

# NATIONAL Assessment Centre Services

[wef 1 Jan'03]

SM 092130009

Date In: 12/3/21 15:15	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 3280/h4	SAS e-filing		
Veh No: SKL 9845B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/3/21 14:20	i-Motor Claim Form		
OD: <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SGV 3217Z

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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: ( )

## Remarks:

(INC hotline: 6788 6616)

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:

Date/Time

Actions

## Invoice Preparation Checklist

Amr (\$)

Amr (\$)

Net Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) N1: Idao 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: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

at 1:

at 2 / 3:

## 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	12/03/2021 15:15 (SGT)
Date of Accident	11/03/2021 14:20 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9845B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE LIANG TOON
NRIC No	SXXXX639A
Email Address	TOONWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-82884555
Alternative Phone No	+65-82884555

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	DMPCSNW00194742007
Cover Note Number	-

#### DRIVER

Name of Driver	WEE LIANG TOON
NRIC No	SXXXX639A
Date Of Birth	11/05/1966
Occupation	Outdoor

Date Of Driving Pass .....	11/07/1984
Driving experience .....	36 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82884555
Alt. Phone Number .....	+65-82884555
Email Address .....	TOONWEE@GMAIL.COM
Address .....	57 CASHEW TERRACE
Address complement .....	-
Postcode .....	679589
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 .....	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 .....	3
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210311/2164

#### 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 .....	SGV3217Z
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	SJV8883G
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	WEE LIANG TOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKL9845B
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")

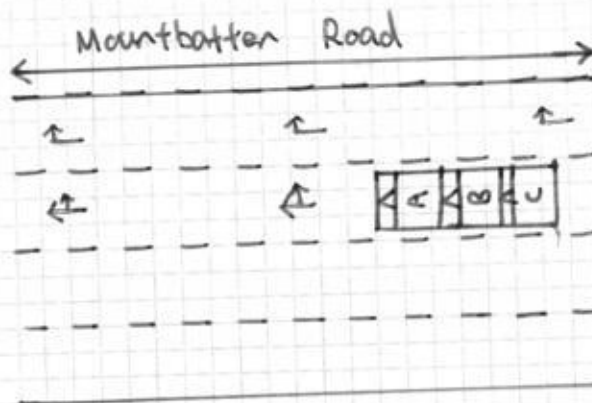
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



Veh A - SKL 9845B  
Veh B - SGV 3217Z  
Veh C - SJV 8883A



**Describe Circumstances of the Accident**

Police report refer to T/20210311/2164

**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/20210311/2164

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20210311/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 23:45		Vide Report No.: G/20210311/0075		Station Diary No.: 169	
<b>Informant's Particulars</b>					
Name of Informant: WEE LIANG TOON			Address: 57 CASHEW TERRACE SINGAPORE 679589		
ID Type / ID No.: NRIC NO / S1741639A			Contact No.: Home/Office: Mobile: 82884555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/05/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CEO			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2021 14:25	Type of Location: X-Junction
Location:  MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SGV3217Z	Car	TOYOTA	ESTIMA	Red	Slightly Damaged	3
SJV8883G	Car	MERCEDES BENZ		Blue	Slightly Damaged	0
SKL9845B	Car	AUDI	A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D	Grey	Slightly Damaged	0

**SINGAPORE  
POLICE FORCE**



T/20210311/2164

2 of 3

Of Origin:  
N.P.C  
#01-05 SINGAPORE 677738  
929999

Report No. T/20210311/2164

**CONTINUATION OF REPORT**

Vehicle Insurance			
Insurance Company	Insurance No	Effective	Expiry Date
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001947 42007	27/12/2020	26/12/2021

Person Involved			
Person Involved: No			
Persons Injured: NIL		Use of Pedestrian Crossing: NA	
Name: WEE LIANG TOON		ID No.	S1741639A
Vehicle: SKL9845B (Car)		Contact No.	82884555
Licence: NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Arrested: 11/03/2021	Date Discharge	11/03/2021	
Granted Medical Leave: 05	Degree of Injury	Slight	

along Mountbatten Rd towards East Coast Rd at the junction of Stadium Boulevard on the left of 5 lanes, stationary due to red light with the intention of making a right turn into Stadium Drive. Suddenly I felt an impact from the rear.

I made a check and discovered the rear vehicle (SGV3217Z) front portion had collided onto the rear of my car.

Another car behind (SGV3217Z) which was (SVJ8883G), front portion collided onto the rear of my car which made (SGV3217Z) colliding onto the rear of my car.

Two Traffic Police were at scene. One of the passengers from (SGV3217Z) was conveyed to a Government property was involved.

My rear neck and shoulder therefore I proceeded to a clinic nearby to seek medical attention. I was given 5 days MC from 11/03/2021 to 15/03/2021.

Location: Mountbatten Rd towards East Coast Rd at the junction of Stadium Boulevard near





**SINGAPORE  
POLICE FORCE**



T/20210311/2164

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20210311/2164

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:

J /

Staff Sgt MUHAMMAD JUMALI BIN JAMAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR

ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/03/2021 23:45

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



Motor Private Car

MX1E

R SN

AN0006A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00194742007

Engine No.: 8PJ098669

Chassis No.: WAUZZZ4FX8N134428

1. Index Mark and Registration  
Number of Vehicle

SKLB645B

AUTOSAFE

2. Name of Policy Holder

WEE LIANG TOON

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

27/12/2020  
(00:00:00)

Named Drivers Ex Sect. I \$750.00  
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$33,000.00

Ex Sect. I - Age >= 26 \$5500.00

4. Date of Expiry of Insurance:

26/12/2021

\* Age as at date of accident

EX ON WINDSCREEN \$5100.00

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\$1,000 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 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:

Authorised Officer

Authorised Signatory

Date of Accident

: 11/3/2021 Accident Time: 14:20 (24-HR-Format)

Accident Place

: Mountbatten Road

Vehicle No. (Car Plate No.)

: SKL 9845B Make/Model: Audi / A6

Insurance Company

: China taiping Policy No: DMPCSNW00194742007

Owner or Company Name / IC No.

: Wee Liang Toon / S1741639A

Owner or Company Contact No.

: 82884555 Owner's Hp Company Tel

DRIVER'S Name / IC No.

: DRIVER'S License Pass Date 11 Jul 1984

DRIVER'S Date Of Birth

: Spouse \ Parent \ Children \ Sibling \ Employee \ Others:

Relationship of Owner & Driver

: 57 Cashew Terrace S(679589)

DRIVER'S Address

: 1) 2)

DRIVER'S Contact No. / Alt No.

: DRIVER'S Occupation

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: toonwee@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): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): neck / shoulder sore - check for internal injury

### Other Party Driver's Particular (if any)

Vehicle No: SGV 3217Z

Vehicle No: STV 8883G

Vehicle Make \ Model:

Vehicle Make \ Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

\* NEW - Passenger's name & gender: