

Date In: 8/3/21 15:50	Job description	Date & Time Completed	Done by
Ref No MA1INC 21093033/4	SAS e-filing		
Veh No SKX 7777P	E-mail (within 3hrs, AIC 2hrs)		
ICCA 613/21 22:40	I-Motor Claim Form	MT/1123557 ⁰⁰²	9/3/21 17:39
(1) (TP) 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: Veh No: SJQ 1998G. 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 10/11/21 6/10/2021) Date Claimed: () Done by: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Other Comments:

WIA2102011	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	50/50
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) FT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
Auditors Comments:	6) TR: Re-inspection	\$160
Date:	7) NI: Idas DA + SMRT Survey	
TR/3:	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$25
	*N7: Post Repair Inspection	\$5
	*N8: DV / Collect Excess Coordination	\$20
	TP (N11): TP (Non-INC) against INC	30
	9) N12: Idas Mobile	
	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	08/03/2021 15:50 (SGT)
Date of Accident	06/03/2021 22:40 (SGT)
Exact Location of Accident	Punggol Field, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7777P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN DE LIN
NRIC No	SXXXX259F
Email Address	RANIBOI@ICLOUD.COM
Mobile Phone No	(Phone) +65-96081487
Alternative Phone No	+65-96081487

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119513464
Cover Note Number	-

DRIVER

Name of Driver	CHEN DEYUAN
NRIC No	SXXXX862A
Date Of Birth	22/10/1989
Occupation	Outdoor

Date Of Driving Pass	05/07/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85223523
Alt. Phone Number	-
Email Address	RANIBOI@ICLOUD.COM
Address	BLK 115 EDGEFIELD PLAINS #03-352
Address complement	-
Postcode	820115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	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?	Yes
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210308/2036

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	SJQ1998G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY CHOON LENG
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	CHEN DEYUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKX7777P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

Refer to Police report. T/20210308/2036

A large rectangular area with horizontal lines, crossed out with a diagonal line from the bottom-left to the top-right, indicating that the accident circumstances are not to be described here.

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/20210308/2036

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210308/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 12:18		Vide Report No.: F/20210306/0269		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: CHEN DEYUAN			Address: APT BLK 115 EDGEFIELD PLAINS #03-352 SINGAPORE 820115		
ID Type / ID No.: NRIC NO / S8937862A		Contact No.: Home/Office:		Mobile: 85223523	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/10/1989	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: LANDSCAPE		Driving Licence Information: Class: 3,4,5		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2021 22:40	Type of Location: X-Junction
Location: PUNGGOL FIELD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ1998G	Car				Slightly Damaged	1
SKX7777P	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210308/2036

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210308/2036

CONTINUATION OF REPORT

Driver			
Name	TAY CHOON LENG	ID No.	S1021505F
Related Vehicle	SJQ1998G (Car)	Contact No.	92396535
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	CHEN DEYUAN	ID No.	S8937862A
Related Vehicle	SKX7777P (Car)	Contact No.	85223523
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/03/2021	Date Discharge	07/03/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 06/03/2021 at about 2240hrs, I was driving my sister vehicle bearing SKX7777P. I was driving along Punggol Field toward Punggol Walk. I was driving on the second lane, I have the right of way and the traffic light was green. Suddenly, an oncoming vehicle bearing SJQ1998G wanted to turn right towards Punggol Walk and collided onto my right front bumper. I then suffered pain on right and left shoulder, back pain, chest pain and abrasion on right arms. Ambulance came and conveyed me to Sengkang General Hospital.

I wish to state that I have an in-car camera, but Traffic Police had took from me.



**SINGAPORE
POLICE FORCE**



T/20210308/2036

3 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210308/2036

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:

F /
Sgt 2 WU MING HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2021 12:18

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**
CAPSULED EVERY DAY

SN 158

SIGNATURE

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119513464		CHEN DE LIN	S9123259F	GPC	drivo CLASSIC	SKX7777P	SKX7777P	19/10/2020	20/07/2021

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 03 / 2021 (DD/MM/YYYY), TIME: 22 : 40 (HH:MM)

LOCATION: Punggol Field towards Punggol walk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 7777P
b) INSURANCE COMPANY: HiTuc
c) POLICY NUMBER: 5119513464
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Volkswagen Scirocco
f) TYPE: (SALOON / COUPE) / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chen Chen De Lin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 9123259F CONTACT: 96081487
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chen Dayuan (MALE / FEMALE) 8522 3523
b) NRIC/FIN/PASSPORT: S8937862A CONTACT: 8522 3523
c) ADDRESS: 115 Edgefield Plains #03-352

*d) DATE OF BIRTH: 22 / 10 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sibling (sister)

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJQ 1998 G MODEL: Chevrolet
b) DRIVER'S NAME: Tay Choon Leng
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = vaniboi@icloud.com

fax =

video =