

# NATIONAL Assessment Centre Services.

[part 1 Jan 03]

SN 09211 E000 B

Date In: 14/1/21 15:15	Job description	Date & Time Completed	Done by
Ref No NA( LIP 21000685164	SAS e-filing		
Veh No SJN 27755	E-mail (within 3hrs, AIC 3hrs)		
IP A 12/1/21 18:00	I-Motor Claim Form		
(1) AD: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP 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: SJT 6740J	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 ( ) / Non-INC ( )	Date & Time Completed	Done by
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	Action

NA2100914	Invoice/Assessment/Checklist/Summary
Claimant's Particulars:	1) AR: Accident Reporting (\$30):
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engn-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	6) TR: Re-Inspection \$75
	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Ideal Mobile \$0
	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	14/01/2021 15:15 (SGT)
Date of Accident	12/01/2021 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2775S
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHONG POH
NRIC No	SXXXX963E
Email Address	chongpohv99@gmail.com
Mobile Phone No	(Phone) +65-97207212
Alternative Phone No	+65-97207212

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	SI20V00968/VPE/R01/E00
Cover Note Number	-

### DRIVER

Name of Driver	CHUA CHONG POH
NRIC No	SXXXX963E
Date Of Birth	30/08/1954

Date Of Driving Pass .....	21/07/1975
Driving experience .....	45 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97207212
Alt. Phone Number .....	+65-97207212
Email Address .....	chongpohv99@gmail.com
Address .....	BLK 633 BEDOK RESERVOIR RD #11-07
Address complement .....	-
Postcode .....	410633
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	MacPherson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007449999
Alt. Police Station Phone No .....	(Fax) +65-65476366
Police Station Address .....	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210114/2053

#### 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 .....	SJT6740J
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 .....	CHUA CHONG POH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJN2775S
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 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.

### 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A = SJN 2775 S  
B = SJT 6740 J.

PIE

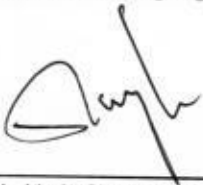


**Describe Circumstances of the Accident**

Refer to Police Report T/20200114/2053

**Declaration**

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

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210114/2053

1 of 3

Report No. T/20210114/2053

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 13:31		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: CHUA CHONG POH			Address: APT BLK 633 BEDOK RESERVOIR ROAD #11-07 SINGAPORE 410633		
ID Type / ID No.: NRIC NO / S0042963E			Contact No.: Home/Office: Mobile: 9720 7212		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 30/08/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PLANNER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2021 18:00	Type of Location: Straight Road
Location:  PAN-ISLAND 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: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN2775S	Car	TOYOTA	WISH 1.8 AUTO	White	Slightly Damaged	0
SJT6740J	Car	HONDA	FREED 1.5G A	Black		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



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Report No. T/20210114/2053

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**CONTINUATION OF REPORT**

Driver			
Name	CHUA CHONG POH	ID No.	S0042963E
Related Vehicle	SJN2775S (Car)	Contact No.	9720 7212
Hospital/Clinic	SINGHEALTH POLYCLINICS - GEYLANG	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/01/2021	Date Discharge	14/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name			
Unknown	ID No.	S8542194H	
Related Vehicle	SJT6740J (Car)	Contact No.	9640 6995
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

**Brief Details.**

On the 12/01/2021 at about 1800hrs, I was driving my vehicle, SJN2775S, along PIE towards Changi on lane 4 of 4 lanes. I was about to exit to Eunos Link/Jalan Eunos direction however, as there was heavy traffic along the sliproad, I then came to a stop to queue for the exit. My vehicle then came to a stopped and was stationary for a few seconds when suddenly, I felt an impact from the rear. I then got down from my vehicle and saw that another vehicle, SJT6740J, had collided into my vehicle's rear. We then exchanged contact details and he wrote down on a piece of paper, stating that he is able to bear the cost of repair as the accident was his fault. Thereafter, we then left the location separately as neither of us were injured.

On the 14/01/2021, I woke up and realized that my neck was in pain, likely from the impact of the accident. I then went to Geylang Polyclinic and was given 5 days of medical leave.





**SINGAPORE  
POLICE FORCE**



T/20210114/2053

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Report No. T/20210114/2053

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**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 /

Sgt 2 SIM SENG ZHI, JORDAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2021 13:31

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

<b>Name of Producer:</b> LIM WEI KAI (A1365-2)		<b>Policy No.:</b> SI20V00968/VPE/R01/E00
<b>Date of Issue:</b> 18 Jan 2020	<b>Previous Policy No.:</b> SI19V01225	

### Details of Insured

<b>Name of Insured:</b> CHUA CHONG POH	<b>NRIC/FIN No.:</b> S0042963E
<b>Mailing Address:</b> 633 BEDOK RESERVOIR ROAD, 11-07, EUNOS TENAGA VILLE, SINGAPORE	<b>Postal Code</b> (410633)
<b>Period of Insurance (both dates inclusive):</b> From: 11 Feb 2020 00:00 To: 10 Feb 2021 23:59	<b>Occupation:</b> Manager (Office)

### Details of Vehicle

<b>Registration No.:</b> SJN2775S	<b>Make and Model:</b> TOYOTA Wish 1.8	<b>Type of Body:</b> MPV
<b>Capacity/Tonnage:</b> 1797 C.C	<b>Seating Capacity Including Driver:</b> 0	<b>Year of Manufacture/Registration:</b> 2009 / 2009
<b>Chassis No.:</b> JTDER12W803001470	<b>Engine No.:</b> 1ZZ3225243	<b>Sum Insured:</b> MARKET VALUE AT THE TIME OF LOSS
<b>Hire Purchase Owner/Leasing Company:</b> DBS BANK LTD		
<b>Operative Endorsements:</b> V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0237, V0249, V0276, V0281, Z011		

### Details of Coverage

<b>Type of Plan:</b>	Pte Car-Preferred Plan (Comprehensive)
<b>Excess:</b>	Section I - Named Drivers S\$ 700.00 Section I - Unnamed Drivers S\$ 1,200.00 Additional Excess for Young, Elderly & Inexperienced Drivers S\$ 3,000.00 Windscreen Excess S\$ 100.00
<b>Additional Coverage(s):</b>	Unlimited Windscreen
<b>Name of Driver(s):</b>	CHUA CHONG POH, Chua Shan Ji Calvin, Chua Shan Ru Virlyn
<b>Basic Premium:</b>	S\$ 2,033.53
<b>Discounts:</b>	No Claim Discount (50%), Offence Free Discount (5%)
<b>Prevailing GST (7%):</b>	S\$ 67.61
<b>Total Premium Payable Inclusive of Prevailing GST (7%):</b>	S\$ 1,033.53

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.



For and on behalf of  
**LIBERTY INSURANCE PTE LTD**

Date: 18 Jan 2020 16:44

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/1/21) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 27755  
b) INSURANCE COMPANY: Liberty  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Wish  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Chua Chong Poh (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9720 7212  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Macpherson MPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ 76740J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(1)

\* No of passengers  
(Including driver)  
( )

\* No of passengers  
(Including driver)  
( )

Email =

fax =

video = Yes.