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 16/10/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/04/2019 09:15	Type of Location: Straight Road
Location: Along Road 1 MANDAI ROAD BUKIT TIMAH EXPRESSWAY Along Mandai Road towards BKE				
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
GBG7918X	Van					0
SLP1365P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190402/2048

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

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Report No. T/20190402/2048

CONTINUATION OF REPORT

Driver				
Name	TAN WEE HONG		ID No.	S7933322J
Related Vehicle	SLP1365P (Car)		Contact No.	86888335
Hospital/Clinic	SINGAPORE SPORTS AND ORTHOPAEDIC CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/04/2019		Date Discharge	01/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Details.

On 01/04/2019 at about 0945hrs, I was driving my vehicle SLP 1365P along Mandai Road heading towards BKE. The traffic was heavy and I was on the 1st lane of the 3 lane road.

I began to drive straight along Mandai Road towards BKE and my vehicle then came to a complete stop due to the traffic volume. All of a sudden, I heard a loud bang from the rear and realized one van GBG 7918X had collided onto the rear of my vehicle.

I alighted from my vehicle and took photographs of the scene. The particulars of the van driver as follows:
Hu ShunRong, S86112461, 85882289

The whole accident was captured on my in car camera. Subsequently I went to consult a doctor at Singapore Sports and Orthopaedic Clinic and was given 5 days Medical Certificate from 01/04/2019 to 05/04/2019.



**SINGAPORE
POLICE FORCE**

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



T/20190402/2048

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Report No. T/20190402/2048

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 /
Staff Sgt CHEE SI WEI, FELIX

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168 Singapore Police Force

Signature Of Informant:

Date/Time:
02/04/2019 10:56

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7933322J



Name
TAN WEE HONG
(CHEN WEIFENG)
陈 为 峰

Race
CHINESE

Date of birth
16-10-1979

Country of birth
SINGAPORE

Sex
M

S7933322J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7933322J

Name
TAN WEE HONG
(CHEN WEIFENG)

Birth Date 16 Oct 1979

Issue Date 29 May 2003

000524393E

4521294




NRIC No S7933322J

Date of issue
03-02-2010

Address
APT BLK 303A ANCHORVALE LINK
#06-78
SINGAPORE 541303

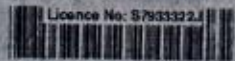
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE
30 Apr 2001


NP 4284

Licence No: S7933322J



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, 1969 (MALAYSIA)

Certificate No	SD18V14497 /VPL /R00
From	MZ400B
Date Of Issue	17-DEC-2018
1. Index Mark and Registration No. of Vehicle:	SLP1365P
2. Chassis number of Vehicle:	RN61083475
3. Name of Policyholder:	TAN WEE HONG
4. Effective date of Commencement of Insurance for the purpose of the Act:	17-DEC-2018 00:00 AM
5. Date of Expiry of Insurance:	16-DEC-2019 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
For Uber/Grabcar Usage :	TAN WEE HONG
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
<p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>	
7. Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic and pleasure purposes.	
8. Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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.	
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
<p> _____ Authorised Signature</p>	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Grabcar Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	GV CREDIT PTE LTD
PRODUCER NAME:	PHILIP SECURITIES PTE LTD

PLYW 20181217

Ver.1.260705