

NATIONAL Assessment Centre Services. [ver 1 Jan 2009] SN 0920 CG 000C

Date In: 16/12/20 17:48	Job description	Date & Time Completed	Done by
Ref No NA1C7Z 200/4005/64	SAS e-filing		
Veh No STP 64685	E-mail (within 3hrs, AIC 2hrs)		
DDA 1/12/20 17:50	I-Motor Claim Form		
OD: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **FBM 9270E** 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 repoler.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC/Non-INC/Other)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Description

NA2100710	1) AR: Accident Reporting (\$30)	70.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TF: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For obtaining against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	• NS: Courtesy Car / Tpt Allowance \$5	
	• NG: Repair Co-ordination \$10	
	• NT: Post Repair Inspection \$25	
	• NN: DV / Collect Excess Coordination \$5	
	• TP (N11): TP (Non INC) against INC \$20	
	• 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 16/12/2020 17:48 (SGT)
Date of Accident 01/12/2020 17:50 (SGT)
Exact Location of Accident Edgedale Plains, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP6468S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG ENG ENG IRENE
NRIC No SXXXX755B
Email Address XUELIANGGG01@GMAIL.COM
Mobile Phone No (Phone) +65-93882269
Alternative Phone No +65-93882269

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
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 China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00158412000
Cover Note Number -

DRIVER

Name of Driver KUM XUE LIANG
NRIC No TXXXX858E
Date Of Birth 18/05/2001
Occupation Indoor

Date Of Driving Pass	02/07/2020
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98008491
Alt. Phone Number	-
Email Address	XUELIANGGG01@GMAIL.COM
Address	BLK 126A EDGEDALE PLAINS #10-342
Address complement	-
Postcode	821126
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KUM XIN YING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201212/2008

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	FBN9270E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	SHC3693U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	KUM XIN YING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJP6468S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KUM XUE LIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJP6468S
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:



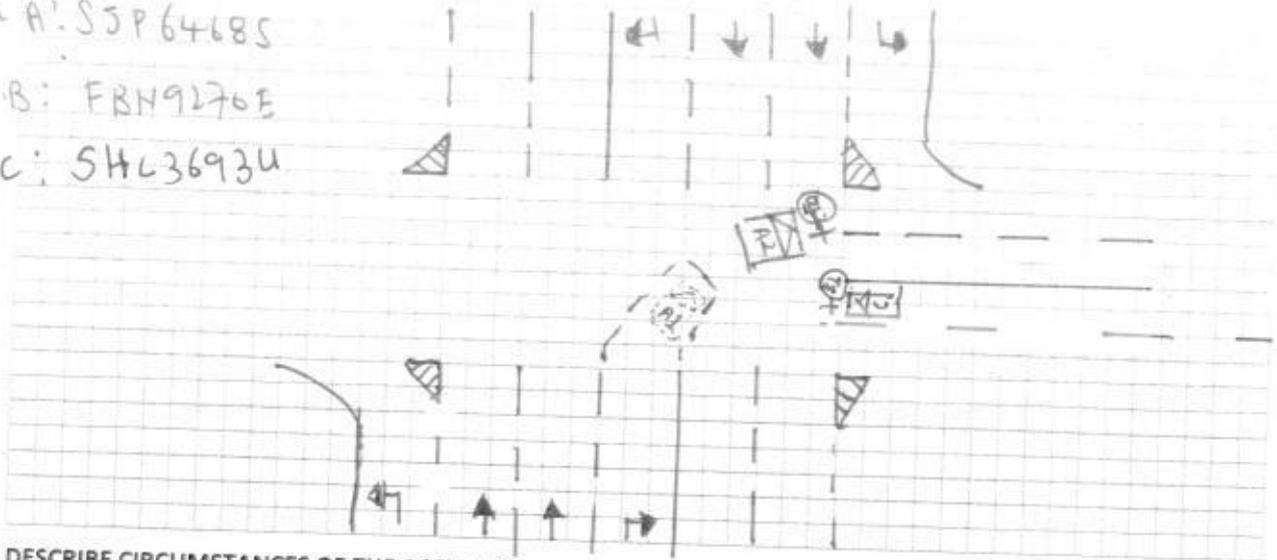
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Vehicle A: SJP64685
Vehicle B: FBH9270E
Vehicle C: SH43693U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

