

NATIONAL Assessment Centre Services. [part 1 Jan 2003] : SN 092132000K

Date In: 213/21 18:55	Job description	Date & Time Completed	Done by
Ref No MAICTZ 21092829144	SAS e-filing		
Veh No GBD 362K	E-mail (within 2hrs, AIG 2hrs)		
DDA 113/21 18:10	I-Motor Claim Form		
(1) <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		

Profitted Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vch No: SMT 9516K. 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: ()

Comments	Date & Time	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Conditions

Item	Description	Amount	Remarks
1)	ALL: Accident Reporting (\$30)	30	
2)	DA: Damage Assessment (\$100); INC (\$80)		
3)	TP: Towing Fee	\$40/\$45	
4)	PT: Follow-Through Survey	\$120	
5)	PT: Follow-Through Survey (Resurvey)	\$30	
6)	TR: Re-inspection	\$75	For a claim against INC Only (w/ 10 Jan 2003)
7)	NI: Idno DA + SMRT Survey	\$160	
8)	NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (N-in INC) against INC	\$20	
	9) N12: Idno Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Additional Comments: _____

Signature: _____

Date: _____

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 02/03/2021 18:55 (SGT)
Date of Accident 01/03/2021 18:10 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD362K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner INFERNO KUDOS PTE LTD
Company Reg No 2XXXXX467K
Email Address JASONKCAPL@GMAIL.COM
Mobile Phone No (Phone) +65-96696484
Alternative Phone No +65-96696484

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00123662000
Cover Note Number -

DRIVER

Name of Driver WONG YEW KWONG
NRIC No SXXXX529J
Date Of Birth 13/09/1954
Occupation Outdoor

Date Of Driving Pass	24/02/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96696484
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 414 BUKIT BATOK WEST AVE 4 #02-238
Address complement	-
Postcode	650414
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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	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/20210302/2046

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	SMT9516K
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC1392B
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN1709M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 4

Vehicle Registration Number SMG8507L
 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	WONG YEW KWONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBD362K
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.



[Handwritten signature]

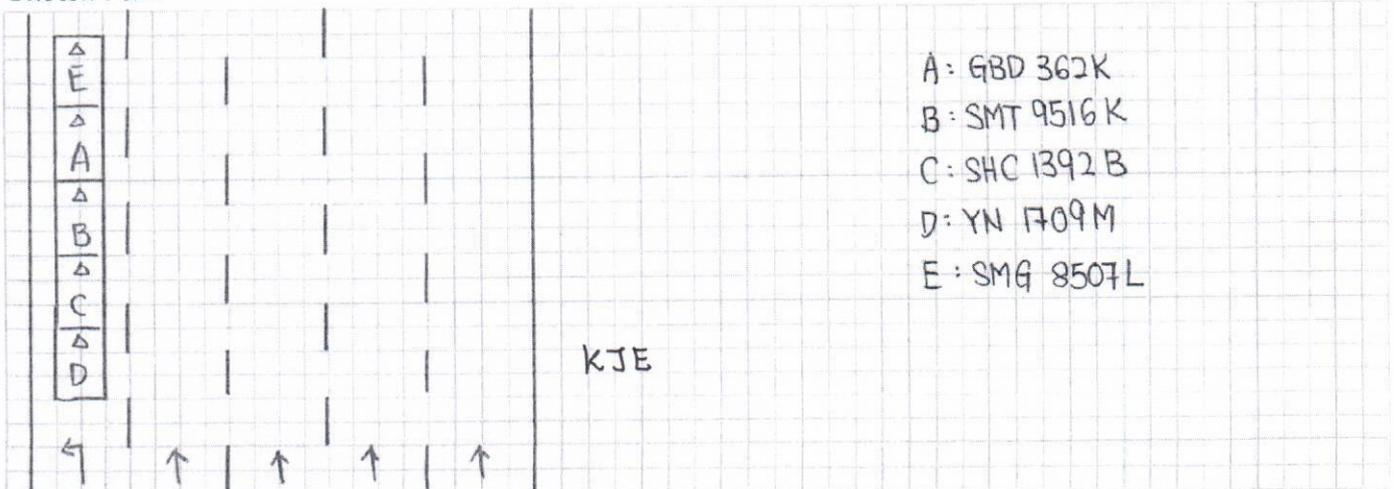
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 01.03.2021 at about 18:10pm. I was travelling along KTE towards TUAS (After Choa Chu Kang Before Brickland). In front vehicle stopped, I stopped. Suddenly, I felt an impact from my rear and my vehicle moved forward and hit the front vehicle. I was involved in a 5 vehicles chain collision.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature

