

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MVA11904462**

|                              |  |                       |         |
|------------------------------|--|-----------------------|---------|
| Date In: 31/1/05 - 11:57     | Job description                          | Date & Time Completed | Done by |
| Ref No: NA 1073 1900 6028/24 | SAS e-filing                             |                       |         |
| Veh No: 5A 3343X             | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 31/1/05 - 21:30      | i-Motor Claim Form                       |                       |         |
| OD (TR) 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: **SM 14777R** 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)

| Remarks   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
|---------------------------------|---|-------------|-----------|
|                                 |   | for Bill    | Add Bill  |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |           |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |           |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |           |
| Auditors' Comments:-            | 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:-                   |             |           |
|                                 | 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-in INC) against INC \$20        |             |           |
|                                 | 9) N12: Idac Mobile 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             | 05/04/2019 11:57 |
| Date Of Accident           | 03/04/2019 21:30 |
| Exact Location Of Accident | TAMPINES AVE 9   |
| Country/State of Loss      | SINGAPORE        |

#### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJX3343X             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHOE YEW HENG        |
| NRIC No                     | S1422550A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97391864 |
| Alternative Phone No        | OFFICE-97391864      |

#### Vehicle Particulars

|  |  |
|--|--|
| Manufacturer   | AUDI                                     |
| Model  | A3 1.8T CABRIOLET FSI AT ABS D/AB TC HID |
| 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             | DMPCSN3020971900                              |
| Cover Note Number         |   |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHOE JING YEE, JUN   |
| NRIC No              | S9621500B            |
| Date Of Birth        | 14/06/1996           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 02/04/2015           |
| Driving Experience   | 4 YEARS AND 0 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-96779752 |
| Fax Number           |                      |
| Contact Number       | OFFICE-96779752      |
| EMail Address        | NOEMAIL              |

|   |                              |
|---|------------------------------|
| Address   | 27 PAYA LEBAR ROAD<br>#07-05 |
| Postcode  | 409042                       |
| Was driver an employee of the Insured's Company     | NO                           |
| If No, Relationship of the Driver with the Insured  | CHILDREN                     |
| Vehicle Registration Number of Driver's Own Vehicle | -                            |
|   | -                            |
| Insurance Company of Driver's Own Vehicle           | -                            |
|   | -                            |
|   | -                            |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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)   | 2   |
| Passenger 1   | NAME: : RANDOLPH KOH YONG LEE<br>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

REFER TO STATEMENT.

#### 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 | SMH7771R       |
| Vehicle Make/Model/Colour   | HONDA FIT      |
| Details Of Properties       |                |
| Vehicle Category            | PRIVATE CAR    |
| Name of Driver              | TAN KWANG BOON |
| NRIC/Passport Number        |                |
| Contact Number              | 93890894       |
| Address                     |                |
| Postcode                    |                |
| Insurance Company Name      |                |
| Nature Of Damage            |                |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                    |
|---|--------------------|
| Name  | CHOE JING YEE, JUN |
| Approximate Age                                     |                    |
| Injuries Sustain                                    | BODY               |
| Injured person in which vehicle?                    | SJX3343X           |
| Were seat belts worn?                               | YES                |
| Was this injured conveyed to hospital by ambulance? | NO                 |
| Address   |                    |
| Postcode  |                    |

**DETAILS OF INJURED PERSON 2**

|   |                       |
|---|-----------------------|
| Name  | RANDOLPH KOH YONG LEE |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | BODY                  |
| Injured person in which vehicle?                    | SJX3343X              |
| Were seat belts worn?                               | YES                   |
| Was this injured conveyed to hospital by ambulance? | NO                    |
| Address   |                       |
| Postcode  |                       |

## SKETCH PLAN

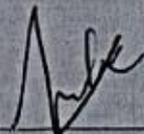
### IMPORTANT NOTICE

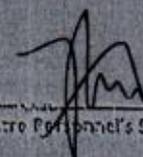
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting, may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established 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 lodging 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 sums 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.

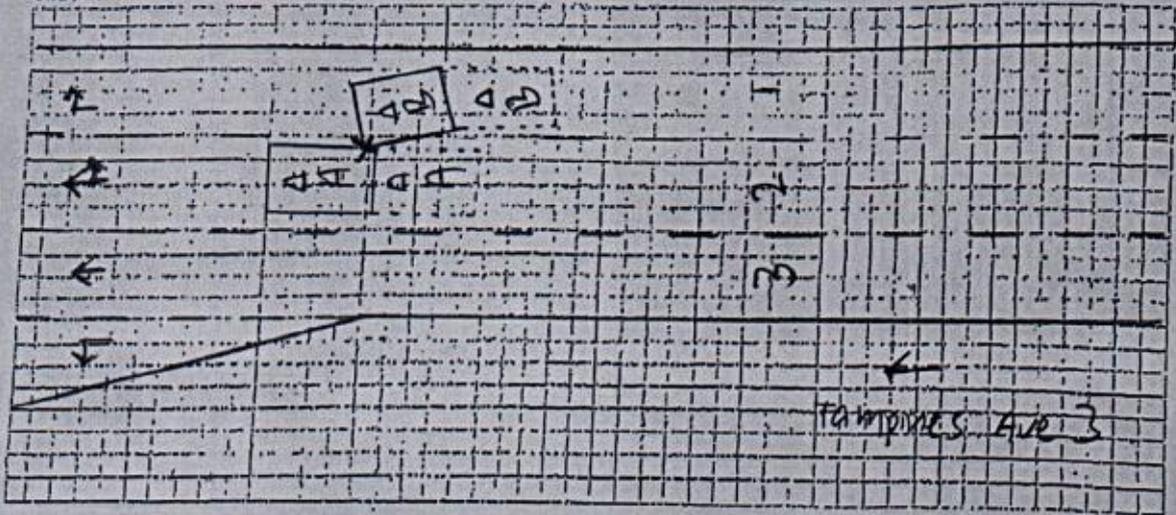
Policyholder's Signature  
Date & Time:

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

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

veh A: SJX 3343X  
veh B: SMH 7771R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated Date: 03/04/19 Time: 930pm,  
I was driving my car (veh A: SJX 3343X) on lane 2 along  
Tampines Ave 3. Suddenly, I felt an impact from my rear and  
realised a car (veh B: SMH 7771R) had changed lane from lane 1  
to lane 2 and collided onto my right rear portion of my car.

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 : 3/4/2014 Accident Time: 9 30 pm (24-HR-Format)

Accident Place : Tampinese Ave 9

Vehicle Reg. No. (Car Plate No.) : SJX 3343X

Vehicle Make/Model : Audi A5

Insurance Company : China Taiping Policy No. \_\_\_\_\_

Owner or Company Name / IC No. : Choe Yew Hong S1422550A

Owner or Company Contact No. : 97391864 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Choe Jing Yee, Jun S96215003

DRIVER'S Date Of Birth : 4/6/1996 DRIVER'S License Pass Date 2/4/2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Children

DRIVER'S Address : 27 Paya Lebar Road #07-05 (401042)

DRIVER'S Contact No./ Alt No. : 1) 9677 9752 2) \_\_\_\_\_

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): 2 Randolph Koh Yong Lee (make passenger)

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: SMH 7771R

Vehicle Make/Model: Honda Fit

Name Driver: Tan Icwany Boon

IC No. Driver: S8519739P

Driver's Contact & Add: 9389 0894

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

## NOTICE OF REPORTING

This is to confirm that CHOE JING YEE, JUN NRIC/FIN S9621500B, has reported to the Police a non-injury traffic accident which occurred at

Along Tampines Ave 9

on 03/04/2019 at 2130hrs involving the following vehicles:

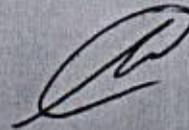
- 1) **SJX3343X (Complainant)**
- 2) **SMH7771 (Defendant)**

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T170003 Nicholas Lee Nam Aik

Date: 04/04/2019

Time: 0245hrs

 T170003

S/D Ref: 08

Police Post/Unit : Toa Payoh NPC

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
93 TOA PAYOH CENTRAL #01-02  
TOA PAYOH CENTRAL COMMUNITY CLUB  
SINGAPORE 319194

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFY:

|  | EFFECTIVE DATE |
|--|----------------|
| is 3 Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg | 02 Apr 2015    |

Licence No: S9621500B

P 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S9621500B

Name: CHOE JING YEE, JUN

Birth Date: 14 Jun 1996

Issue Date: 18 Oct 2018

002658633A

4722085

MRIC No: S9621500B

Date of issue: 10-05-2011

27 PAYA LEBAR ROAD #07-05  
SINGAPORE 409042

NRIC No: S9621500B Date: 24/12/2018

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9621500B

Name: CHOE JING YEE, JUN

曹静仪

Race: CHINESE

Date of birth: 14-06-1996

Sex: F

Country of birth: SINGAPORE

S9621500B

Servicing Agent:  
Cowell Insurance Agency  
Pte Ltd | tel.63392592  
T:ivex @ 8 Burn Road #09-09  
contactus@cowell.com.sg

**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.  | DMPCSN3020971900               | Engine No :CDA074944<br>Chassis No:TRUZZ28P9A1004777   |
| 1. Index Mark and Registration Number of Vehicle   | SJX3343X                       |  |
| 2. Name of Policy Holder   | CHOE YEW HENG                  |  |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 19 MARCH 2019<br>(11:41 HOURS) | NAMED DRIVERS EX SECT. I .....S\$750.00<br>ADDITIONAL EX OTHER THAN NAMED DRIVERS:                             |
| 4. Date of Expiry of Insurance   | 18 MARCH 2020                  | EX SECT. I - AGE <= 25.....S\$3,000.00<br>EX SECT. I - AGE >= 26.....S\$500.00<br>* AGE AS AT DATE OF ACCIDENT |
| 5. Persons or Classes of Persons entitled to drive *   |                                | EX ON WINDSCREEN .....S\$100.00  |

(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.

HIRE PURCHASE CO. : HONG LEONG FINANCE 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