

# NATIONAL Assessment Centre Services. (part 1 Jan 2005) SN0921530005

|   |  |                       |         |
|---|--|-----------------------|---------|
| Date In: 3/5/21 11.31                               | Job description                          | Date & Time Completed | Done by |
| Ref No NA/CTJ210053701V                             | SAS e-filing                             |                       |         |
| Veh No SL68877F                                     | E-mail (within 2hrs, AIC 2hrs)           |                       |         |
| DOA 30/4/21 1700                                    | I-Motor Claim Form                       |                       |         |
| OT: <input checked="" type="radio"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:   | I-Photo Uploaded                         |                       |         |
|   | Assessment/Survey Report                 |                       |         |
|   | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars: Veh No: SMH 2772X 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 10000 6799 4616) Date of Incident: ( ) 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 | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

NA202795

|                                 |  |                 |                 |
|---------------------------------|--|-----------------|-----------------|
| Customer's Particulars:         | Invoice Ref: NA/CTJ210053701V                    | And (S) (S) (S) | And (S) (S) (S) |
| Driver/Owner:                   | 1) AIC: Accident Reporting (\$30);               |                 |                 |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$50)     |                 |                 |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                      |                 |                 |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120               |                 |                 |
| And (S) (S) (S):                | 5) PT: Follow-Through Survey (Resurvey) \$30     |                 |                 |
| And (S) (S) (S):                | For estimate against INC Only (over 10 Jan 2005) |                 |                 |
| And (S) (S) (S):                | 6) TR: Re-inspection \$75                        |                 |                 |
| And (S) (S) (S):                | 7) NI: Idan DA + SMRT Survey \$160               |                 |                 |
| And (S) (S) (S):                | 8) NTUC Additional Services:                     |                 |                 |
| And (S) (S) (S):                | Q1:  |                 |                 |
| And (S) (S) (S):                | *N5: Courtesy Car / Tpt Allowance \$3            |                 |                 |
| And (S) (S) (S):                | *N6: Repair Coordination \$10                    |                 |                 |
| And (S) (S) (S):                | *N7: Post Repair Inspection \$25                 |                 |                 |
| And (S) (S) (S):                | *N8: DV / Collect Excess Coordination \$3        |                 |                 |
| And (S) (S) (S):                | TP (N11): TP (Non INC) against INC \$20          |                 |                 |
| And (S) (S) (S):                | 9) N12: Idan Mobile \$0                          |                 |                 |
| And (S) (S) (S):                | Invoice dated                                    | Fee Charged     |                 |
| And (S) (S) (S):                | 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 11:31 (SGT)                  |
| Date of Accident                | 30/04/2021 17:00 (SGT)                  |
| Exact Location of Accident      | CTE, Singapore                          |
| Additional Location Information | TUNNEL BEFORE JALAN BAHAGIA TOWARDS SLE |
| Country/State of Loss           | Singapore                               |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SLG8877E                          |
| INSURED/POLICYHOLDER        |                                   |
| Is company?                 | Yes                               |
| Name Of Registered Owner    | ALMA CONTRACT (SINGAPORE) PTE LTD |
| Company Reg No              | -                                 |
| Email Address               | ALAN@MONDECASA.COM.SG             |
| Mobile Phone No             | (Phone) +65-62993340              |
| Alternative Phone No        | +65-62993340                      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Elantra                   |
| 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   | 1600                      |

### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMPCSNW00117842000                            |
| Cover Note Number         | -   |

### DRIVER

|                |                              |
|----------------|------------------------------|
| Name of Driver | FONG CHANG YIP (FENG ZHENYE) |
| NRIC No        | SXXXX617D                    |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 28/07/1987                        |
| Occupation   | Outdoor                           |
| Date Of Driving Pass   | 21/09/2016                        |
| Driving experience   | 4 YEARS AND 7 MONTHS              |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-90297314              |
| Alt. Phone Number  | -                                 |
| Email Address  | ALAN@MONDECASA.COM.SG             |
| Address  | BLK 166 HOUGANG AVENUE 1 #02-1590 |
| Address complement   | -                                 |
| Postcode   | 530166                            |
| Is the driver the policyholder?                              | No                                |
| If No, Relationship of the Driver with the Insured           | Employee                          |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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                       | Paya Lebar Neighbourhood Police Post               |
| Police Station Address                    | Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 |
| Was notice of intended Prosecution given? | No   |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 | SMH2772X    |
| 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)     | - |

# ACCIDENT STATEMENT

ACCIDENT DATE: 30/4/21 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: CTE towards SLE near to ramping sign flyover

