

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

SN 0920 CC000A

Date In: 12/12/20 11:24	Job description	Date & Time Completed	Done by
Ref No: NA1210013877/4	SAS e-filing		
Veh No: SMN 79176	E-mail (within 3hrs, AIC 2hrs)		
DDA: 11/12/20 10:20	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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/VKgn		

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

TP Particulars:	Veh No: GDE 7263 L	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: (INC 10013877/4616)	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

DDA/TP/Action:	

NA2100355

Client Particulars:	Invoice Ref: ()	Invoice No: ()	Invoice Date: ()
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bugi-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (waif 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	• N3: 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) 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 Submission	12/12/2020 11:24 (SGT)
Date of Accident	11/12/2020 10:20 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7917G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Company Reg No	-
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V04696/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	EUGENE VOO
NRIC No	SXXXX587H
Date Of Birth	18/02/1998
Occupation	Outdoor

Date Of Driving Pass	21/09/2019
Driving experience	1 YEAR AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90721952
Alt. Phone Number	-
Email Address	VOO.EUG@GMAIL.COM
Address	BLK 103 LOR N TELOK KURAU #05-06
Address complement	-
Postcode	425259
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN CHEE YONG JASTINE
Gender	Male

PASSENGER 2

Name	REBECCA RENEE FLETCHER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Boon Teck Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002549999
Alt. Police Station Phone No	(Fax) +65-63554310
Police Station Address	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201211/2065

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7263L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG JUNXIONG
NRIC No	SXXXX819H
Contact Number	(Phone) +65-87690158
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ8542T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SWEE KHOON
NRIC No	SXXXX622J
Contact Number	(Phone) +65-82990202
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLF7496H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHNSON TAN CHOON PENG
NRIC No	SXXXX225D
Contact Number	(Phone) +65-85008347
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EUGENE VOO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY

Injured person in which vehicle?	SMN7917G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN CHEE YONG JASTINE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN7917G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	REBECCA RENEE FLETCHER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN7917G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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: 11/12/2020

Driver's Signature

(If driver is not the policyholder)

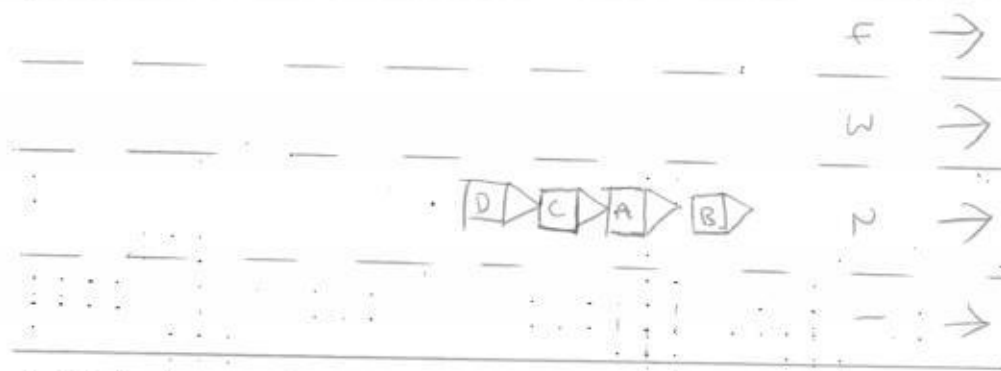
Date & Time: 11/12/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A: SMN 7917G
B: SMJ 8542T
C: GRE 7263L
D: SLF 7496H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No : T/20201211/2065

DECLARATION

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

Policyholder's Signature
Date & Time: 11/12/2020
GLAMAC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/12/2020

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



SINGAPORE POLICE FORCE



T/20201211/2065

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20201211/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 14:30	Vide Report No.:	Station Diary No.: 26
--	------------------	--------------------------

Informant's Particulars

Name of Informant: EUGENE VOO			Address: BLK 103 LORONG N TELOK KURAU #05-06 SINGAPORE 425259		
ID Type / ID No.: NRIC NO / S9805587H			Contact No.: Home/Office: Mobile: 90721952		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 18/02/1998	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/12/2020 10:20	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7263L	Lorry	TOYOTA				0
SLF7496H	Car	TOYOTA	PRIUS	White		0
SMJ8542T	Car	TOYOTA	NOAH	Black		0
SMN7917G	Car	HONDA	FIT.	Blue	Seriously Damaged	2