MS
Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



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Report No. T/20201212/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2020 01:12		Vide Report No.: T/20201202/7000		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: KUM XUE LIANG			Address: APT BLK 126A EDGEDALE PLAINS #10-342 SINGAPORE 821126		
ID Type / ID No.: NRIC NO / T0115858E			Contact No.: Home/Office:		Mobile: 98008491
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 18/05/2001	Type of Informant: Driver		Institution / School Name:
Race: Chinese		Language:			
Occupation: PRE-ENLISTEE			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: 01/12/2020 17:50	Type of Location: X-Junction
Location: EDGEDALE PLAINS				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9270E	Motorcycle				Totally Damaged	0
SHC3693U	Car				Slightly Damaged	0
SJP6468S	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No 1800-6049999



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Report No. T/20201212/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	T0115858E
Name	KUM XUE LIANG	Contact No.	98008491
Related Vehicle	SJP6468S (Car)		
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name		ID No.	S9618525A
Related Vehicle	SJP6468S (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 1/12/2020 at about 1750hrs, I was driving my vehicle bearing registration plate: SJP6468S along Punggol Drive on the extreme right lane, I was making a right turn into Edgedale Plains, while turning into Edgedale plains one motorcycle bearing registration plate: FBN9270E was riding at a very fast speed and it collided onto my vehicle. I then stop my vehicle immediately and exit my vehicle to make a check on the rider. I discovered the front of my vehicle was heavily damaged and the rider was lying on the floor was semi conscious. I also observed that the motorcycle skidded and hit onto a stationary taxi bearing registration plate: SHC3693U.

Shortly after police and ambulance attended to us. The police officer also seized my in-car camera SD card. I am lodging this report to fill up the rider particulars as I forgot to indicate in my previous report.

On the same day at about 2200hrs, I went to SKGH together with my sister by the name of Kum Xin Yi, NRIC: S9618525A as my sister and I felt pain on our shoulder and neck. I was given 2 days of MC and my sister was given 4 days of MC

I wish to add that on the time of incident the green arrow light was in my favour when I was making the right turn.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



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Report No. T/20201212/2008

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201212/2008

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Report No. T/20201212/2008

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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:
F /
Sgt 1 TING WEI CHENG

Signature Of Informant:

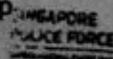
Signature Of Interpreter:
Not applicable

Date/Time:
12/12/2020 01:12

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168



SN 158

SIGNATURE

Motor Private Car

MX1F

N SN

AN0682A

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00158412000	Engine No.: 3ZZ4672695	
		Cha. No.:MR053ZEE106142257	
1. Index Mark and Registration Number of Vehicle	SJP6468S	AUTOSAFE	*****
2. Name of Policy Holder	WONG ENG ENG IRENE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/10/2020 (13:51:47)	Named Drivers Ex Sect. I	S\$500.00
4. Date of Expiry of Insurance	27/10/2021	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\$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 1967 (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: KRUISE AUTO PTE LTD
Authorised Officer



Authorised Signatory

Date of Accident : 1/12/2020 Accident Time: 17:50hr (24-HR-Format)
 Accident Place : Punggol Dr twns Edgedale Plains
 Vehicle No. (Car Plate No.) : SJP 6468S Make/Model: Toyota Altis
 Insurance Company : China Taiping Policy No: Dm PCSNW00168412000
 Owner or Company Name / IC No. : Wang Eng Eng Irene (S6973755B)
 Owner or Company Contact No. : 9388 2269 Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : Kum Xue Liang (T0115858E)
 DRIVER'S Date Of Birth : 18/5/2001 DRIVER'S License Pass Date 2 Jul 2020
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend
 DRIVER'S Address : BJK 126A Edgedale Plains #10-342 (5) 821126
 DRIVER'S Contact No / Alt No. : 1) 98 00 8491 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : xueliang9902@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): 02

Was there any video Captured by car camera: YES \ NO with TP
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Driver & Passenger

Other Party Driver's Particular (if any)

Vehicle No: <u>FBN 9270E (B)</u>	Vehicle No: <u>S4C3693U (C)</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

① Kum Xian Ying (F)

* NEW - Passenger's name & gender: