

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NAI 2000840

Date In: 18/01/2005 14:42	Job description	Date & Time Completed	Done by
Ref No: NAI 1012/2000112914	SAS e-filing		
Veh No: SMIN 3843S	E-mail (if available, AIC 2hrs)		
DOA: 17/01/2005 13:20	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLA 2180Y 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 repair.

() 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	Assignment	Done by

NA 2004685

Claimant's Authority	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/245	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Non INC) against INC \$20	
	9) NI2: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

NAI 2000840

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	18/01/2020 14:42
Date Of Accident	17/01/2020 13:20
Exact Location Of Accident	ALONG JALAN EUNOS TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3893S
Insured/Policyholder	
Name Of Registered Owner	WONG KENG LAM
NRIC No	SXXXX076A
Email Address	OCEANTPY1159@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93265288
Alternative Phone No	OTHERS-93265288

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
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	REPORTING ONLY
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	DMPCSN30709019000
Cover Note Number	

Driver

Name of Driver	TAN PER YUAN JOEL
NRIC No	SXXXX661I
Date Of Birth	05/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93265288
Fax Number	
Contact Number	OTHERS-93265288
EMail Address	OCEANTPY1159@GMAIL.COM

Address	1 FRANKEL AVENUE
Postcode	458149
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND'S PARENT
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?	NO
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 NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN PLAN AND POLICE REPORT T/20200215/2073

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	SLA2130Y
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERENCE WONG
NRIC/Passport Number	
Contact Number	83394061
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

JL

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/1/2020

1.16 pm

[Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along Jalan Eunus

A) SMI 3893S

B) SLA 2130Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was driving along Jalan Eunus, heading towards PIE, the red light happened, and all the vehicles stop. As soon as the green light blinks, the car in front accelerated and I started to accelerate and he brakes out of a sudden, I was unable to react at a short time. The accident occurred.

Police Report 7/20200215/2073

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18/1/2020
 1:15 pm

[Signature] 02/08/2020
 Reporting Centre Personnel's Signature
 Name: Rosd. Lintang
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 01 / 2020) (DD/MM/YYYY), TIME: (13 : 20) (HH:MM)

LOCATION: Along Jalan Eunos

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 3893 S
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMPCSN3070901900
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 130CW HYUNDAI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: WONG KENG LAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86669595
c) ADDRESS: Blk 327 Serangoon avenue 3 #11-310
singapore 550327

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN PER YUAN JOEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9639661E CONTACT: 93265288
c) ADDRESS: 21 Frankel Ave # S452149

* d) DATE OF BIRTH: (05 / 11 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 MAY 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend father

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLA 2130 Y MODEL: COROLLA ALTIS
b) DRIVER'S NAME: Terence Wong
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8339 4061

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

email = oceanTPY159@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20200215/2073

1 of 3

Report No. T/20200215/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2020 14:35	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: TAN PER YUAN JOEL		Address: 21 FRANKEL AVENUE SINGAPORE 458149	
ID Type / ID No.: NRIC NO / S96396611		Contact No.: Home/Office:	Mobile: 93265288
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 05/11/1996	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FINANCIAL CONSULTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2020 13:20	Type of Location: Straight Road
Location: Along Road 1 JALAN EUNOS			
TRAFFIC LIGHT BEFORE TURNING RIGHT TO PIE			
Weather: Clear	Road Surface: Dry	Certified True Copy pursuant to Sec. 78 of the Evidence Act, Cap 97.	Road Speed Limit: Moderate
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	
		Siti Rohaiyah Kasmani Traffic Police Date: 25 MAR 2020	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA2130Y	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	1
SMN3893S	Car	HYUNDAI	FD 130 CW 1.6 A	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200215/2073

2 of 3

Report No. T/20200215/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			
Name	TAN PER YUAN JOEL	ID No.	S96396611
Related Vehicle	SMN3893S (Car)	Contact No.	93265288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/01/2020 at 1320hrs, I was driving along Jalan Eunus at the traffic light before turning right into PIE. As the traffic light was red, all cars were stopped. As it turns green, all cars started to move and I proceeded as well. Suddenly, the car in front of me jammed brake and I did so as well however I was unable to stop on time. Thus I collided onto the rear of his vehicle. We then got out of the vehicle and took photos before exchanging contact information (83394061 TERENCE WONG). His car had a dent at the bottom of his bumper and my car right side bumper was slightly dislodged. I then reported to my insurance and was subsequently informed by traffic police (TP/IP/06135/2026) to lodge an police report.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Siti Rohaiyah Kasmani (MX)
Traffic Police

Date :

25 MAR 2020



**SINGAPORE
POLICE FORCE**



T/20200215/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20200215/2073

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 2 LIEW CHONG XIANG, VINCENT

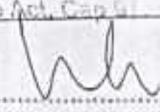
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97

Date/Time:
15/02/2020 14:35


Siti Rohaiyah Kasmanj (M20)
Traffic Police

Classification Of Case. Date:

25 MAR 2020

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865
Tel : 65476244/43
Fax : 65474749

Your Ref: Pls Advise

Our Ref: TP/IP/06135/2020(TP131277/SR)

Date : 25/03/2020

TAN PER YUAN JOEL
21 FRANKEL AVENUE

SINGAPORE 458149

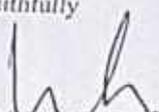
Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NOS: SLA2130Y AND SMN3893S ON 16/01/2020.

I refer to your application dated 17/03/2020. I wish to draw to your attention to the item(s) marked "X" hereunder:-

- Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.
- This case is still under investigation IO _____ Tel no: _____.
- No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.
- Action is being taken against the driver of vehicle no: _____ for Careless Driving Causing hurt.
- The driver of vehicle no: _____ has accepted the offer of composition on _____ for Inconsiderate Driving.
- The driver of vehicle no: SMN3893S has been given a warning for Careless Driving Causing Hurt Sec65(4)a.**
- The driver of vehicle no: _____ has pleaded guilty in Court no: 21 on _____ for Reckless/Dangerous Driving.
- The Pedestrian has been given a warning for Failing to yield the right of way to vehicles.
- Letter of advisory was issued to driver of vehicle no: _____ for Careless Driving.
- A copy of Police Report T/20200215/2073 is attached as requested.**
- To-date there is no Police Report for vehicle no: _____.
- There is no Sketch Plan in this case.

Yours Faithfully


SITI ROHAIHAN KASMANI
for HEAD INVESTIGATION
TRAFFIC POLICE

*Delete where inapplicable

A FORCE FOR THE NATION

NP 510

Motor Private Car

MX1

E SN

AN0656A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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. DMPCSN30709019000

Engine No.: G4FCAU845337
Cha. No.:KMHDC81DMAU075636

1. Index Mark and Registration Number of Vehicle SMN3893S

2. Name of Policy Holder WONG KENG LAM

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 19/09/2019

4. Date of Expiry of Insurance 18/09/2020

5. Persons or Classes of Persons entitled to drive*

(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.

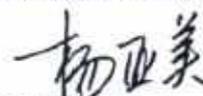
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.

Issued By: Lim Lee Choo
Authorised Officer

Authorised Signatory