SINGAPORE POLICE FORCE



T/20201211/2065

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 4

Report No. T/20201211/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TAN CHEE YONG JASTINE	ID No.	S9814745D
Related Vehicle	SMN7917G (Car)	Contact No.	92720253
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	EUGENE VOO	ID No.	S9805587H
Related Vehicle	SMN7917G (Car)	Contact No.	90721952
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	REBECCA RENEE FLETCHER	ID No.	S9825772A
Related Vehicle	NIL	Contact No.	82356808
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/12/2020 at about 1020hrs, I was driving along Bukit Timah Expressway (BKE) towards Pan Island Expressway (PIE) on the second lane when one vehicle (Toyota Noah, SMJ8542T) in front of me had suddenly jam brake. As such, I also jam brake. However, I did not hit the vehicle in front of me. Subsequently, I felt an impact from the back of my vehicle. One lorry (GBE7263L) had hit the back of my vehicle which resulted in a chain accident whereby my vehicle shifted forward and hit the vehicle in front of me. My vehicle sustained scratches at the front. It also sustained dents, scratches and the whole window pane at the rear is shattered.



**SINGAPORE
POLICE FORCE**



T/20201211/2065

3 of 4

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20201211/2065

CONTINUATION OF REPORT

When I got out of the vehicle, I observed that there was another vehicle behind the lorry (Toyota Prius, SLF7496H). I asked the driver of SMJ8542T why he jammed his brakes and he informed that there was one vehicle in front of him.

Subsequently, myself and two of my passengers who are my friends proceeded to Mount Alvernia Hospital for a medical check up. The three of us sustained some pain on our neck and my back area and were given 5 days of MC.

My vehicle is a rented vehicle and has an in car camera. I informed the rental company regarding this incident and they informed me to lodge a police report as well. The in car camera footage can be retrieved from the company (Dream Car Leasing Pte Ltd).

I wish to state that I was not under any influence of alcohol. I do not know how many passengers there are in the other vehicles.



**SINGAPORE
POLICE FORCE**



T/20201211/2065

4 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20201211/2065

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 IRFAN FARIHIN PUTRA SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

11/12/2020 14:30

Classification Of Case:

Authentication
NP168




SN 62

SIGNATURE

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	SD20V04696 /VPZ /R00
Form	MZ406C
Date Of Issue	24-APR-2020
1.Index Mark and Registration No. of Vehicle:	SMN7917G
2.Chassis number of Vehicle:	GK33417739
3.Name of Policyholder:	WEST WAY CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	18-APR-2020 00:00 AM
5.Date of Expiry of Insurance:	17-APR-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.	
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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S \$2000, Windscreen Excess S\$100
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLAS/-24-APR-20

S1_CI_T1_T3_OE_Template2-Ver1.

24-APR-20

Date of Accident: 11/12/20 Accident Time: 1020 (24-HR-Format)
Accident Place: BUKIT TIMAH EXPRESSWAY
Vehicle Reg. No. (Car Plate No.): SMN 7917G
Vehicle Make/Model: HONDA FIT
Insurance Company: Liberty Insurance Policy No. SD20V0469.6/VPZ/R00
Owner or Company Name/IC No.: West Way Car Rental Pte Ltd
Owner or Company Contact No.: _____ Owner's Hp 8128 8789 Company Tel _____
DRIVER'S Name / IC No.: EUGENE VOO S9805589H
DRIVER'S Date Of Birth: 18/02/1998 DRIVER'S License Pass Date: 21/09/19
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiver
DRIVER'S Address: 103 LORONG N TELOK KURAU #05-06
DRIVER'S Contact No./ Alt No.: 1) 90721452 2) _____
DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address: VOOENG@gmail.com
Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): (3) Anybody injured in the accident Yes/N
Was there any video captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Passenger NAME: JAN CHEEYONG, JASTINE (M/F)
REBECCA RENEE FEETCHER (Female)

Other Party Driver's Particular (if any)

(B)
Vehicle Reg. No: SMJ 8542 T
Vehicle Make/Model: TOTOTA NOAH
Name Driver: LEE SWEE KHON
IC No. Driver: S1690622J
Driver's Contact & Add: 8299 0202

(C)
Vehicle Reg. No: GRE 7263 L
Vehicle Make/Model: Volvo
Name Driver: NG JUNXIONG
IC No. Driver: S8239819H
Driver's Contact & Add: 8769 0158

(D)
VEH. REG NO. SLF 7496 H
VEH. MAKE/MODEL TOTOTA PRIUS
NAME DRIVER JOHNSON TAN CHOON PENG
IC NO. DRIVER S7625225D

DRIVER'S CONTACT
85008347