

NATIONAL Assessment Centre Services. (rev 1 Jan 2003)

Date In: 05/08/20	Job description	Date & Time Completion	Done by
Ref No: NA/CFI20008106/13	SAS e-filing		
Veh No: 5CF9625A	E-mail (within 2hrs, ASC 2hrs)		
UPLA: 05/08/20 0700	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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/Whgn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5MF756S	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 ()	

☐ Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairs.

☐ Total Loss Case: to e-mail Insurer URGENTLY.

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

Reminders: (INC/Non-INC/Other)	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Other: _____

NA2004033	Invoice Description	Amount	Balance
Customer Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Assessors/Contributors:	For claimant against INC Only (rev 10 Jan 2003)		
Tel:	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$100		
	8) NFUC Additional Services:		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idea 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	05/08/2020 16:03
Date Of Accident	05/08/2020 07:00
Exact Location Of Accident	KJE(PIE)8KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9825D
Insured/Policyholder	
Name Of Registered Owner	CHIN CHIAP FATT
NRIC No	SXXXX645Z
Email Address	WILLIAM.CHIN@HLAG.COM
Mobile Phone No	(LOCAL) +65-98386490
Alternative Phone No	OTHERS-98386490
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	308
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	DMPCSNW00079722000
Cover Note Number	
Driver	
Name of Driver	CHIN CHIAP FATT
NRIC No	SXXXX645Z
Date Of Birth	02/11/1965
Occupation	INDOOR
Date Of Driving Pass	16/07/2002
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98386490
Fax Number	
Contact Number	OTHERS-98386490
Email Address	WILLIAM.CHIN@HLAG.COM

Address	BLK 273 BANGKIT ROAD #07-160
Postcode	670273
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : BRYAN CHIN LI KUAN GENDER: : MALE
Passenger 2	NAME: : ENDAH DWI WINIATIE GENDER: : FEMALE
Passenger 3	NAME: : JUDITH CHIN LI XIANG GENDER: : FEMALE
Details of Police Action	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	
PLS REFER TO THE POLICE REPORT:T/20200805/2026	
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 Witness 1	
Name	MR RAJAMANICKAM S/O RAJANGAM
Phone Number	94560924

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF756S
Vehicle Make/Model/Colour	TOYOTA NOAH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO TIAN HUN
NRIC/Passport Number	SXXXX449D
Contact Number	98893263
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBM4033L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	CHIN CHIAP FATT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLF9825D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ENDAH OWI WINIATIE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLF9825D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	JUDITH CHIN LI XIANG
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SLF9825D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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:

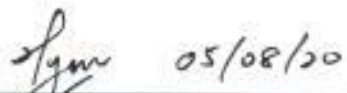
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



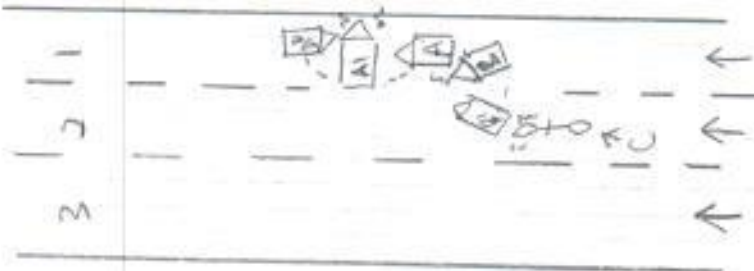
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/08/20

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

SKETCH PLAN

Kranji Expressway (PIE) 8KM



Vehicle A: SLF 9825D

Vehicle B: SMF 756S

Vehicle C: FBM 4033L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report : T/20200805/2026

DECLARATION

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

W. Han

Policyholder's Signature
Date & Time:

W. Han

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

S. Lim 05/08/20

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 11:28	Vide Report No.: J/20200805/0048	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars				
Name of Informant: CHIN CHIAP FATT			Address: APT BLK 273 BANGKIT ROAD #07-160 SINGAPORE 670273	
ID Type / ID No.: NRIC NO / S1705645Z			Contact No.: Home/Office: Mobile: 98386490	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 02/11/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SENIOR MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2020 07:00	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY (PIE) 8KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4033L	Motorcycle					0
SLF9825D	Car	PEUGEOT	308 5DR ALLURE PURETECH 1.2 A/T 2WD S/R	Blue		3
SMF756S	Car					1



**SINGAPORE
POLICE FORCE**



T/20200805/2026

2 of 3

Report No. T/20200805/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF9825D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000797 22000	04/07/2020	03/07/2021

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS TRAVELING ALONG KJE (PIE) ON THE EXTREME RIGHT OF 3 LANES ROAD WHEN THE CAR INFONT OF ME SUDDENLY JAMMED BRAKES TO AVOID COLLISION I APPLIED MY BRAKES AND MANAGED TO STOP IN TIME. I THEN SAW THE VEHICLE BEHIND ME SWERVE INTO THE CENTER AND I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTERWHICH MY CAR SPUN AROUND AND COLLIDED ONTO THE DIVIDER AND COME INTO A STOP
SUBSEQUENTLY THE RIDER WAS CONVEYED BY AMBULANCE TO THE HOSPITAL AND I WAS ATTENDED BY TRAFFIC POLICE THAT'S ALL.



SINGAPORE
POLICE FORCE



T/20200805/2026

3 of 3

Report No. T/20200805/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
SC BERNARD KOH REN JUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/08/2020 11:28

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

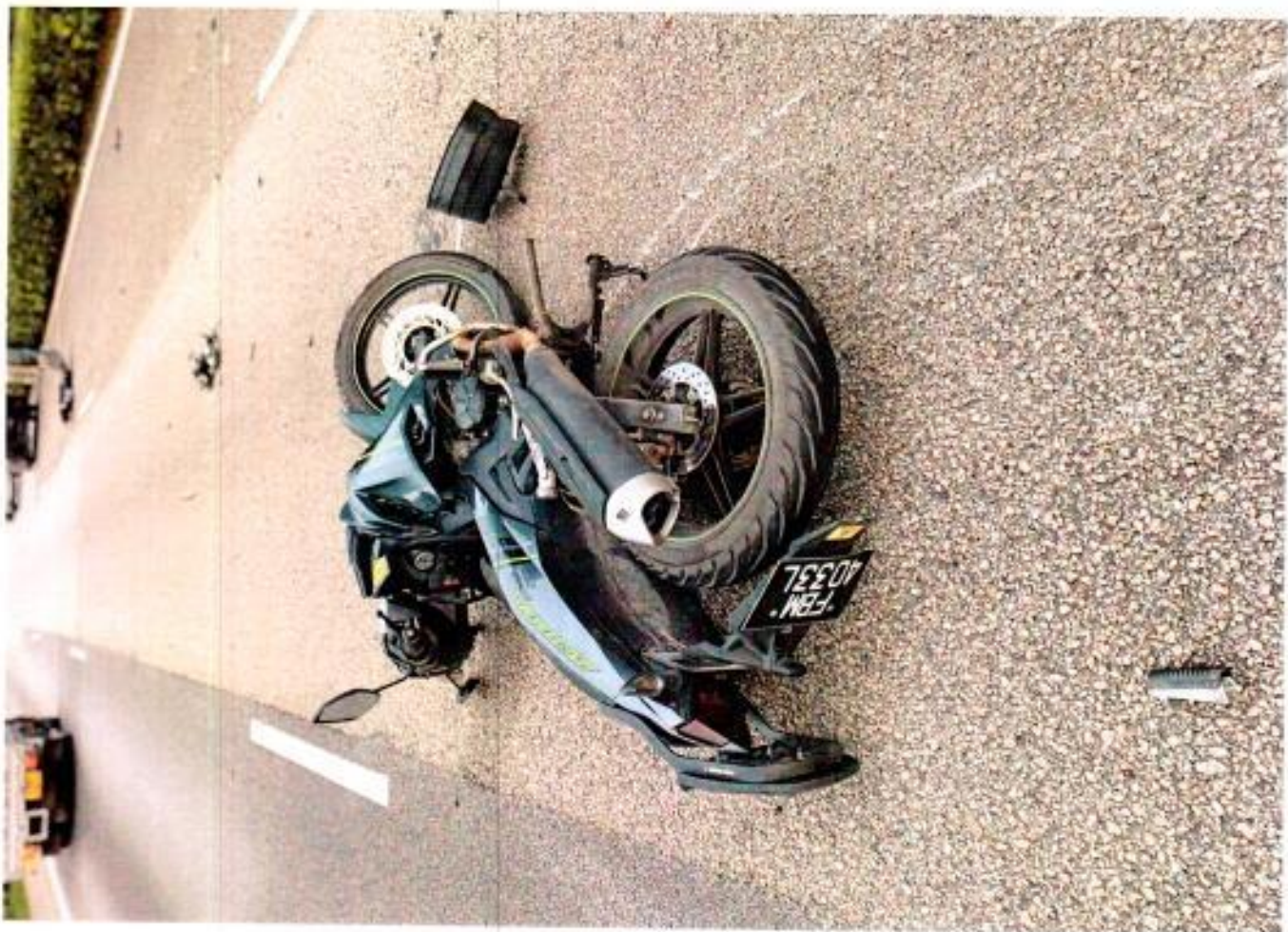
Classification Of Case:

