

Date In: 13/11/21 14:45	Job description	Date & Time Completed	Done by
Ref No: NAL CTZ 21000624/44	SAS e-filing		
Veh No: SGH 2976X	E-mail (within 3hrs, AIC 2hrs)		
DDA: 12/1/21 20:15	I-Motor Claim Form		
OT: <input checked="" type="checkbox"/> 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/Wksp		

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

TP Particulars: Vch No: FBH 7449C 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 repairer.

( ) 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: \_\_\_\_\_

Delegation: \_\_\_\_\_

NA2100901

Statement Particulars:	Invoice Breakdown (Checklist)	30
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee 540/545	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey 120	
Work/Car's Comments:	5) PT: Follow-Through Survey (Resurvey) 330	
Date:	For claim/insr against INC Only (wef 10 Jan 2003)	
2/3:	6) TR: Re-inspection 75	
	7) NI: Idao DA + SMRT Survey 160	
	8) NTUC Additional Services:-	
	QI:	
	*N5: Courtesy Car / Tpt Allowance 55	
	*N6: Repair Co-ordination 310	
	*N7: Post Repair Inspection 525	
	*N8: DV / Collect Excess Coordination 55	
	TP (N11): TP (Non INC) against INC 520	
	9) N12: Idao Mobile 30	
	Invoice dated _____ Fee Charged _____	
	_____ 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 .....	13/01/2021 14:45 (SGT)
Date of Accident .....	12/01/2021 20:15 (SGT)
Exact Location of Accident .....	Bukit Batok Rd, Singapore
Additional Location Information .....	JUNC WITH BT BATOK WEST AVE 7
Country/State of Loss .....	Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number .....	SGH2976X
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**INSURED/POLICYHOLDER**

Is company? .....	No
Name Of Registered Owner .....	CHEW KIAN CHEONG
NRIC No .....	SXXXX678G
Email Address .....	ROYCHEW68@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97684221
Alternative Phone No .....	+65-97684221

**VEHICLE PARTICULARS**

Manufacturer .....	Nissan
Model .....	Latio
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 .....	DMPCSNW00044712004
Cover Note Number .....	-

**DRIVER**

Name of Driver .....	LIM SOON MOI
NRIC No .....	SXXXX068I
Date Of Birth .....	02/07/1975

Date Of Driving Pass .....	19/01/2005
Driving experience .....	16 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-83219588
Alt. Phone Number .....	-
Email Address .....	JACQUELINELIMSM@HOTMAIL.COM
Address .....	BLK 291 CHOA CHU KANG AVE 3 #07-200
Address complement .....	-
Postcode .....	680291
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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 .....	MAVIS CHEW
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210113/2082

#### 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 .....	FBH7449C
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	(Phone) +65-88623664
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 SOON MOI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SGH2976X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	MAVIS CHEW
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SGH2976X
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.



Handwritten signature and date: 13/1/2021 11:27 AM

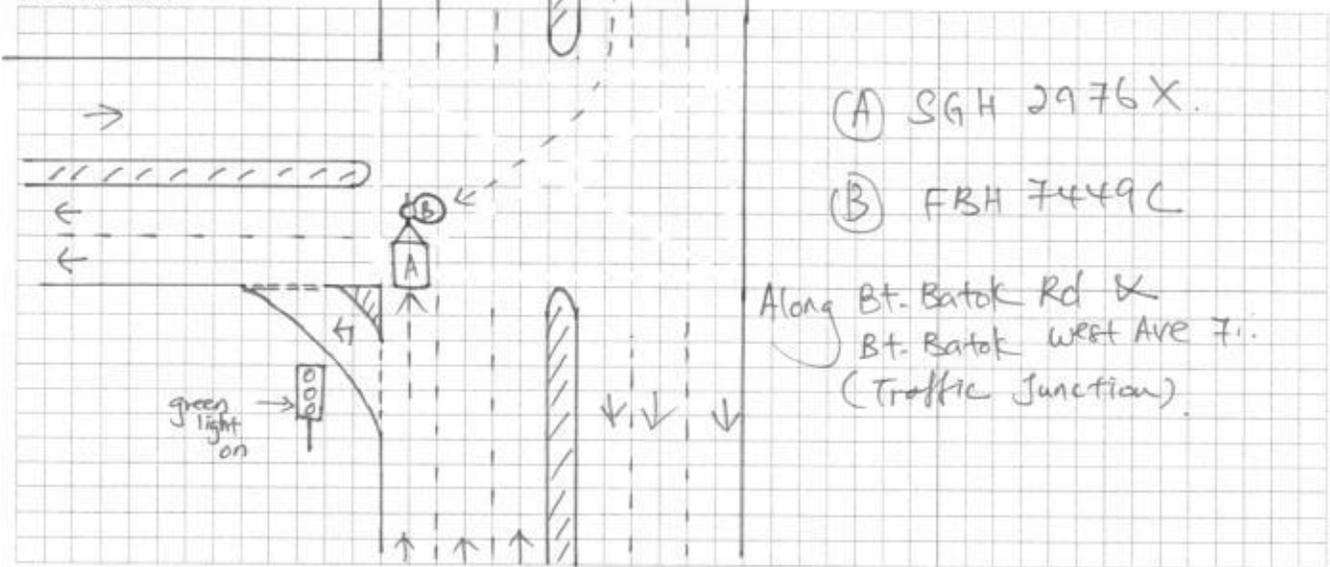


Policyholder's Signature  
Date & Time:

