

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SNCP2137000G

Date In: 29/03/2021 20:18	Job description	Date & Time Completed	Done by
Ref No: N/A/C12210040284	SAS e-filing		
Veh No: SGY2923J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/03/2021 16:30	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: YJ 3232D	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

<p>XA2102413</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Anditors' Comments:</p> <p>at 1:</p> <p>at 2 / 3:</p>	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
OD*				
*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		



# 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	29/03/2021 20:18 (SGT)
Date of Accident	26/03/2021 16:30 (SGT)
Exact Location of Accident	Kian Teck Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY2923J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIM TECK NGEE (SHEN DEYI)
NRIC No	SXXXX684J
Email Address	darrensim87@gmail.com
Mobile Phone No	(Phone) +65-96992804
Alternative Phone No	+65-96992804

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	Private car
Transmission	Auto
CC	1799

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00128572000
Cover Note Number	-

## DRIVER

Name of Driver	SIM TECK NGEE (SHEN DEYI)
NRIC No	SXXXX684J

Date Of Birth	21/10/1987
Occupation	Outdoor
Date Of Driving Pass	03/07/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96992804
Alt. Phone Number	+65-96992804
Email Address	darrensim87@gmail.com
Address	BLK 411 TAMPINES STREET 41 #07-259
Address complement	-
Postcode	520411
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	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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210327/2037

#### 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	YJ3232D
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SIM TECK NGEE (SHEN DEYI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGY2923J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

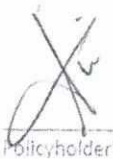


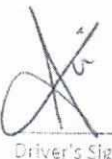
## IMPORTANT NOTICE

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 lodgment 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:

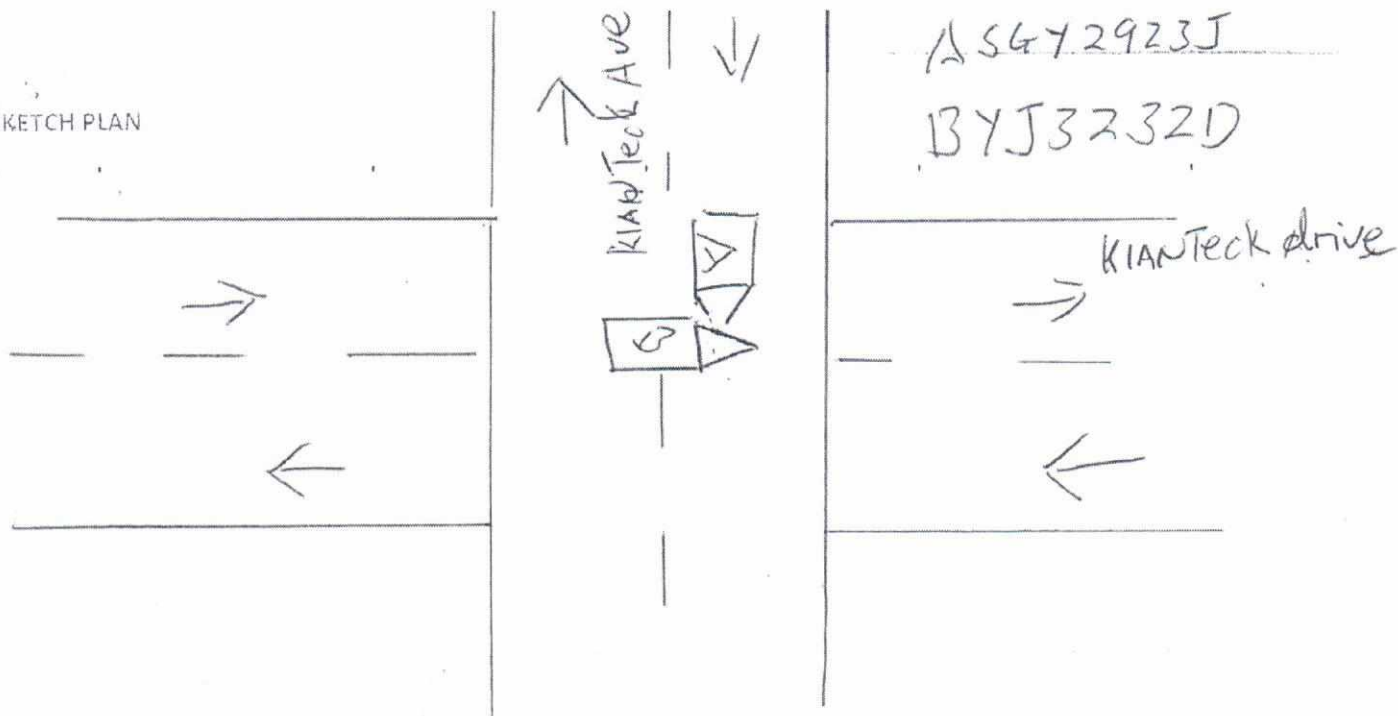
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Res. Horton  
NRIC/FIN No.: 29/03/2021

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20210327/2037

### 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)

Reporting Centre Personnel's Signature  
Name:

29/03/2021  
Resdi Cus Hoss

(M)  
Date of Accident : 26032021 Accident Time: 1630 (24-HR-Format)  
Accident Place : LIAN TECK AVE  
Vehicle No. (Car Plate No.) : 5EY2923J Make/Model: Honda stream  
Insurance Company : Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : SIM TECK NGEE (SHEN DEYI) 58733684J  
Owner or Company Contact No. : Owner's Hp 96992804 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : SIM TECK NGEE (SHEN DEYI) 58733684J  
DRIVER'S Date Of Birth : 21061987 DRIVER'S License Pass Date 03 Jun 2019  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 411 TAMPINES STREET 41 #07-259 Singapore 520411  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
Email Address : darrensim87@gmail.com info@carsmith.biz  
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): 02  
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): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: YJ 3232D	Vehicle No: _____
Vehicle Make/Model: Lorry	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No, Driver Contact: _____	IC No, Driver Contact: _____

\* NEW - Passenger's name & gender:





Login:

1 of 4

Avenue 4 SINGAPORE 529682  
800-5871999

Report No. T/20210327/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2021 11:12		Vide Report No.: J/20210326/0098		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: SIM TECK NGEE			Address: APT BLK 411 TAMPINES STREET 41 #07-259 SINGAPORE 520411		
ID Type / ID No.: NRIC NO / S8733684J			Contact No.: Home/Office: Mobile: 96992804		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 21/10/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2021 16:30	Type of Location: X-Junction
Location:  KIAN TECK AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
SGY2923J	Car	HONDA	STREAM 1.8 A	Brown	Seriously Damaged	1
YJ3232D	Lorry					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY2923J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001285 72000	15/09/2020	21/09/2021





**SINGAPORE  
POLICE FORCE**



T/20210327/2037

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 4

Report No. T/20210327/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SIM TECK NGEE	ID No.	S8733684J
Related Vehicle	SGY2923J (Car)	Contact No.	96992804
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	RAJENDIRAN BALAJI	ID No.	G3394125R
Related Vehicle	NIL	Contact No.	81481417
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

**Brief Details.**

On the 26/03/2021 at around 1630hrs, I was driving my vehicle SGY2923J, with one passenger seated on the front left, along Kian Teck Ave. It was a two lanes road and I am travelling on the right lane. While approaching the cross junction of Kian Teck Ave and Kian Teck Drive, one lorry, YJ3232D suddenly drove out of the Kian Teck Drive. It is not traffic light controlled at the Kian Teck Drive, however, the lorry did not stop at the stop line. It then collided onto the right side of my vehicle. After colliding onto my vehicle, he did not stop his vehicle immediately and continued to drive on, thus causing my vehicle to be dragged a distance by his vehicle.

Subsequently, he then stopped his vehicle and both of us came down of the vehicle to make a check and exchanged our particulars. He admitted that he did not stop at the stop line as he was going straight. My vehicle was badly damaged as the whole front and right side was dented in. Soon after, patrol police came across and attended to us and gave us the advices accordingly.

After the police left, I started to feel giddy and was vomiting. I waited for the tow truck to move my vehicle away and subsequently, I went home afterwards. I then seek medical assistance at Neptune Healthcare Medical & Surgery afterwards as I felt pain and stiffness on the neck area and was still feeling giddy. I was given 4 days of medical leave from 27/03/2021 to 30/03/2021.

There is in-car camera inside my vehicle, however I have checked that it did not managed to capture the accident and the last footage recorded in was about a month ago.



**SINGAPORE  
POLICE FORCE**



T/20210327/2037

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 4

Report No. T/20210327/2037

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20210327/2037

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20210327/2037

**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 2 LAM XUE TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2021 11:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Authentication Stamp NP168 	

RAJENDIRAN BALAJI

G3394125R

DID NOT STOP AT THE STOP LINE,  
AND I HAVE TOLD THE POLICE  
ABOUT IT.

ACCIDENT 26/03/2021 4:30PM  
AT KIAN TECK DRIVE/AVENUE JUNCTION.





Motor Private Car

MX1

N SN

AN0671A

Cov. Type:F

**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. DMPCSNW00128572000

Engine No.: R18A1744732

Cha. No.:RN61039641

1. Index Mark and Registration  
Number of Vehicle SGY2923J

2. Name of Policy Holder SIM TECK NGEE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment 15/09/2020  
(14:33:09)

4. Date of Expiry of Insurance 14/09/2021

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.

HIRE PURCHASE CO. : GF MOTOR TRADING ENTERPRISE

\* 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: KSL INSURANCE AGENCY PTE LTD.  
Authorised Officer  
Authorised Signatory