

# NATIONAL Assessment Centre Services. [wef 1 Jan'03] MNA 119084561 - 01

Date In: 29/6/19 10:35	Job description	Date & Time Completed	Done by
Ref No. NA1 CTZ 19011536/64	SAS e-filing		
Veh No. SJZ 8474 H	E-mail (within 2hrs, AIC 2hrs)		
DOA 28/6/19 15:40	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: YN 5753 H	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: YBS ( ) / 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 Notice 6718/6016)	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

NA 1904825		Invoice Information Checked	Am't (\$)	By (S)	By (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30.00		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	4) PT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) IPT: Follow-Through Survey (Resurvey) \$30				
Auditors Comments:	For claimant against INC Only (wef 10 Jan 2003)				
	6) TR: Re-inspection \$75				
	7) NI: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:				
	ON:				
	*N5: Courtesy Car / Tpt Allowance \$5				
	*N6: Repair Coordination \$10				
	*N7: Post Repair Inspection \$25				
	*N8: DV / Collect Excess Coordination \$3				
	TP (N11): TP (S-on 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	29/06/2019 10:35
Date Of Accident	28/06/2019 15:40
Exact Location Of Accident	AYE EXIT JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8474H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOUSE DE CARZ TRADING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93888488

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	OTW SEND CAR TO CUSTOMER FOR VIEWING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	DMTPSN1652741802
Cover Note Number	-

### Driver

Name of Driver	CHONG NYEN SEN
NRIC No	S6942460J
Date Of Birth	26/11/1969
Occupation	INDOOR
Date Of Driving Pass	26/07/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93888488
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 58 CHAI CHEE DR #05-120
Postcode	460058
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	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG AYE EXIT TO JLN AHMAD IBRAHIM, WHEN NOTICED FRONT VEH SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AN STRONG IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO YN5753H) FROM BEHIND COLLIDED ONTO MY VEH REAR RIGHT PORTION

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FOOTAGE FROM OTHER PARTY VEH
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5753H
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 CHONG NYEN SEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJZ8474H

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.

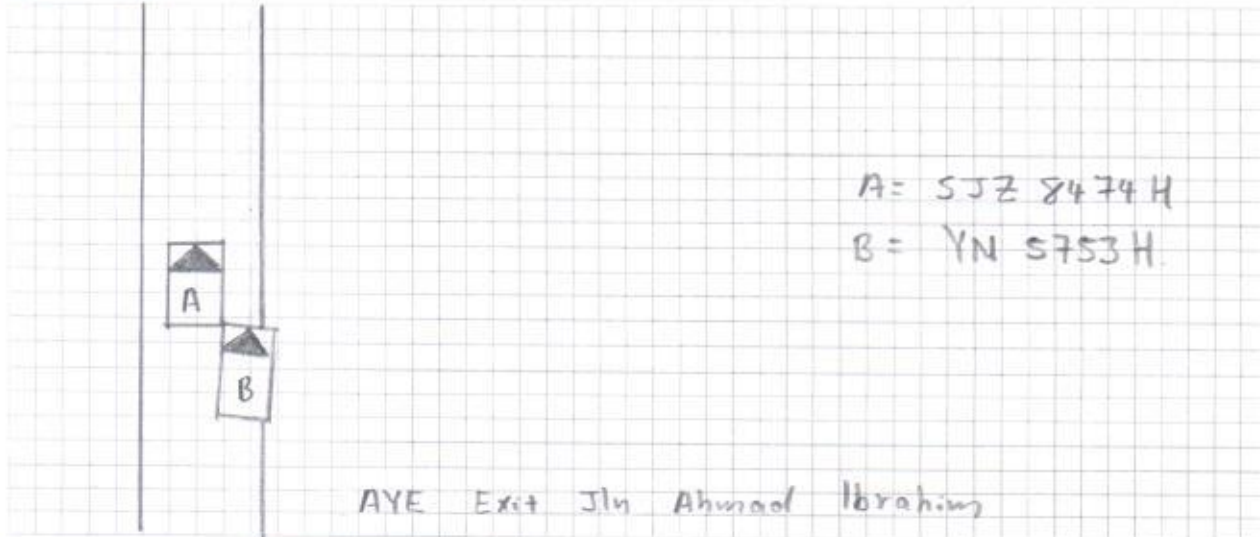


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = SJZ 8474 H  
B = YN 5753 H

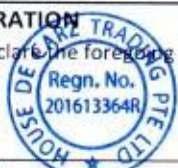
AYE Exit Jln Ahmad Ibrahim

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:

**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 : MMA 119084561 Vehicle Registration No: SJZ 8474H  
Name (as shown in NRIC) : Chong Nyen Sen NRIC/FIN/Passport No : S6942460J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 93888488  
Email Address : \_\_\_\_\_  
Date of Accident : 28/6/19 Time of Accident : 15:40  
Place of Accident : AYE Exit Jln Ahmad Ibrahim.  
Insurance Company : China Taiping.

**(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:

Amend Add In Police Report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Policyholder / Driver's Signature  
Date: \_\_\_\_\_

[Signature]

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 29/6/19.



Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2019 13:21	Vide Report No.:	Station Diary No.: 32
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**Informant's Particulars**

Name of Informant: CHONG NYEN SEN			Address: APT BLK 58 CHAI CHEE DRIVE #05-120 SINGAPORE 460058		
ID Type / ID No.: NRIC NO / S6942460J			Contact No.: Home/Office: Mobile: 93888488		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 26/11/1969	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: CAR DEALER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2019 15:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
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
SJZ8474H	Car					0
YN5753H	Lorry					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190629/2073

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Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20190629/2073

**CONTINUATION OF REPORT**

Driver			
Name	CHONG NYEN SEN	ID No.	S6942460J
Related Vehicle	SJZ8474H (Car)	Contact No.	93888488
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2019	Date Discharge	29/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 28/06/2019 at about 1540hrs, I was travelling along AYE towards Jalan Ahmad Ibrahim exit when I noticed the vehicle in front of me slow down and stop. As such I followed and stop. All of a sudden, I felt a strong impact from the rear. I then alighted from my vehicle and realized that a lorry, YN5753H collided on the my rear right portion of my vehicle.

No one was conveyed by ambulance.

The driver in front of me driving vehicle number, SGY40U, have a rear in-car camera and have assisted me by giving me the SD card for the camera. I have the footage with me.

I went to Parkway East Hospital on the 29/06/2019 as I felt pain on top of my head and a strain on my neck. I received 3 days MC from 29/06/2019 to 01/07/2019.



**SINGAPORE  
POLICE FORCE**



T/20190629/2073

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20190629/2073

**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:

G /

Sgt 3 MUHAMMAD FAZLI BIN ZAILANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



**SINGAPORE  
POLICE FORCE**

Signature Of Informant:

Date/Time:

29/06/2019 13:21

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S6942460J

Name: CHONG NYEN SEN

Birth Date: 26 Nov 1969

Issue Date: 05 Aug 2003

0007170858




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6942460J

Name: CHONG NYEN SEN

张源生

Race: CHINESE

Date of Birth: 26-11-1969

Country of Birth: SINGAPORE

Sex: M

S6942460J




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Date
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Jun 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	10 Sep 2008

S / No: 9000102864

S6942460J

NP 475A

License No: S6942460J

0374215

NRIC No: S6942460J

APT BLK 58 CHAI CHEE DRIVE #05-120

SINGAPORE 460058

NRIC No: S6942480J

Date: 17/05/2015

Blood Group: AB+

Date of issue: 06-06-1992




\$1924.29



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

MZ9  
R SN  
AN0590A  
Cov.Type: T

MOTOR TRADE POLICY

**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)

ORIGINAL

CERTIFICATE No. DMTPSN1652741802

1. Index Mark and Registration Number of Vehicle Any Motor vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policy Holder HOUSE DE CARZ TRADING PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 24 August 2018
4. Date of Expiry of Insurance 23 August 2019

5. Persons or Classes of Persons entitled to drive\* As per Schedule.

Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy.

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 only for Motor Trade purposes.

7. The Policy does not cover

- (a) use for hire or reward.
- (b) use for racing, pace-making, reliability trial or speed-testing.
- (c) use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

\* 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



德威信貨私人有限公司  
TECK WEI CREDIT PTE LTD  
Co. Reg. No. 200512300K  
210 Turf Club Road, The Grandstand  
Lot A8 Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Issued By:

Authorised Officer