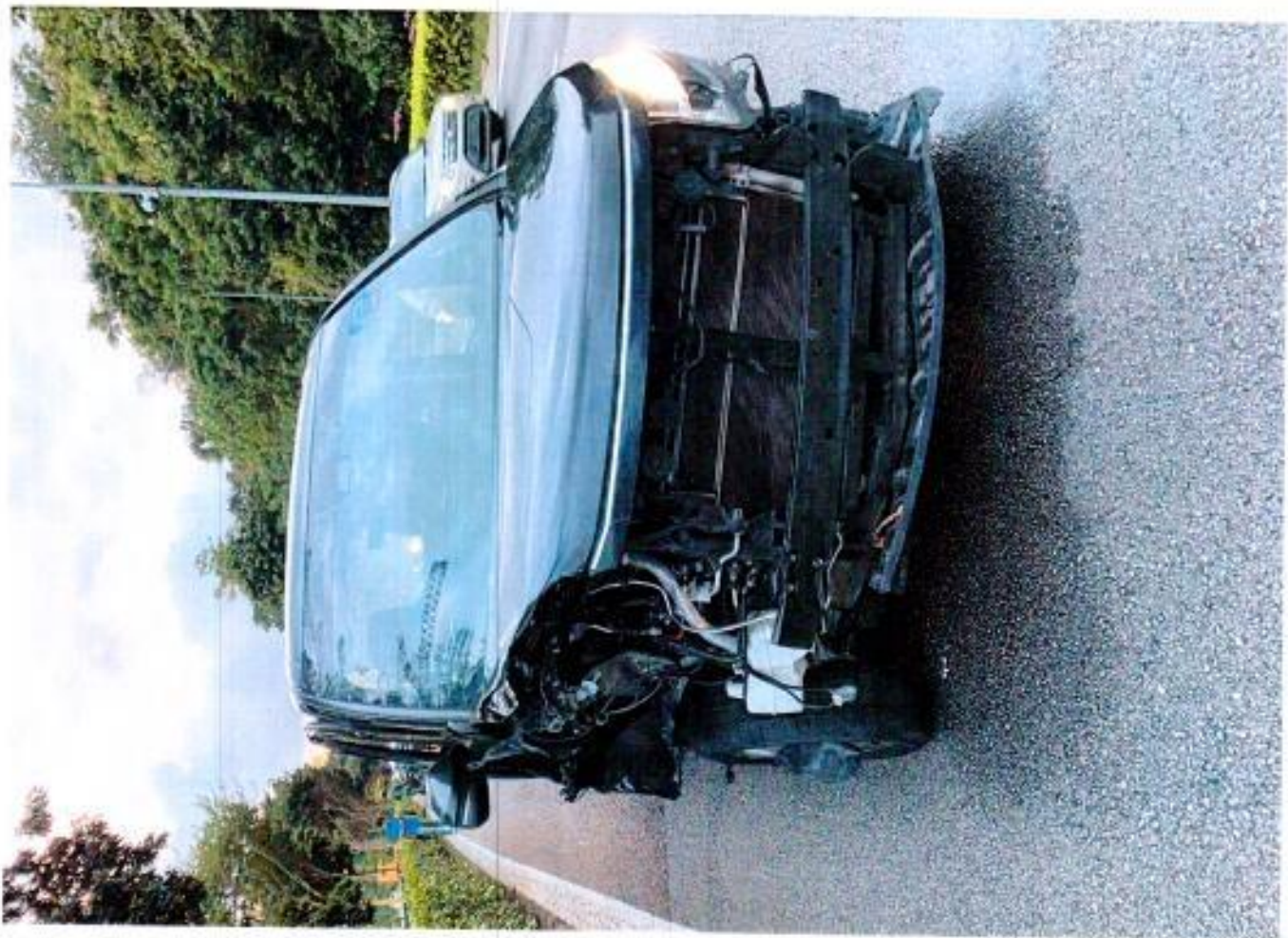
Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

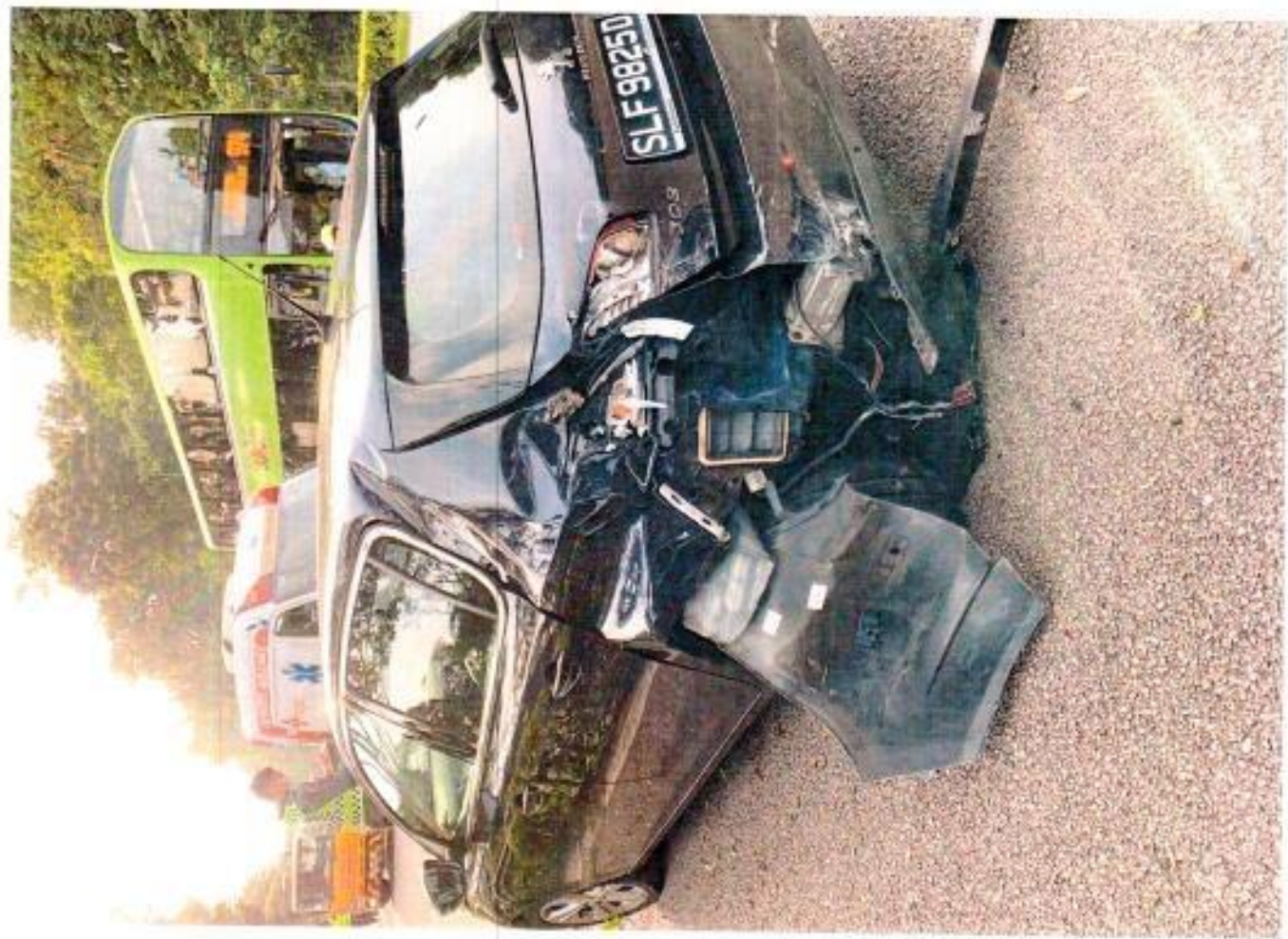














Date of Accident : 05/08/2020 Accident Time : 07:00 hrs (24HR-Format)
 Accident Place : Kranji Expressway (PIE) 8 km
 Vehicle Reg. No. (Car Plate No.) : SLF 9825D
 Vehicle Make/Model : PEUGEOT 308
 Insurance Company : China Taiping Insurance Policy No. DMPCSNW00079722000
 Owner or Company Name/IC No. : Chin Chiap Fatt (S17056452)
 Owner or Company Contact No. : 98386490 Owner's Hp _____ Company Tel. _____
 Driver's Name / NRIC No. : Chin Chiap Fatt (S17056452)
 Driver's Date of Birth : 02/11/1965 Date of Driving Pass : 16/07/2002
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : owner
 Driver's Address : Bk 273 Bangkit Road # 07-160 (S) 670273
 Driver's Contact No./ Alt No. : 1) 98386490 2) _____
 Driver's Occupation : ☒ Indoor ☐ Outdoor (e.g working inside or outside office)
 Email Address : william.chin@hlag.com / alphacarservices@hotmail.com
 Weather & Road Surface : ☒ Clear & Dry ☐ Raining & Wet ☐ After Rain & Wet
 Reporting Type : ☐ Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance
 No of Passengers (Incl. Driver) : 1.) Driver (Injury) 3.) BRYAN CHIN LI KUAN (M)
 (Injury) 2.) ENDAH DWI WINIATIE (F) 4.) JUDITH CHIN LI XIANG (F)
 Was there any video Captured by car camera : Yes ☐ No ☒ (Injury).
 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 B Reg. No. : <u>SMF 756S</u>	Vehicle C Reg. No. : <u>FBM 4033L</u>
Vehicle Make\Model : <u>Toyota Noah</u>	Vehicle Make\Model : _____
Driver Name : <u>Loo Tian Hun</u>	Driver Name : _____
Driver IC No : <u>S6930449D</u>	Driver IC No : _____
Driver's Contact & Add : <u>98893263</u>	Driver's Contact & Add : _____

Witness : Mr Rujamanickam s/o Rujangam
 contact : 9456 0924

Motor Private Car

MX1E

N SN

AN0488A

Cov. Type: C

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.

DMPCSNW00079722000

Engine No.: 10XTA40361665

Chassis No.: VF3LPHNYWGS151771

 1. Index Mark and Registration
 Number of Vehicle

SLF88250

AUTOSAFE

2. Name of Policy Holder

CHIN CHIAP FATT

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

04/07/2020

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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.
 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.: TOKYO CENTURY LEASING (S) PTE LTD

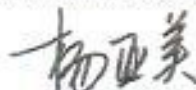
 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: NEO & COMPANY INSURANCE AGENCY
 Authorised Officer



Authorised Signatory