

NATIONAL Assessment Centre Services.

Print 1 Jan 2020

MVA 20105417

Date In: 26/11/2020 17:35	Job description	Date & Time Completed	Done by
Ref No: NPA/CT2200/8092/4	SAS e-filing		
Veh No: SMC 6822A	E-mail (by date time, AIO time)		
D.O.A: 25/11/2020 13:30	I-Motor Claim Form		
OID: 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/Whan		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 6822A	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: (\$	Landing: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's information strictly Confidential & strictly NO Refor 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: _____

Location: _____

Driver/Owner: _____

Contact No: _____

Damage Portion: _____

QC Checked by (Engi-In-Charge): _____

1) Alt: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$405.43
3) TP: Towing Fee	\$110
4) PF: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$73
7) NI: Ideas DA + EMRT Survey	\$160
8) NUC Additional Services	
ON:	
* NS: Courtesy Car / Tpl Allowance	\$3
* NS: Repair Coordination	\$10
* NS: Post Repair Inspection	\$3
* NS: DV / Collect Costs Coordination	\$30
TE (NII) TP (NII) against DGE	\$0
2) NII: Ideas Mobile	
Invoice dated	
Invoice dated	

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	26/11/2020 17:08
Date Of Accident	25/11/2020 13:30
Exact Location Of Accident	CTE TOWARDS SLE BEFORE ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6822A
Insured/Policyholder	
Name Of Registered Owner	JENNIFER TAN HUI NGOH
NRIC No	SXXXX346A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81000340
Alternative Phone No	OTHERS-81000340

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNW00136462001
Cover Note Number	

Driver

Name of Driver	JENNIFER TAN HUI NGOH
NRIC No	SXXXX346A
Date Of Birth	19/05/1977
Occupation	INDOOR
Date Of Driving Pass	22/12/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81000340
Fax Number	
Contact Number	OTHERS-81000340

Address	BLK 69 TELOK BLANGAH HEIGHTS #09-279
Postcode	100069
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)	2
Passenger 1	NAME: : ONG KUN NA 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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20201126/7008

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	SCE6900E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLV3291Z
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)

DETAILS OF INJURED PERSON 1

Name JENNIFER TAN HUI NGOH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SME6822A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ONG KUN NA
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SME6822A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.

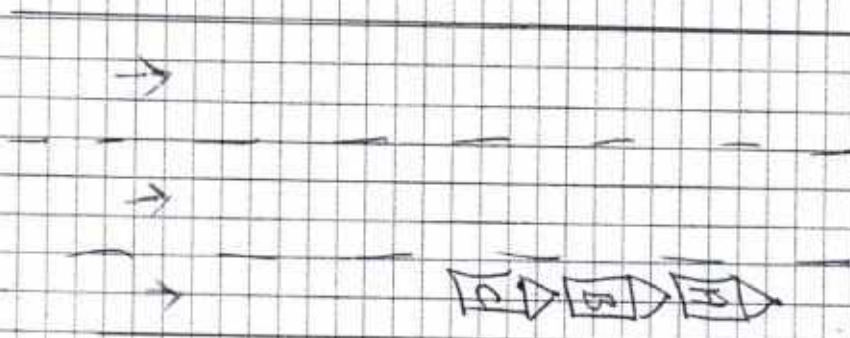

Policyholder's Signature Date
& Time:

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


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

SKETCH PLAN

CTE/SLE Before Path 110 K10 AVE 5



A: SME 6822A
B: SCE 6900E
C: SLV 3291Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20201126/7008

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/20201126/7008

1 of 3

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

Report No. T/20201126/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2020 11:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JENNIFER TAN HUI NGOH			Address: 69 TELOK BLANGAH HEIGHTS #09-279 SINGAPORE 100069		
ID Type / ID No.: NRIC NO / S7713346A			Contact No.: Home/Office: Mobile: 81000340		
Nationality: SINGAPORE CITIZEN			Email: JEN_ARYSG@YAHOO.COM		
Sex: Female	Age: 43	Date of Birth: 19/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Key Account Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/11/2020 13:30	Type of Location: CTE/SLE, near Exit 12A, before AMK Ave 5 exit
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SCE6900B	Car			Red		0
SLV3291Z	Car			White		0

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/11/2020 (dd/mm/yy) Time of Accident: 13:30 (24-HR-FORMAT)

Vehicle No.: SME 6822A Vehicle Make & Model: Hyundai Elantra

Exact location of Accident: CTE SLE Before Any Mo Kio Ave S

Policyholder's Name / IC No.: Jennifer Tan Hui Ngeh 5771340A

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 81000340 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: China Taping

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 02 *only 1 person*

*Passanger Name: _____ Gender: Male / Female *Passanger
Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: (B) SCE 6900E

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: (C) SLV 3291Z

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



T/20201126/7008

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

Report No. T/20201126/7008

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SME6822A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6822A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001364 62001	11/10/2020	10/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ONG KUN NA	ID No.	S8274874A
Related Vehicle	SME6822A (Car)	Contact No.	98005859
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/11/2020	Date	25/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	JENNIFER TAN HUI NGOH	ID No.	S7713346A
Related Vehicle	SME6822A (Car)	Contact No.	81000340
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/11/2020	Date	25/11/2020
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

I am in the lane and suddenly felt a hit on the rear of my car.
Went down to take a look and saw two cars and a motorcycle behind.



**SINGAPORE
POLICE FORCE**



T/20201126/7008

3 of 3

Report No. T/20201126/7008

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

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/11/2020 11:51

Classification Of Case:

Motor Private Car

MX1F

R SN

AN0498A

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.	DMPCSNW00136462001	Engine No.: G4FGJU250222
		Cha. No.: KMHD841CMJU740154
1. Index Mark and Registration Number of Vehicle	SME0022A	AUTOSAFE =====
2. Name of Policy Holder	JENNIFER TAN HUI NGOH	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11/10/2020	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
4. Date of Expiry of Insurance	10/10/2021	
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.		

HIRE PURCHASE CO. : STANDARD CHARTERED BANK(S) LIMITED 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.

Issued By: NEO & COMPANY INSURANCE AGENCY
Authorised Officer


Authorised Signatory

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 : 27/11/2020 105417 Vehicle Registration No: SME 6822A
Name (as shown in NRIC) : JENNIFER TAN HUI ANG NRIC/FIN/Passport No : SXXXX346A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 870000340
Email Address : _____
Date of Accident : 27/11/2020 Time of Accident: 13:30
Place of Accident : CIRK TOWARDS SUE B/F AULG MO TO AVE 5
Insurance Company: CHINA TIANHAI

(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:

POLICY NUMBER DMPCSNW00136462001

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

26/11/2020
ASHUAH