

NATIONAL Assessment Centre Services.

SM 09212 F000J

Date In: 15/12/21 16:11	Job description	Date & Time Completed	Done by
Ref No: MAICTI2190266/64	SAS e-filing		
Veh No: SMS 1427S	E-mail (within 2hrs, AIC 2hrs)		
DDA: 12/12/21 12:00	I-Motor Claim Form		
TP: <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: **FBF 869E** 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 reporter.

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: \_\_\_\_\_

Damage: \_\_\_\_\_

Invoice Number: <b>NA2101654</b>	Invoice Description	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)	
Damaged Portion:	3) TP: Towing Fee 540/545	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
Est. 1:	For claim against INC Only (wef 10 Jan 2009)	
2/3:	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NY: Post-Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (Non INC) against INC \$20	
	9) NI: Idac 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 ..... 15/02/2021 16:11 (SGT)  
Date of Accident ..... 12/02/2021 12:00 (SGT)  
Exact Location of Accident ..... 2 Kensington Park Dr, Singapore 557320  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMS1427S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FENG KUO LUN  
NRIC No ..... SXXXX057I  
Email Address ..... TAN\_ALEX\_24@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91999905  
Alternative Phone No ..... +65-91999905

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... DMPCSNW00020692101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FENG KUO LUN  
NRIC No ..... SXXXX057I  
Date Of Birth ..... 04/01/1981  
Occupation ..... Indoor

Date Of Driving Pass .....	05/07/2016
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91999905
Alt. Phone Number .....	+65-91999905
Email Address .....	TAN_ALEX_24@HOTMAIL.COM
Address .....	BLK 453 HOUGANG AVE 10 #12-591
Address complement .....	-
Postcode .....	530453
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 .....	Side Swipe
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN SOCK HWEE
Gender .....	Female

#### PASSENGER 2

Name .....	HNG MONG HONG
Gender .....	Female

#### PASSENGER 3

Name .....	FENG JIE RU
Gender .....	Female

#### PASSENGER 4

Name .....	JO LOO YU FEN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT.

#### 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 ..... FBF869E  
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) ..... -

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 willful 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

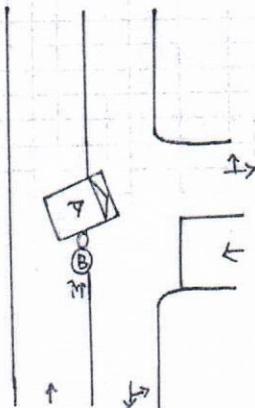
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Kensington Park outside Serangoon Country Club

Vehicle A - SMS 1427S  
Vehicle B - FBF 829E



**Describe Circumstances of the Accident**

On the stated date and time, I, vehicle A (SMS14275) was travelling along at the stated location, while I was on my right signal and turning into the Entrance of Serangoon Garden Country Club. Suddenly, vehicle B (FBF869E) collided onto the right portion of my vehicle causing damages.

Passenger NAME:	① Tan Jock Hwee	Gender:	① Female
	② Hng Mong Hong		② Female
	③ Feng Jie Ru		③ Female
	④ Jo Loo Yu Fen		④ Female

**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



Motor Private Car

MX1F

R SN

AN0421A

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.	DMPC5NWD0020692101	Engine No. LEB-1450831	Cha. No. GP5-134181B
1. Index Mark and Registration Number of Vehicle	SMS1427S	ALJOSAFE	*****
2. Name of Policy Holder	FENG KUO LUN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12/02/2021 (00 00 00)	Named Drivers Ex Sect 1	\$50.00
4. Date of Expiry of Insurance	11/02/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. 1 - Age <= 25	\$3,000.00
		Ex Sect. 1 - Age >= 26	\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$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 6 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: VITESSE SOLUTIONS  
Authorised Officer

Authorised Signatory

Date of Accident : 12/02/2021 Accident Time: 1200hrs (24-HR-FORMAT)  
 Accident Place : Kensington Park outside Serangoon Country Club  
 Vehicle Reg. No (Car plate No.) : SMS1427S Vehicle Make/Model: Honda Fit  
 Insurance Company : China Taiping Policy No. DMPCSNWD020692101  
 Name of Registered Owner : Company / Individual Feng Kuo Lun  
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8189057I  
 : Co Contact No: - Owner's Contact No: 9199 9905

DRIVER'S Name : Feng Kuo Lun DRIVER'S NRIC No: S8189057I  
 DRIVER'S Date of Birth : 04 Jan 1981 DRIVER'S License Pass Date 05 Jul 2015

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : APT Blk 453 Honggang Avenue 10 #12-591 Singapore 530453

DRIVER'S Contact No. / Alt No. : 1) 9199 9905 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Tan\_alex\_24@hotmail.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): 05 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: \_\_\_\_\_  
 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: <u>FBF869E</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

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