

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

SN 0920CE 000V

Date In: 14/12/20 21:40	Job description	Date & Time Completed	Done by
Ref No: NA1 INC 20013925/44	SAS e-filing		
Veh No: SCL 977 H	E-mail (within 3hrs, AIC 2hrs)		
DOA: 13/12/20 12:00	I-Motor Claim Form	MT/11/3691001	15/12/20 13:19
UD: <input checked="" type="checkbox"/> 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/Wksp		

Professed Wksp / INC Assign Wksp / QW: {

Tel: {

Fax: {

TP Particulars:	Veh No: SLD 3296 E	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 repaler.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks: (INC 01/11/2003)	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: _____
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Date/Time	Actions

NA2100419	Invoice Registration Charge	30.00
Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant status INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) N1: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao 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	14/12/2020 21:40 (SGT)
Date of Accident	13/12/2020 12:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL977H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG WENG FATT
NRIC No	SXXXX244H
Email Address	CHANGWF@GMAIL.COM
Mobile Phone No	(Phone) +65-96614187
Alternative Phone No	+65-96614187

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101115552-02
Cover Note Number	-

#### DRIVER

Name of Driver	CHANG WENG FATT
NRIC No	SXXXX244H
Date Of Birth	12/09/1955
Occupation	Indoor

Date Of Driving Pass .....	15/03/1982
Driving experience .....	38 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96614187
Alt. Phone Number .....	+65-96614187
Email Address .....	CHANGWF@GMAIL.COM
Address .....	102 FLORA RD #01-72
Address complement .....	-
Postcode .....	509744
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	6
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 .....	LIM PHIK CHIN
Gender .....	Female

#### PASSENGER 2

Name .....	CHANG XIN EN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/20201213/7049

#### 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	SLD3296E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	SLF461D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	SMR9388Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 4

Vehicle Registration Number	SJT8811A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 5

Vehicle Registration Number .....	SME879B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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 .....	LIM PHIK CHIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SCL977H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	CHANG XIN EN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SCL977H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 3

Name of injured person .....	CHANG WENG FATT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SCL977H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



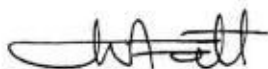
## SKETCH PLAN

### IMPORTANT NOTICE

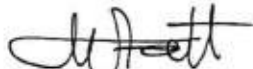
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



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



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

PIE(Tuas) B4 Exit 9

Vehicle A: SCL977H  
 Vehicle B: SLD3096E  
 Vehicle C: SLF461D  
 Vehicle D: SMR9388Z  
 Vehicle E: SJT8811A  
 Vehicle F: SME879B

Refer to Police report No. G1/20201213/7049

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**



G/20201213/7049

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20201213/7049

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 13/12/2020 20:37	Vide Report No.	Station Diary No.
Name Of Informant CHANG WENG FATT	Address 102 FLORA ROAD #01-72 SINGAPORE 509744	
ID Type / ID No. NRIC NO / S1168244H	Contact No. Home/Office:	Mobile: 96614187
Nationality SINGAPORE CITIZEN	Email Address CHANGWF@GMAIL.COM	
Occupation Retiree	Sex Male	Age 65
	Date of Birth 12/09/1955	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 13/12/2020 12:00 - 13/12/2020 12:00	Location Of Incident PAN ISLAND EXPRESSWAY	

**Brief details.**

on the stated date and time i (SCL977H) was travelling straight on the stated venue. Suddenly vehicle SLD3296E came from behind and hit onto my vehicle rear portion causing my car to propel forward and hit onto vehicle (SLF461D). The impact was great and i felt pain in my back, neck and tightness in my chest. I alighted and realised that it was a 6 vehicles collision.

I was the 3rd vehicle in this collision.

The vehicles order are as follows:

**1. SMR9388Z -1st vehicle**

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2020 20:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20201213/7049

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20201213/7049

- 2. SLF461D
- 3. SCL977H - my vehicle
- 4. SLD3296E
- 5. SJT8811A
- 6. SME879B - Last vehicle

There were 3 of us in the vehicle, i was the driver, my wife (Lim Phik Chin) was the front passenger and my daughter (Chang Xin En) was sitting behind./

We then procced to Unihealth Clinic Bedok to seek treatment and i was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2020 20:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 510115552-02 Cover : drive PREMIUM

- |   |                 |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle  | SCL977H         |
| Chassis Number  | RU11301537      |
| 2. Name of Policyholder   | CHANG WENG FATT |
| 3. Effective Date of Insurance  | 01 Jun 2020     |
| 4. Expiry Date of Insurance   | 31 May 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/her 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  |                 |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                 |

### This Policy does not cover

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- \* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	S\$600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	S\$100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	YES
INSURE WITH COE	YES
NCD PROTECTION	YES (FREE)
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	CHANG WENG FATT
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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))

Agency : IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue : 08 Apr 2020 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Date of Accident: 13/12/2020 Accident Time: 1200 (24-HR-FORMAT)  
Accident Place: PIE (Tuas) B4 Exit 9  
Vehicle Reg. No (Car plate No.): SCL 977 H Vehicle Make/Model: Honda Vezel  
Insurance Company: NTUC Policy No. 510115552-02  
Name of Registered Owner: Company / Individual Chang Weng Fatt  
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S1168244H  
Co Contact No: - Owner's Contact No: 9661 4187  
DRIVER'S Name: Chang Weng Fatt DRIVER'S NRIC No: S1168244H  
DRIVER'S Date of Birth: 12-09-1955 DRIVER'S License Pass Date: 15 mar 1982  
Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Other Owner  
DRIVER'S Address: 102 Flora Road #01-73 Singapore 509744  
DRIVER'S Contact No./ Alt No.: 1) 9661 4187 2) -  
DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address: changwf@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 Passenger Name: Lim Phik Chin Gender: M/F  
Was the accident reported to the police? YES \ NO Passenger Name: Chang Xin En Gender: M/F  
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: All 3  
Injured Name: -  
Exact purpose for which vehicle was being used at the time of accident: Private Use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: SLD 3296 E  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Vehicle Reg No: SLF461 D  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMR 9388 7  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

Vehicle Reg No: SJT8811 A  
Vehicle Make/Model: -  
Name DRIVER: -  
IC No. DRIVER: -  
DRIVER'S Contact & add: -

SME 879 B