

NATIONAL Assessment Centre Services. (Part 1 Jan 2003) SNO92153 0006

Date In: 31/5/21 18:03	Job description	Date & Time Completed	Done by
Ref No: NA/CJI 21005 410/V	SAS e-filing		
Veh No: SMS 6608T	E-mail (within 3hrs, AIC 2hrs)		
DCA: 01/5/21 20:35	I-Motor Claim Form		
UJ: <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: FBR 3033S

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 41005 6700 4616)

Date & Time Completed: (

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 2102789

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref:

Date:

Invoice Description	Amount (\$)	Remarks (\$)
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100);	INC (\$30)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repairs Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (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	03/05/2021 18:03 (SGT)
Date of Accident	01/05/2021 20:35 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS6808T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MAR KAR FAI
NRIC No	SXXXX054B
Email Address	JIAHUI808C@GMAIL.COM
Mobile Phone No	(Phone) +65-83386600
Alternative Phone No	+65-83386600

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	DMHCSNW00000262100
Cover Note Number	-

DRIVER

Name of Driver	MAR KAR FAI
NRIC No	SXXXX054B

Date Of Birth	10/08/1961
Occupation	Outdoor
Date Of Driving Pass	11/07/1983
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83386600
Alt. Phone Number	+65-83386600
Email Address	JIAHUI808C@GMAIL.COM
Address	BLK 808C CHOA CHU KANG AVENUE 1
Address complement	-
Postcode	683808
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 - 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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210501/2072

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 AND POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR3033S
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)	-

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 5 / 21) (DD/MM/YYYY), TIME: (20 : 35) (HH:MM)

LOCATION: Paya Lebar road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 888 6808T
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis Pruis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private hire
 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: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 838 8378 6600
 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: owner

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: FBR 30335 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 = jiahui808c@gmail.com

fax =

VIDEO = YES

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:

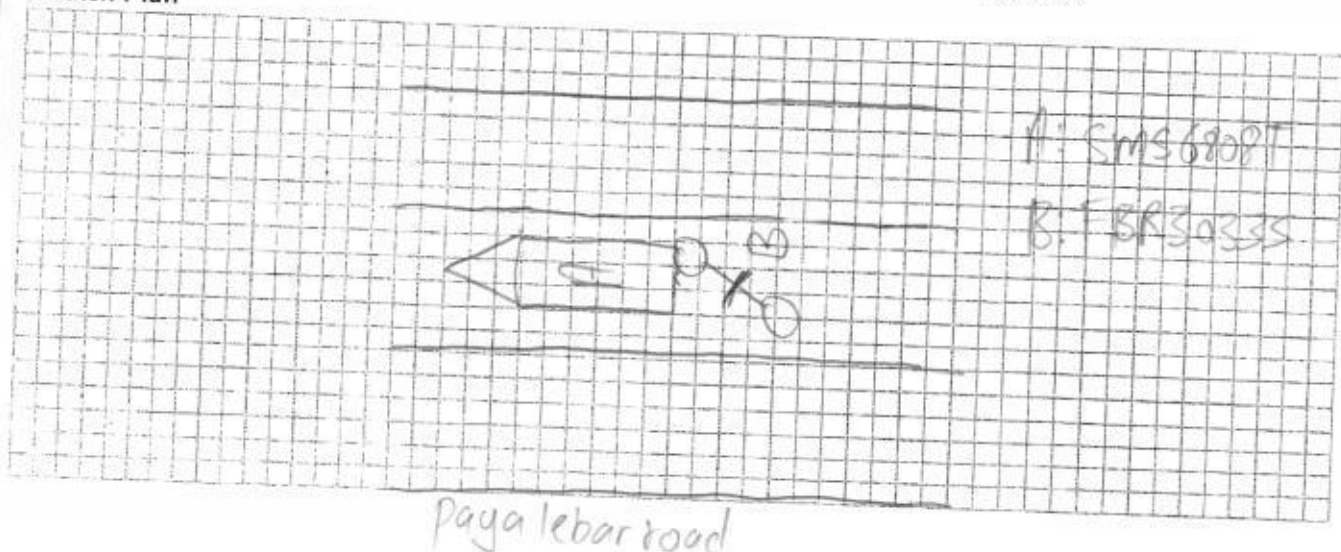
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 travelling along paga lebar road when the car in front of me braked. I braked to slow down too. upon braking I felt an impact on my rear. Vehicle B had collided into my rear. Vehicle B did not exchange particulars and just rode off.