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT12772X SL68877E  
 b) INSURANCE COMPANY: China  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Hyundai Elantra  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Work  
 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: \_\_\_\_\_ CONTACT: 62993360  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9029 7314  
 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: \_\_\_\_\_

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: SMT12772X 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)  
(1)

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

Email = ALAN@MONDECPASA.COM.SG

fax =

VIDEO = NO

Describe Circumstances of the Accident

My vehicle A was travelling on cte tunnel when the vehicle in front of me slowed down, therefore I slowed down too but seconds later I felt an impact of my rear. Vehicle B had hit onto my rear portion of ~~the~~ my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

CYSP 03/05/21

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

AK

Witnessed by Reporting Centre Personnel



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
  - (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.

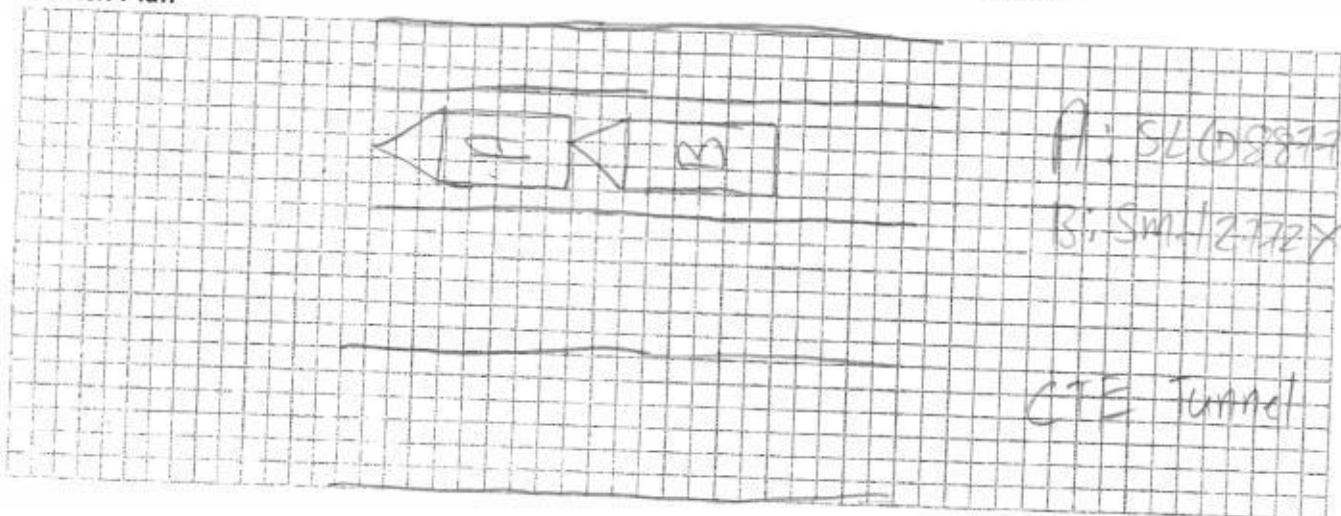


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**CONFIDENTIAL**

**Annex E**

**NOTICE OF COMPLIANCE**

This is to confirm that Fong Chang Yip, Hp: 90297314,  
NRIC/FIN S8722617D, has reported to the Police a non-injury traffic accident  
which occurred at CTE towards SLE Tunnel, near to Kampong Java Flyover  
on 30/04/2021 at 5.00 am/pm involving the following vehicles:  
Hyundai Elantra, Black in color Registration Plate: SLG8877E, Honda, Black in Color  
Registration Plate: SMH2772X, Toyota, White in Color Registration Plate: GBL511E.  
The vehicles involve in a chain accident at the said location.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Muhd Ashiek

Date: 30/04/2021 Time: 1835hrs

S/D Ref: 13

Police Post/Unit: Paya Lebar NPP

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

  
SSGT MUHD ASHIEK  
TRAFFIC POLICE  
Paya Lebar NPP

**CONFIDENTIAL**



Motor Private Car

MX4F

N SN

AN0687A

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.

DMPCSNW00117842000

Engine No.: G4FGCU595307

Cha. No.: KMHDH41CMCU593018

 1. Index Mark and Registration  
 Number of Vehicle

SMU3434Y

 AUTOSAFE  
 \*\*\*\*\*

2. Name of Policy Holder

ALMA CONTRACT (SINGAPORE) PTE LTD

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

01/09/2020

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 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\*

Any person who is driving on the Policyholder's order or with their 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: CREDENCEL INSURANCE AGENCY  
 Authorised Officer

  
 Authorised Signatory