

# NATIONAL Assessment Centre Services. [Print / Javac] SM 092122000K

Date In: 2/2/21 17:25	Job description	Date & Time Completed	Done by
Ref No: NA/CTZ 2100158614	SAS e-filing		
Veh No: SJP 1620B	E-mail (within 2hrs, AIC 2hrs)		
DTA: 31/1/21 20:45	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'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: *
TP Particulars:	Veh No: SLB 483L	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%; F: 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 repolter.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

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

Injury: _____
Damage: _____

NA 2101318	Invoice No: NA 2101318	Invoice Date: 2/2/21
Driver/Owner:	1) AR: Accident Reporting (\$30)	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) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For e-filing against INC Only (wacl 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance 33	
	*NG: Repair Co-ordination 510	
	*NT: Post Repair Inspection 525	
	*NI: DV / Collect Excess Coordination 33	
	TE (N11): TP (Non INC) against INC 520	
	9) N12: Idau Mobile 30	
	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	02/02/2021 17:25 (SGT)
Date of Accident	31/01/2021 20:45 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1620B
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH DAVID
NRIC No	SXXXX991B
Email Address	KELVIN@EIGHTYSEVEN.COM.SG
Mobile Phone No	(Phone) +65-92740938
Alternative Phone No	+65-92740938

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	DMPCSNW00181592000
Cover Note Number	-

### DRIVER

Name of Driver	KOH DAVID
NRIC No	SXXXX991B
Date Of Birth	10/03/1956
Occupation	Indoor

Date Of Driving Pass .....	31/07/1993
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92740938
Alt. Phone Number .....	+65-92740938
Email Address .....	KELVIN@EIGHTYSEVEN.COM.SG
Address .....	BLK 62 CIRCUIT RD #07-299
Address complement .....	-
Postcode .....	370062
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SAULON SANDRA YAMSON
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210202/7027

#### 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 .....	SLB483L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-





Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KISHERN K CHANDRAN
NRIC No .....	SXXXX961E
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 .....	KOH DAVID
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJP1620B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SAULON SANDRA YAMSON
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJP1620B
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.

*DIKID*

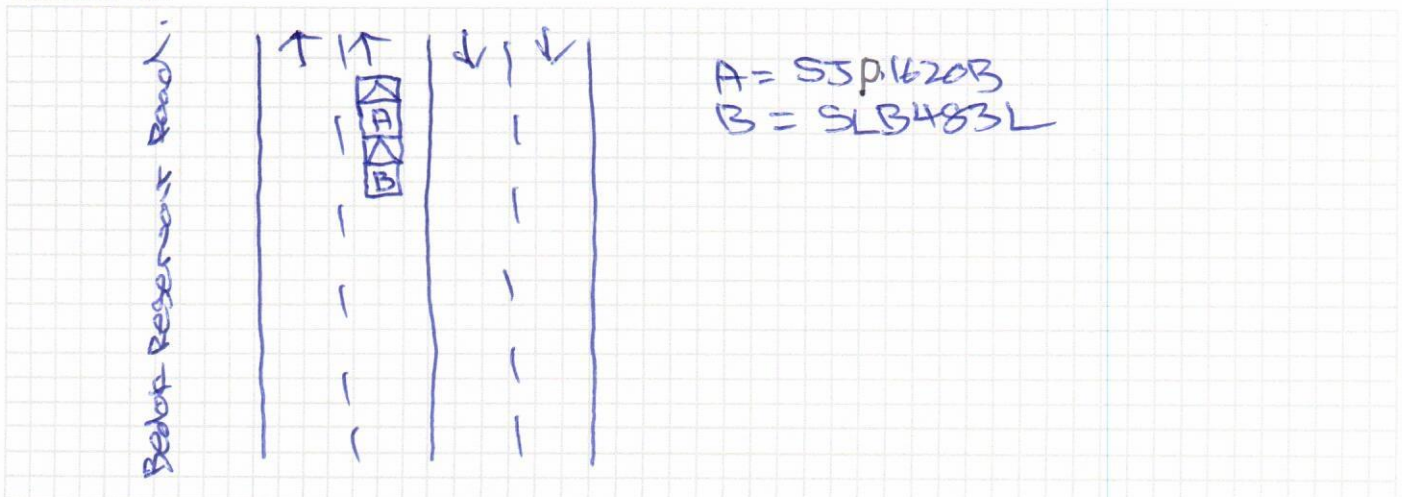
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

### **Sketch Plan**





**Describe Circumstances of the Accident**

Refer to Police Report. T/20210202 / 7027

**Declaration**

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

DAVID  
Policyholder's Signature / Date &  
Time

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

H  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210202/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210202/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2021 15:37		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH DAVID			Address: 62 CIRCUIT ROAD #07-299 SINGAPORE 370062		
ID Type / ID No.: NRIC NO / S1223991B			Contact No.: Home/Office: Mobile: 92740938		
Nationality: SINGAPORE CITIZEN			Email: kelvin@eightyseven.com.sg		
Sex: Male	Age: 64	Date of Birth: 10/03/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2021 20:45	Type of Location: Straight Road
Location:  BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJP1620B	Car	HYUNDAI	HD AVANTE 1.6 A	Black		0
SLB483L	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP1620B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001815 92000	01/12/2020	30/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KOH DAVID	ID No.	S1223991B	
Related Vehicle	SJP1620B (Car)	Contact No.	92740938	
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	01/02/2021	Date	01/02/2021	
No. of Days granted Medical Leave	02	Degree of	Serious	
Passenger				
Name	SAULON SANDRA YAMSON	ID No.	F1124433P	
Related Vehicle	SJP1620B (Car)	Contact No.	NIL	
Hospital/Clinic	UNITED HEALTH FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	01/02/2021	Date	01/02/2021	
No. of Days granted Medical Leave	02	Degree of	Serious	
Driver				
Name	KISHERN K CHANDRAN	ID No.	S9004961E	
Related Vehicle	SLB483L (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	





**SINGAPORE  
POLICE FORCE**



T/20210202/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210202/7027

**CONTINUATION OF REPORT**

Brief Details.

My car was about to move off at the traffic light junction along Bedok Reservoir Road as the traffic light had just turned green. Suddenly, I heard a loud bang with a big impact from the rear. I alighted from my car and realised that vehicle SLB483L has failed to stop in time and collided onto the rear portion of my car. As the impact was very big, my car was seriously damaged, My passenger and I are also injured during the accident and we proceeded to see a doctor and was given MC and some medications for our injuries.



**SINGAPORE  
POLICE FORCE**



T/20210202/7027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210202/7027

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/02/2021 15:37

Classification Of Case:





Motor Private Car

MX1F

N SN

AN0295A

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, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00181592000	Engine No.: G4FC9U617420	Cha. No.: KMHDU41BR9U710999
1. Index Mark and Registration Number of Vehicle	SJP1620B	AUTOSAFE	=====
2. Name of Policy Holder	KOH DAVID		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/12/2020 (14:05:56)	Named Drivers Ex Sect. I	S\$500.00
4. Date of Expiry of Insurance	30/11/2021	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.			

HIRE PURCHASE CO. : RICARDO CARS PTE LTD

\* 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.

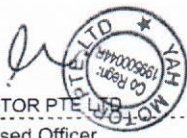
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

YAH MOTOR PTE LTD  
Authorised Officer



Authorised Signatory

杨亚美

## ACCIDENT STATEMENT

ACCIDENT DATE: (31/01/2021) (DD/MM/YYYY), TIME: (20:45) (HH:MM)

LOCATION: Bedok Reservoir Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJB1620B  
b) INSURANCE COMPANY: China Taiping  
c) POLICY NUMBER: DMPCSNW00121592000  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Avante 1.6A  
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: KOH David (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S12239A1B CONTACT: 92740938  
c) ADDRESS: 62 circuit rd #07-219 S(370062)

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

### DRIVER

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

\*d) DATE OF BIRTH: (10/03/1956) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 31 yrs +

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: Traffic Police HQ

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLB483L MODEL: Jaguar

b) DRIVER'S NAME: Kishan K Chandran

c) NRIC/FIN/PASSPORT: S9004961E CONTACT: 97869111

### 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = suheng@gmail.com

fax =

video = NO