

NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 3/5/21 11:00	Job description	Date & Time Completed	Done by
Ref No: NA/CT1 2605368/U	SAS e-filing		
Veh No: SFB 46A	E-mail (include Shts, AIC 2hrs)		
DOA: 30/4/21 18:15	1-Motor Claim Form		
Q1: (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SLU 348CP 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 460111 6789 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: ()

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NA 2102 796

Claimant's Particulars:	Invoice Breakdown Checklist:	Amount (\$)	By: AIC (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref. 1:	For claiming against INC Only (w/c 10 Jan 2003)		
Ref. 2:	6) TR: Re-Inspection \$75		
Ref. 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	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	03/05/2021 11:00 (SGT)
Date of Accident	30/04/2021 15:15 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB76A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH AI KEE JENNIFER
NRIC No	SXXXX918E
Email Address	jeremyxtung@hotmail.com
Mobile Phone No	(Phone) +65-97389647
Alternative Phone No	+65-97389647

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00039632100
Cover Note Number	-

DRIVER

Name of Driver	JEREMY TUNG SCHANDY
NRIC No	TXXXX146D

Date Of Birth	03/05/2001
Occupation	Indoor
Date Of Driving Pass	06/12/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82233618
Alt. Phone Number	-
Email Address	jeremyxtung@hotmail.com
Address	BLK 264 TAMPINES STREET 21 #01-106
Address complement	-
Postcode	520264
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT G/20210430/7070

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3484P
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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	JEREMY TUNG SCHANDY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFB76A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 4 / 21) (DD/MM/YYYY), TIME: (15 : 13) (HH:MM)

LOCATION: upper Changi road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SAB SFB764
 b) INSURANCE COMPANY: CT
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Bmw 730
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7601918E CONTACT: 97389647
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 82233618
 c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: SLU34848P MODEL: _____
 b) DRIVER'S NAME: _____
 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)
(2) F

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = JeremyxTung@hotmail.com

fax =

video = Yes



**SINGAPORE
POLICE FORCE**



G/20210430/7070

1 of 2

POLICE REPORT (NP299)

Report No. G/20210430/7070

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 30/04/2021 19:32	Vide Report No.	Station Diary No.		
Name Of Informant JEREMY TUNG SCHANDY	Address 264 TAMPINES STREET 21 #01-106 SINGAPORE 520264			
ID Type / ID No. NRIC NO / T0120146D	Contact No. Home/Office:	Mobile: 82233618		
Nationality SINGAPORE CITIZEN	Email Address jeremyxtung@hotmail.com			
Occupation Student	Sex Male	Age 19	Date of Birth 03/05/2001	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 30/04/2021 15:15 - 30/04/2021 16:00	Location Of Incident UPPER CHANGI ROAD			

Brief details.

I was driving my car and I had stopped at the red light. Suddenly I felt a hard force slammed into my car from behind. I launched forward and slammed backwards because of the sudden force. The car had hit us from behind. I felt a sharp pain in my neck area and I went to the doctor after. I got 3 days MC.

Subjects Involved	
Victim	
Person Name	JEREMY TUNG SCHANDY
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2021 19:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210430/7070

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210430/7070

ID Type	NRIC NO	ID No	T0120146D
Gender	Male	Age	19
Race	Chinese	Language	English
Occupation	Student	Address	264 TAMPINES STREET 21 #01-106 SINGAPORE 520264
Mobile No	82233618	Is Informant A Victim?	Yes
Person Name	Ynez Gabriella David		
ID Type	NRIC NO	ID No	T0207481D
Gender	Female	Age	19
Race	Indian	Language	English
Occupation	Student	Address	131 Poh Huat Rd West #03-02 Nouvelle Park SINGAPORE 546684
Mobile No	83827989	Relation To Informant	Girlfriend
Person Name	JEREMY TUNG SCHANDY (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:

30/04/2021 19:32

Classification Of Case:

SKETCH PLAN

IMPORTANT NOTICE

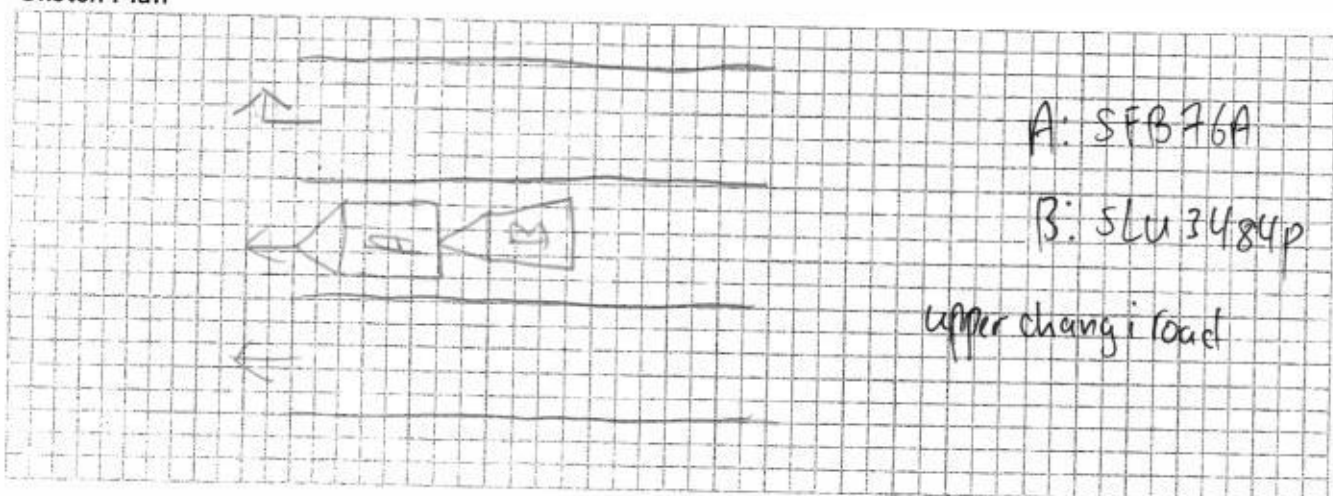
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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



Describe Circumstances of the Accident

me Vehicle A was waiting for the traffic light to turn green when I suddenly heard a ~~loud~~ impact on my rear. Vehicle B had collided into my rear portion of the vehicle.

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



Motor Private Car

MX1E

N SN

AN0586A

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.

DMPCSNW00039632100

Engine No.: 11288001N52B30AF

Cha. No.: WBAKB22050C951544

1. Index Mark and Registration
Number of Vehicle

SFB76A

2. Name of Policy Holder

KOH AI KEE JENNIFER

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

22/02/2021
(01:20:03)

Named Drivers Ex Sect. I

S\$1,500.00

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\$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: GENERAL INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory