

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

510821410004

Date In: 01/04/2021 14:28	Job description	Date & Time Completed	Done by
Ref No: N38/C721004/215/1	SAS e-filing		
Veh No: SG 2075A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 30/03/2021 21:40	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: SL16133H

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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time

Actions

NA 210244

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Net Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: 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:-		
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 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	01/04/2021 14:25 (SGT)
Date of Accident	30/03/2021 21:40 (SGT)
Exact Location of Accident	Upper Paya Lebar Rd, Singapore
Additional Location Information	TRAFFIC JUNCTION OF UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL2075A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ERVIDA SITUMEANG
NRIC No	SXXXX920F
Email Address	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-87226374
Alternative Phone No	+65-87226374

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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
Transmission	Auto
CC	1584

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00118612000
Cover Note Number	-

DRIVER

Name of Driver	LAM EDDIE @ABDUL HADI LAM ARIFFIN
NRIC No	SXXXX062H

Date Of Birth	21/10/1974
*Occupation	Indoor
Date Of Driving Pass	20/04/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87226374
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	BLK 351C ANCHORVALE ROAD #02-209
Address complement	-
Postcode	543351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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)	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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210331/2111

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	SLU6133H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH NGUEN SONG
NRIC No	SXXXX414H

Contact Number	(Phone) +65-81596666
*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	LAM EDDIE @ABDUL HADI LAM ARIFFIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGL2075A
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

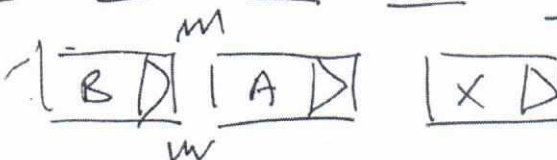
Driver's Signature (If driver is not the policy holder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

① SGL 2075A

② SLU6133H



Describe Circumstances of the Accident


Refer to traffic police report 200.

T/20210331/2111


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

 01/04/2021

Witnessed by Reporting Centre
Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 30/03/2021 (dd/mm/yy)

Time of Accident: 21:40 (24-HR-FORMAT)

Vehicle No.: SGL2075A

Vehicle Make & Model / Engine (cc): Mitsubishi Lancer 1.6A

Private Hire: (Y/N) ☒ Y

Exact location of Accident: Upp Paga Lebar Traffic Junction of Upp Serangoon Rd

Policyholder's Name / IC No.: Ervida Srtumeang / 58279920F

ROC/UEN (Company):

Driver's Name / IC No.: Lam Eddie @ Abdul Hadi Lam Ariffin / 57434062H

(As Above) ☐

Driver's Contact No.: 87226374 Company Contact No / Owner Contact No:

Driver's Address: Blk 351C Anchorvale Rd #02-209 S (543351)

Owner Email address: Insurance Company:

Driver Email address: akbnnb@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

*Passenger Name:

*Passenger Name:

Gender: Male / Female x()

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Veh A. driver

Injuries Sustain: 3 days m/c Injured Person in Which Vehicle: SGL2075A

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Sengkang NPC.

The Other Party(s) Details:

1. Driver's Name / IC No.: Koh Nguen Song / 51177414H Vehicle No.: SLU6133H

Driver's Contact No.: 81596666 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:



Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No 1800-4880999

Report No. T/20210331/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2021 17:19		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: LAM EDDIE			Address: APT BLK 351C ANCHORVALE ROAD #02-209 SINGAPORE 543351		
ID Type / ID No.: NRIC NO / S7434062H			Contact No.: Home/Office: Mobile: 87226374		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 21/10/1974	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2021 21:35	Type of Location: X-Junction
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL2075A	Car	MITSUBISHI	LANCER 1.6A	Grey	Slightly Damaged	0
SLU6133H	Car	HONDA	VEZEL 1.5X HYBRID A	Red	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210331/2111

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Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20210331/2111

CONTINUATION OF REPORT

Driver			
Name	LAM EDDIE	ID No.	S7434062H
Related Vehicle	SGL2075A (Car)	Contact No.	87226374
Hospital/Clinic	MY FAMILY CLINIC (HOUGANG CENTRAL)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/03/2021	Date Discharge	31/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH NGUAN SONG	ID No.	S1177414H
Related Vehicle	NIL	Contact No.	81596666
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 30/03/2021 at about 2135hrs, I was driving my vehicle (SGL 2075A) along Upper Paya Lebar. I stopped my vehicle at the junction of Upper Paya Lebar and waited at the traffic light to right onto Upper Serangoon Road towards Kovan. Suddenly, the vehicle (SLU 6133H) hit onto the rear of my vehicle. I alighted my vehicle and took some photos of the damages on both vehicles, both driver also exchanged our particulars with each other. As a result, there were some damages at the rear of my vehicle.

While exchanging the particulars with the driver, I felt pain on my back and neck and I told the driver too. After that, we both left the scene, I went home and also reported it to my car insurance agent.

On 31/03/2021 at about 0900hrs, I felt pain on my whole back and my neck thus I seek medical assistance at The family clinic located at Hougang Central. I was given 3 days medical certificate by DR Ong Kok Liang Jason.



SINGAPORE
POLICE FORCE



T/20210331/2111

Police Station Of Origin
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20210331/2111

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 3 TAN SHU XUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/03/2021 17:19

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE
UPHOLDING EVERY DAY

SN 156

SIGNATURE

Motor Private Car

MX1F

N SN

AN0695A

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. DMPCSNW00118612000

Engine No.: 4G18HM6972
Cha. No.: JMYSTCS3A7U001363

1. Index Mark and Registration
Number of Vehicle

SGL2075A

AUTOSAFE
=====

2. Name of Policy Holder

ERVIDA SITUMEANG

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

06/09/2020

Named Drivers Ex Sect. I S\$500.00

4. Date of Expiry of Insurance

05/09/2021

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

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\$500 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: TECK WEI CREDIT PTE LTD
Authorised Officer



Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08214/10004 Vehicle Registration No: SGL
Name (as shown in NRIC): LAM KODIK G ABOL HAZI NRIC/FIN/Passport No: 87XXX0626
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 87226374

Email Address: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: UPP PAYA LABAR JUNCTION OF UPP SERAPOK RD

Insurance Company: CHINA INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IS AMPENW00118612000

Policyholder / Driver's Signature
Date:

[Signature] 20/04/2021
Reporting Centre Personnel's Signature
Name: ROSALIA