

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

MNA-4200 7122

Date In: 24/08/2000 12:50	Job description	Date & Time Completed	Done by
Ref No: N58/1720000865/4	SAS e-filing		
Veh No: SKA 50414	E-mail (3 jobs 2hrs, AIG 2hrs)		
D.O.A: 21/08/2000 18:40	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFA 20624	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 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:	

Driver/Owner:	1) AIT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/43	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claim against INC Only (wa 10 Jan 2000)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMIT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (NI) INC against INC \$20	
	9) NI: Ideal 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	24/08/2020 12:50
Date Of Accident	21/08/2020 18:40
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE THOMSON ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5041U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH TENG FONG (WU TINGFENG)
NRIC No	SXXXX441A
Email Address	CHLOE.KHOO06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81021080
Alternative Phone No	OTHERS-81021080
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00063942000
Cover Note Number	
<b>Driver</b>	
Name of Driver	KHOO BING TING
NRIC No	SXXXX907E
Date Of Birth	06/10/1987
Occupation	INDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81021080
Fax Number	
Contact Number	OTHERS-81021080
EMail Address	CHLOE.KHOO06@GMAIL.COM

Address	BLK 635A SENJA ROAD #21-249
Postcode	671635
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	5
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SHA2062H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFL8373L
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Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

PRIVATE CAR

#### DETAILS OF OTHER VEHICLE PROPERTY 3

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

SLH75A

PRIVATE CAR

#### DETAILS OF OTHER VEHICLE PROPERTY 4

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

SMH8779M

PRIVATE CAR

#### DETAILS OF INJURED PERSON 1

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

KHOO BING TING

BODY PAIN

SKN5041U

YES

NO

## 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.

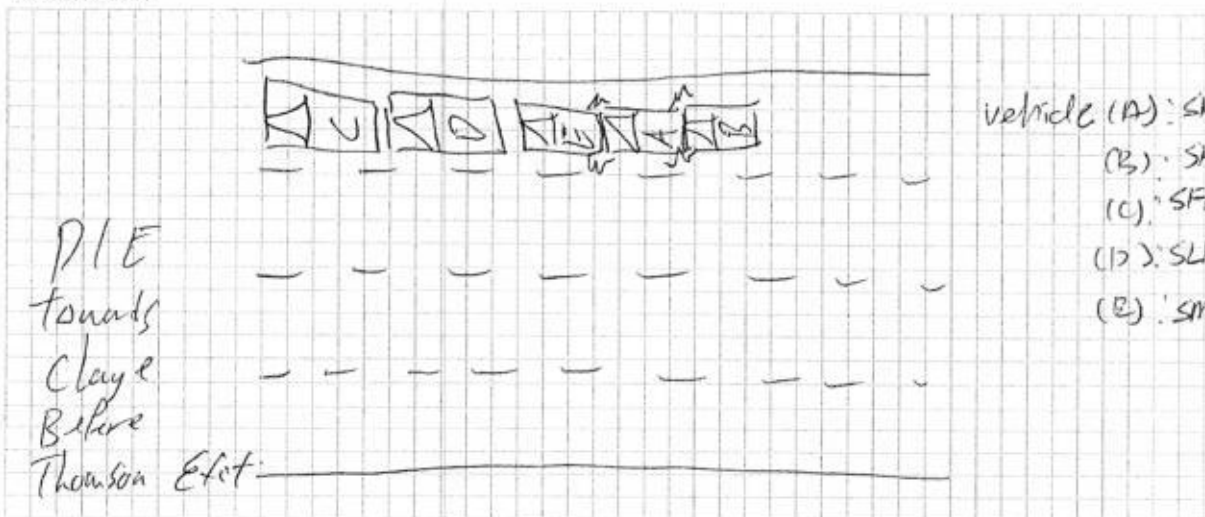
Policyholder's Signature  
Date & Time:

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

I was travelling along PIE towards Changi on line 1 of 4 lanes. weather was clear, traffic was moderate. The vehicle in front slowed down and stopped. Noticing that, I also slowed down and came to a halt. Suddenly, I felt an great impact from the rear. The impact was so great that it pushed me forward and collided onto the rear of the vehicle in front. I elipted and realised it was a chain collision involving 5 vehicles. I was the fourth vehicle from the front.

## 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 ACCIDENT STATEMENT

ACCIDENT DATE: 21/08/2020 ✓	TIME: 1840 HRS ✓	(hh:mm) 24 hrs Format
LOCATION: PIE towards Changi Before Thomson Exit. ✓		
VEHICLE NUMBER: SKN 5041 U ✓		
INSURED NAME: GOH TENG FOING ✓		
NRIC / FIN: S8705441 A	CONTACT: 81263092	
MAKE: HYUNDAI	MODEL: ELANTRA	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select: ( ✓ ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: CHINA TAIPING		
TYPE OF POLICY ( ✓ ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMPC SNW0006394200		
NAME DRIVER: KHOO BING TING ✓ ( ) SAME AS INSURED		
NRIC / FIN: S8731907 E	CONTACT: 81021080	
DATE OF BIRTH: 06 OCT 1987		
DRIVING PASS DATE: 11 JAN 2010		
OCCUPATION: ( ✓ ) INDOOR ( ) OUTDOOR		
GENDER: ( ) MALE ( ✓ ) FEMALE		
EMAIL ADDRESS: chloe.khoo06@gmail.com	( ) NO EMAIL	
ADDRESS OF DRIVER: APT BLK 635 A SENJA ROAD # 21-49 SINGAPORE 671635		
Number Of Passenger Include Driver: DRIVER ONLY		
Was driver an employee of the Insured's Company? ( ) YES ( ✓ ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ✓ ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) Yes ( ✓ ) No		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( ✓ ) Clear ( ) Raining ( ) Drizzling ( ) Other		
Road Surface : ( ✓ ) Dry ( ) Wet ( ) Other		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ✓ ) NO		
Was Anybody Injured In The Accident? ( ✓ ) YES ( ) NO		
If YES, Injured details: KHOO BING TING ( BODY ) ( P )		
Convey By Ambulance: ( ) YES ( ✓ ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( ✓ ) NO		
Was There Accident Reported To The Police? ( ) YES ( ✓ ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name/NRIC	No.of Paxs (incl'driver) Contact
Veh B SHA 2062H ✓		( ) / Not Sure ( ✓ )
Veh C SFL 8373L ✓		( ) / Not Sure ( ✓ )
Veh D SLH 75A ✓		( ) / Not Sure ( ✓ )
Veh E SMH 8779 M ✓		( ) / Not Sure ( ✓ )
Veh F		( ) / Not Sure ( )

Motor Private Car

MX1F

N SN

AN0444A

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, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00063942000

Engine No.: G4FGEU025715

Cha. No.: KMHDH41CMEU207774

1. Index Mark and Registration  
Number of Vehicle

SKN5041U

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

GOH TENG FONG

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

21/06/2020

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

20/06/2021

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\$500 will apply to the Insured and Named Drivers in the event  
of Own Damage Claim at our Authorised Workshops for each Policy Year.\* 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: META AGENCY PTE LTD  
Authorised Officer  
Authorised Signatory