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

Handwritten signature

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210302/2046

1 of 4

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

Report No. T/20210302/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 13:29	Vide Report No.: J/20210301/0111	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: WONG YEW KWONG		Address: APT BLK 414 BUKIT BATOK WEST AVENUE 4 #02-238 SINGAPORE 650414	
ID Type / ID No.: NRIC NO / S0147529J		Contact No.: Home/Office:	Mobile: 96696484
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 13/09/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2021 18:10	Type of Location: Straight Road
Location: KRANJI 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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD362K	Lorry	MITSUBISHI	CANTER FEA01BR1S DEB (CBU)	White	Seriously Damaged	0
SHC1392B	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Seriously Damaged	3



**SINGAPORE
POLICE FORCE**



T/20210302/2046

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Report No. T/20210302/2046

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG8507L	Car	MAZDA	MAZDA3 HATCHBAC K 1.5 AT DELUXE EU6	Grey	Slightly Damaged	0
SMT9516K	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	White	Seriously Damaged	0
YN1709M	Lorry	HINO	XZU415R 4.0 MT ABS TURBO	White	Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YEW KWONG	ID No.	S0147529J
Related Vehicle	GBD362K (Lorry)	Contact No.	96696484
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/03/2021	Date Discharge	02/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/03/2021, at about 1810hrs, I was driving along KJE Expressway towards Tuas, after choa chu kang exit before brickland exit at the most left lane. The traffic was heavy at that point of time, the car bearing the registration number SMG8507L that was driving in front of me started to slow down and came to a stop. I proceed to slow down and came to a stop. Suddenly I heard a bang at my rear of my vehicle. I then realize that a vehicle bearing the registration number SMT9516K had hit on to my rear of the vehicle. Due to the impact of the collision, my vehicle move forward and hit on to the front of the vehicle.

I then came out of the vehicle and realise that it was a chain collision. The followings vehicle involve in the car accident are SMG8507L, GBD362K, SNT9516K, SHC1392B and YN1709M. Subsequently traffic police and ambulance arrive. I was then given a case card and asked to make a traffic police report.

I wish to state that I do not have any in-car camera. I also like to state that my vehicle suffered damage on the rear and the front of the vehicle. I am unsure of the repair fees.

As I was feeling pain on my neck and back today when I wake up, I went to Wong Family & Surgery Pte Ltd to seek for treatment. I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210302/2046

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/20210302/20

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210302/2046

4 of 4

Report No. T/20210302/2046

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

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 3 CHUA CHANG YU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247



Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/03/2021 13:29

Classification Of Case:

SIGNATURE

Motor Commercial

MZ300/C

N SN

BR0066A

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. DMCVSNW00123662000

Engine No.: 4P10C40283

Cha. No.:FEA01BA20390

1. Index Mark and Registration
Number of Vehicle

GBD362K

AUTOSAFE
=====

2. Name of Policy Holder

INFERNO KUDOS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/12/2020
(00.00.00)

Excess Sect I S\$500.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

22/12/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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: PROMISELAND INDEPENDENT PTE LTD
Authorised Officer



Authorised Signatory

Date of Accident : 01.03.2021 Accident Time: 18:10 pm (24-HR-Format)
 Accident Place : KJE towards TUAS (After Choa Chu Kang Before Brickland)
 Vehicle No. (Car Plate No.) : GBD 362K Make/Model: Mitsubishi Canter
 Insurance Company : China Taiping Policy No: DMCVSNW00123662000
 Owner or Company Name /IC No. : Inferno Kudus Pte. Ltd. (200716467K)
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Wong Yew Kwang (S0147529J)
 DRIVER'S Date Of Birth : 13 Sep 1954 DRIVER'S License Pass Date 24 Feb 1977
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 414 Bukit Batok West Avenue 4 # 02-238 Singapore 650414
 DRIVER'S Contact No./ Alt No. : 1) 9669 6484 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Jasonkcapl@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): 1 Driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: SMT 9516K (vehicle B)	Vehicle No: SHC 1392B (vehicle C)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



YN 1709M (vehicle D)
 SMG 8507L (vehicle E).
