

NATIONAL Assessment Centre Services

Print 1 Jan 2005 10:09:13

Date In: 29/1/19-16:25	Job description	Date & Time Completed	Done by
Ref No: 104/190135874	SAS e-filing		
Veh No: 10444471	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/1/19-19:00	i-Motor Claim Form		
OD: (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: 10444471 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) 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 105635	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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 (Non INC) against INC \$20		
	9) N12: Idac 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	29/07/2019 16:25
Date Of Accident	27/07/2019 19:00
Exact Location Of Accident	BALESTIER RD TWDS CRAWFORD ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG9947T
Insured/Policyholder	
Name Of Registered Owner	MR HONG FANSHENG, JUSTIN
NRIC No	S8325796B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90485796
Alternative Phone No	OFFICE-90485796
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B 200
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	DMPCSN3023201900
Cover Note Number	
Driver	
Name of Driver	HONG FANSHENG, JUSTIN
NRIC No	S8325796B
Date Of Birth	24/08/1983
Occupation	INDOOR
Date Of Driving Pass	10/10/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90485796
Fax Number	
Contact Number	OFFICE-90485796
EMail Address	NOEMAIL

Address	BLK 302 ANG MO KIO AVENUE 3 #05-1842
Postcode	560302
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	CHAIN COLLISION
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	3
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: : TERENCE TAN GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20190728/2005.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP9999P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2
 Passenger 1
 NAME: :
 GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD7912J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name HONG FANSHENG, JUSTIN
 Approximate Age
 Injuries Sustain BODY
 Injured person in which vehicle? SMG9947T
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

DETAILS OF INJURED PERSON 2

Name TERENCE TAN
 Approximate Age
 Injuries Sustain BODY
 Injured person in which vehicle? SMG9947T
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

SKETCH PLAN

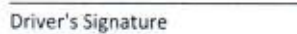
IMPORTANT NOTICE

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:

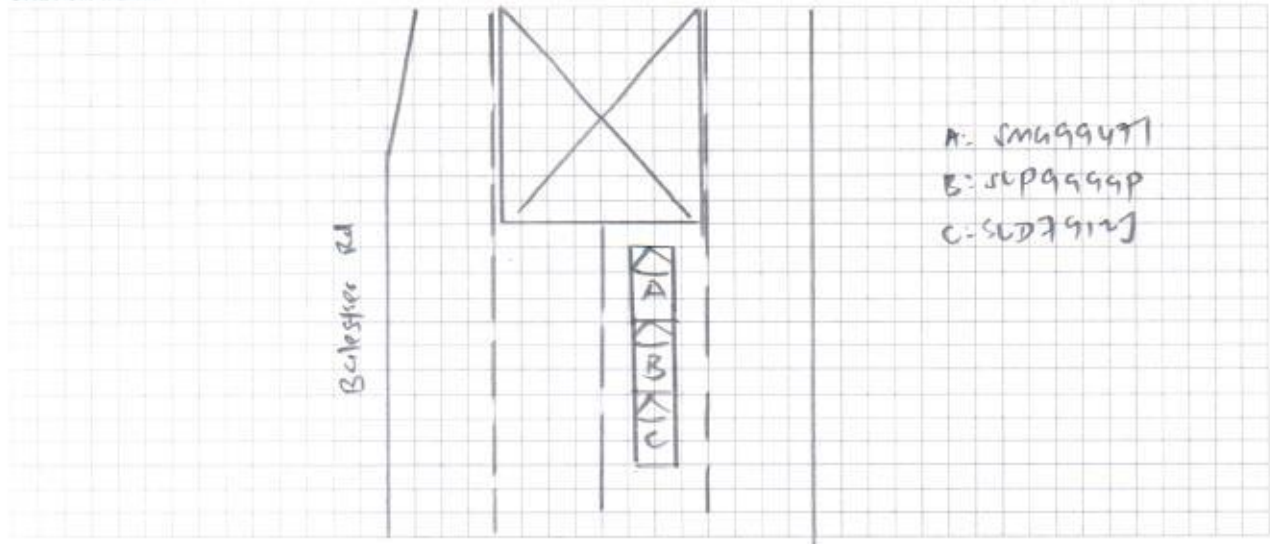
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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.:



SINGAPORE POLICE FORCE



T/20190728/2005

1 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20190728/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 00:25		Vide Report No.: A/20190727/0106		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: HONG FANSHENG, JUSTIN			Address: APT BLK 302 ANG MO KIO AVENUE 3 #05-1842 SINGAPORE 560302		
ID Type / ID No.: NRIC NO / S8325796B			Contact No.: Home/Office:		Mobile: 90485796
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 24/08/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CHARTERING MANAGER			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD CRAWFORD STREET along Balestier Road towards Crawford Street at lamp post 6/1, on the center lane in 3 lane traffic. Lamp Post Number: 6/1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCP9999P	Car				Slightly Damaged	1
SLD7912J	Car				Slightly Damaged	0
SMG9947T	Car	MERCEDES BENZ	B 200	White	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190728/2005

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG9947T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30232019 00	28/03/2019	27/03/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	KOH PUAY TEE	ID No.	S0475334H
Related Vehicle	SCP9999P (Car)	Contact No.	98196637
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

Driver

Name	TANG BEN XIANG	ID No.	S8035993D
Related Vehicle	SLD7912J (Car)	Contact No.	90936963
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

Driver

Name	HONG FANSHENG,JUSTIN	ID No.	S8325796B
Related Vehicle	SMG9947T (Car)	Contact No.	90485796
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190728/2005

CONTINUATION OF REPORT

Brief Details.

On 27/7/2019 at about 7pm, I was driving my car (SMG9947T) along Balestier Road towards Crawford Street with 2 of my friends in the car. The traffic was heavy at the point of time. I stopped my car at the traffic light when it turned red. My car was positioned at the front of the traffic light. Directly behind me was another car (SCP9999P). When the light turned green in my favour, I felt a soft impact then a stronger impact causing my car to surge forward. During the accident, I had felt a whiplash on my back. I got out of the car to access the damage. I saw that there was another car (SLD7912J) directly behind SCP9999P which was located behind my car. I called the police to report the accident and reported that I felt back pain. Ambulance and traffic police officers arrived at scene.

I visually checked the exterior of my car and saw that it sustained some dents, scratches and paint marks from the impact.

My car has in-car camera for the front and rear of my car. I have already submitted the memory card from the camera to the traffic police officer at scene.



**SINGAPORE
POLICE FORCE**



T/20190728/2005

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190728/2005

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:
E /
Sgt 2 NURFARRAH ADTIQAH BINTE ADNAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/07/2019 00:25

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

338 Family Clinic Pte Ltd

Blk 338 Ang Mo Kio Ave.1 #01-1615 Singapore 560338
Tel : 6454 9408

MEDICAL CERTIFICATE

Certificate No : MC/67516

Date Of Visit : 29/07/2019

Patient Ref No : 34282

This is to certify that :

HONG FANSHENG JUSTIN

NRIC : S8325796B

is unfit for work for 3 days

from 29/07/2019 to 31/07/2019.

DR YONG MUN HOH
06575G
M.B.B.S.(S'PORE)
CERT.FAMILY PHYSICIAN

Note : This certificate is not valid for absence from court.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8325796B



Name: HONG FANSHENG, JUSTIN

孔 蕃 盛

Race: CHINESE

Date of birth: 24-08-1983

Country/Place of birth: SINGAPORE

Sex: M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8325796B

Name: HONG FANSHENG, JUSTIN

Birth Date: 24 Aug 1983

Issue Date: 10 Oct 2011



002007069F



5689937



NRIC No. S8325796B



Date of issue: 15-01-2017

APT BLK 302 ANG MO KIO AVENUE 3 #05-1842
SINGAPORE 560302

NRIC No. S8325796B Date: 10/02/2018

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

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

EFFECTIVE DATE: 10 Oct 2011

NP 428A

Licence No: S8325796B



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.

DMPCSN3023201900

Engine No : 27091030043301

Chassis No: WDD2462432J077935

1. Index Mark and Registration
Number of Vehicle

SMG9947T

2. Name of Policy Holder

MR HONG FANSHENG, JUSTIN

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

28 MARCH 2019

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

4. Date of Expiry of Insurance

27 MARCH 2020

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

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

* AGE AS AT DATE OF ACCIDENT

5. Persons or Classes of Persons entitled to drive *

EX ON WINDSCREENS\$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. : COSMO AUTOMOBILES 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