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



F/20210503/2063

1 of 1

Case Summary Form (CSF)

Report No.F/20210503/2063

Manual Form Serial No

Report Number F/20210503/2063

Vide Report Number T/20210501/2072

Date/Time of Report Made 03/05/2021 14:35

Place Report Lodged Ang Mo Kio South N.P.C

Name of Informant Mak Kar Fai

ID Type / ID No. NRIC NO / S1499054B

Home/Office

Mobile 83386600

Email

Date/Time of Incident From 01/05/2021 20:30

Date/Time of Incident To

Incident Location PAYA LEBAR ROAD SINGAPORE

Brief Facts

I am Mak Kar Fai S1499054B Hp: 83386600 staying at B/808C Choa Chu Kang Avenue 1 #06-600 S(683808).

On 01/05/2021 at about 2240hrs, I lodged a NP168 traffic accident report T/20210501/2072. At that point of time, I have yet to see doctor and cannot recall the other party motorcycle plate number.

I am lodging this report to update that I have checked my car camera and it shows that the other party motorcycle plate number is FBR3033S. I also wish to add that I have went to see Doctor John Heng at First Medical Clinic & Surgery and was given 2 days MC from 02/05/2021 to 03/05/2021 for neck ache. MC no. 000223558.

Case Sensitivity No

Officer-in-Charge of Case F / Ang Mo Kio Police Divisional Investigation Branch /
MUHAMMAD FAZLI BIN JANTAN

Contact No. 62181343

Classification of Case 1) NO OFFENCE DISCLOSED

Sgt (2) Nicholas Wong

Mak Kar Fai
S1499054B



SINGAPORE POLICE FORCE



T/20210501/2072

1 of 3

Report No. T/20210501/2072

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/05/2021 22:40		Vide Report No.:	Station Diary No.: 147
Informant's Particulars			
Name of Informant: MAK KAR FAI		Address: APT BLK 808C CHOA CHU KANG AVENUE 1 #06-600 SINGAPORE 683808	
ID Type / ID No.: NRIC NO / S1499054B		Contact No.: Home/Office: Mobile: 83386600	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 10/08/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/05/2021 21:10	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SMS6808T	Car	TOYOTA	PRIUS HYBRID 1.8S A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS6808T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000002 62100	22/01/2021	21/01/2022



**SINGAPORE
POLICE FORCE**



T/20210501/2072

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20210501/2072

CONTINUATION OF REPORT

Brief Details.

On 01/05/2021 at about 2113hrs, I was driving along Paya Lebar Road. As I was driving, the vehicle in front of me stopped, hence I brake my vehicle bearing registration plate SMS6808T as well. Suddenly I felt a collision on the rear of my vehicle. I made a check behind and I saw a male rider had already fell to his right together with his motorbike. I alighted and made a check with him. However, he immediately asked me why I brake my vehicle. I explained to him that I had to as the vehicle in front of me stopped. He then picked up his motorbike, got on it and drove away. It happened very fast, hence, I was not able to take note of his motorbike plate number.

I checked my vehicle and it has damages on the rear right side . It has black paint transfer and a dent. A sensor and a panel slightly came out.

No traffic police or ambulance came to scene.

I wish to add that when I spoke to the rider, I could smell alcohol coming from his breath.



**SINGAPORE
POLICE FORCE**



T/20210501/2072

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20210501/2072

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 2 MUHAMMAD NURFIRDAUS BIN MOHD
NIZAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/05/2021 22:40

Officer In Charge Of Case:

TP / HRT /

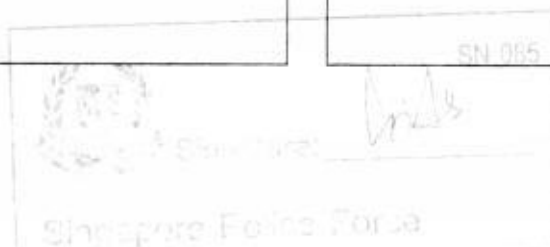
Insp GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168



Motor Hire Car

MZ406L/B

N SN

AN0295A

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.

DMHCSNW00000262100

Engine No.: 2ZR6893692

Cha. No.: ZVW508034828

1. Index Mark and Registration
Number of Vehicle

SMS6808T

AUTOSAFE

2. Name of Policy Holder

~~MAK KAI FU~~ MAR KAR FAI3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment22/01/2021
(00:00:00)

4. Date of Expiry of Insurance

21/01/2022

Excess Sect I	\$\$1,250.00
Excess Sect. I (Outside Singapore)	\$\$2,500.00
Excess Sect. II	\$\$1,250.00
Excess Sect. II (Outside Singapore)	\$\$2,500.00
EX ON WINDSCREEN	\$\$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.

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.

HIRE PURCHASE CO.: HUI HUA CREDIT PTE LTD

* 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: YAH MOTOR PTE LTD
Authorised Officer
Authorised Signatory