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**

On 12-01-2021 @ about 20:15hrs, I was driving my car (SGH 2976X) along Bukit Batok Road in the left most lane. Upon reaching the traffic junction between Bukit Batok West Ave 7, the traffic light on green in my favour so I continue go straight in my own lane. while <sup>drive through</sup> ~~crossing~~ the traffic junction, suddenly a motorbike dashed out from the opposite direction without check & give way oncoming traffic from his opposite direction and then collided onto front portion of my car. Hence, I hereto lodge this report to claim against Veh B's Insurance for my accident damages. My car has installed car camera recorder, and I willing to provide my accident video footage for my accident claim purpose. My daughter and I was felt uncomfortable after the accident and we went to see doctor and was given by 2 days of MC. We will follow up our medical treatment when necessary.

**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)

13/1/2021  
11:31 AM

Reporting Centre Personnel's Signature  
Name:





**SINGAPORE  
POLICE FORCE**



T/20210113/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210113/2082

**CONTINUATION OF REPORT**

Rider			
Name	SYED SYAFIQ BIN SYED NAZARULLDIN	ID No.	S9525656B
Related Vehicle	FBH7449C (Motorcycle)	Contact No.	88623664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SOON MOI	ID No.	S7585068I
Related Vehicle	SGH2976X (Car)	Contact No.	83219588
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	13/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	CHEW TING HUI MAVIS	ID No.	T0921713J
Related Vehicle	SGH2976X (Car)	Contact No.	83219588
Hospital/Clinic	NORTHEAST MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	13/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 12/01/2021 at about 2015hrs, I was travelling with my daughter in my silver Nissan car, SGH2976X at the 3rd lane of 3 lane road along Bukit Batok West Avenue 7 towards Jurong Town Hall. Upon reaching the traffic light junction, the traffic light on green was in my favour as such I continue to go straight in my own lane. While driving straight, suddenly a motorbike, FBH7449C which was turning from the opposite direction dashes out from its lane and collided onto the front portion of my vehicle. Thereafter, I stopped my vehicle to inspect the damages and check on the rider. The rider then informed that the is totally fine and we managed to exchange our particulars. After the accident, my daughter and I felt unwell and decided to seek medical treatment. We were given 3 days MC from 13/01/2021 to 15/01/2021 by Dr Steven Ho of Northeast Medical Group Clinic. My vehicle is installed with in-car camera and so far, I do not have any witnesses.



**SINGAPORE  
POLICE FORCE**



T/20210113/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210113/2082

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210113/2082

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20210113/2082

**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: G / Staff Sgt HEAP ZHI YONG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No: 65476172	

Signature Of Informant:	
Date/Time: 13/01/2021 13:36	
Classification Of Case:	

Authentication Stamp  
NP168

Motor Private Car

MX1F

R SN

AN0575A

Gov. 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.	DMPCSNW00044712004	Engine No.: HR15349148	Cha. No.: JN1BAAC11Z0000779
1. Index Mark and Registration Number of Vehicle	SGH2976X	AUTOSAFE	*****
2. Name of Policy Holder	CHEW KIAN CHEONG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/06/2020	Named Drivers Ex Sect. I	S\$500.00
4. Date of Expiry of Insurance	05/06/2021	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 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).

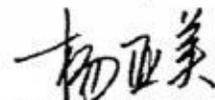
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:



Authorised Officer



Authorised Signatory

VEHICLE NO: 9GH 2976X

MAKE &amp; MODEL: Nissan Latio

AUTO / MANUAL

DATE OF ACCIDENT	10 / 01 / 2011	*C.C. 1,498cc
TIME OF ACCIDENT	2015	AM / PM
LOCATION OF ACCIDENT	Along Bukit Batok Road. & Bt. Batok West Ave 7 (T-Junction)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
<b>NAME OF OWNER</b>	Chew Kian Cheng Email: raphael68@gmail.com	
TELP NO	Mobile: 97684221	Office: Home:
NRIC	S6830678G	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	China Taiping Insurance	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00044712004	
<b>NAME OF DRIVER</b>	AS ABOVE / <u>IF NO.</u> Lim Soon Moi	
NRIC	S7585068I	
DATE OF BIRTH	03 / 07 / 1975.	
ANY PASSENGER	<u>YES</u> / NO : +1 (Daughter).	
NAME OF PASSENGER	Mavis Chew	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	Outdoor / Indoor Home-maker	
DATE OF DRIVING PASS	19 / 01 / 2005.	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 8321 9588 Office: Home:	
EMAIL	jacqueline.lim.sm@hotmail.com	
ADDRESS	Blk 291 Choa Chu Kang Ave 3 #07-200 S (680291).	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / <u>If No</u> Spouse	
WEATHER CONDITION	Clear / <u>Raining</u> / Other.	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / <u>If yes</u> Who? Lim Soon Mui, Mavis Chew	
CONTACT NO.	8321 9588	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES: WHO?
VEHICLE B NO.	FBH 7449C	Any Passenger:
NAME		
CONTACT NO.	8862-3664	
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / NO
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>