

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SM 09.213 M 0000

Date In: 22/3/21 18:28	Job description	Date & Time Completed	Done by
Ref No: NA/C72 2100 3701/44	SAS e-filing		
Veh No: SMA 9144A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/3/21 11:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

FBC 8692K

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: ()

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$80)

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 2005)

6) TR: Re-inspection \$75

7) N1: Idac 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 (N-on INC) against INC \$20

9) N12: Idac 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	22/03/2021 18:28 (SGT)
Date of Accident	20/03/2021 11:00 (SGT)
Exact Location of Accident	552 Hougang Street 51, Singapore 530552
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9144A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH CHEE KEONG
NRIC No	SXXXX730H
Email Address	SKYGOH@YMAIL.COM
Mobile Phone No	(Phone) +65-94500625
Alternative Phone No	+65-94500625

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00003352001
Cover Note Number	-

DRIVER

Name of Driver	GOH CHEE KEONG
NRIC No	SXXXX730H

Date Of Birth	02/06/1976
Occupation	Outdoor
Date Of Driving Pass	20/10/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94500625
Alt. Phone Number	+65-94500625
Email Address	SKYGOH@YMAIL.COM
Address	BLK 552 HOUGANG ST 51 #02-288
Address complement	-
Postcode	530552
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT F/20210320/2052

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	FBC8692K
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.
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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

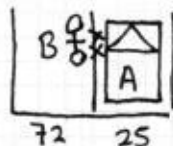
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMA 9144A

B = FBC 8692K

SS2 Hougang St 51 open carpark

Describe Circumstances of the Accident

Refer to Police Report F/20210320/2052

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**



F/20210320/2052

1 of 2

POLICE REPORT (NP299)

Report No. F/20210320/2052

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Date/Time Report Made 20/03/2021 15:45	Vide Report No.	Station Diary No. 11
Name Of Informant GOH CHEE KEONG	Address APT BLK 552 HOUGANG STREET 51 #02-288 SINGAPORE 530552	
ID Type / ID No. NRIC NO / S7615730H	Contact No. Home/Office Mobile 94500625	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Grab Driver	Sex Male	Age 44
Institution/School Name	Date of Birth 02/06/1976	Race Chinese
Date/Time Of Incident 20/03/2021 11:00	Location Of Incident 552 HOUGANG STREET 51 HDB-HOUGANG SINGAPORE 530552 Carpark lot 25	

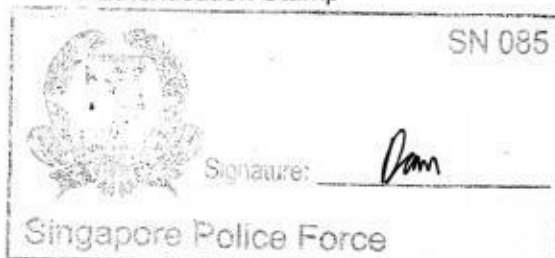
Brief details.

On 19/03/2021 at 1600hrs, I parked my vehicle with registration plate number SMA9144A(Brown coloured Toyota Voxy) at incident location lot 25. I secured my vehicle and everything was intact and nothing was amiss.

On 20/03/2021 at 1100hrs, I went to my vehicle and discovered there are dents and scratches on my

Signature Of Officer Recording The Report: F / Sgt 2 TAI YOONG CHAN, DOMINIQUE <i>Dmn</i>	Signature Of Informant <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2021 15:45
Officer In-Charge Of Case: F / Hougang N.P.C / Sr Staff Sgt YEO WEI QIANG, BENEDICT Contact No.: 64890999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20210320/2052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210320/2052


front left side door, left front mudguard and left front bumper.

After which, I found a note at my door handle from Mr Yeo, hp: 88224078 who stated that he saw a motorcycle FBC8692K that was parked beside my vehicle was on the floor at 0515hrs on 20/03/2021 while he was heading home. Mr Yeo did not witness what had happened and when I returned to my vehicle the said motorcycle was already recovered from the floor. I noticed his motorcycle sustained right side mirror was broken and the estimated cost of damage is about S\$5000. I enquire with one of my neighbour who informed that earlier at 0800hrs, he passed by my vehicle and noticed the said motorcycle was still on the floor.

My vehicle has in-vehicle CCTV but it did not manage to record any footage of the incident as my CCTV stopped recording at 0445hrs. There is Police POLCAM(03) at the vicinity of incident location. I do not have any past dispute with anyone and I do not have any suspect in mind.

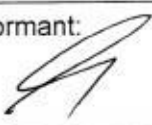
This is the first time such incident took place.

Signature Of Officer Recording The Report:

F / Sgt 2 TAI YOONG CHAN, DOMINIQUE 

Signature Of Interpreter:
Not applicable

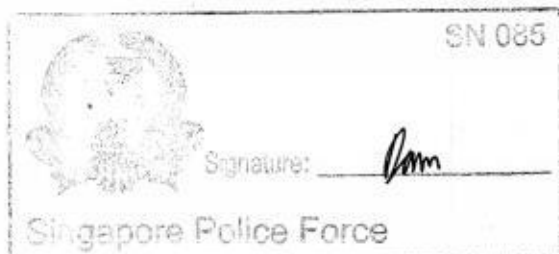
Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt YEO WEI QIANG, BENEDICT
Contact No.: 64890999

Signature Of Informant: 

Date/Time:
20/03/2021 15:45

Classification Of Case:

Authentication Stamp



Motor Hire Car

MZ406L/B

R SN

AN0478A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNW00003352001

Engine No.: 2ZR0B11325

Cha. No.: ZWR800307046

1. Index Mark and Registration
Number of Vehicle

SMA9144A

AUTOSAFE

=====

2. Name of Policy Holder

GOH CHEE KEONG

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

22/06/2020

Excess Sect. I .

S\$1,250.00

Excess Sect. I (Outside Singapore)

S\$2,500.00

Excess Sect. II

S\$1,500.00

4. Date of Expiry of Insurance

21/06/2021

Excess Sect. II (Outside Singapore).

S\$3,000.00

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

THE POLICYHOLDER

ANY AUTHORISED DRIVER

6. Limitations as to use.*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

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

* 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:


INSURE HUB PTE LTD
Authorised Officer
Authorised Signatory

Date of Accident : ²⁰ ~~32~~ / 3 / 21 Accident Time: 11:00 (24-HR-Format)
 Accident Place : 552 Hengang St Sl c5) 530552.
 Vehicle No. (Car Plate No.) : SMA9144A Make/Model: Toyota Voxy 1.8
 Insurance Company : Ching Policy No: _____
 Owner or Company Name / IC No. : Goh Chee Keong
 Owner or Company Contact No. : 94500625 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : As Above
 DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : _____
 DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : SKY Goh @ ymail.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): 0

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): NO

Other Party Driver's Particular (if any)

Vehicle. No: FBC 8692K

Vehicle. No: _____

Vehicle Make \Model: _____

Vehicle Make \Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW – Passenger's name & gender: