

NATIONAL Assessment Centre Services

[wef 1 Jan'06]

Date In: 10/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTD1005649/13	SAS e-filing		
Veh No: 5M086265	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 08/05/21 1825	i-Motor Claim Form		
OD / <u>TP</u> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5M086265	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%; F: 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

NA2102886	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idac 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: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
at 1:	Invoice dated	Fee Charged	
at 2 / 3:			

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	10/05/2021 15:25 (SGT)
Date of Accident	08/05/2021 18:25 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	SLIP RD TO PUNGGOL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8626S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KURT ISAAC GOH BOON KWEE
NRIC No	SXXXX734D
Email Address	KURT_629@YAHOO.COM
Mobile Phone No	(Phone) +65-90221164
Alternative Phone No	+65-90221164

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00109542000
Cover Note Number	-

DRIVER

Name of Driver	KURT ISAAC GOH BOON KWEE
NRIC No	SXXXX734D

Date Of Birth	29/06/1978
Occupation	Indoor
Date Of Driving Pass	25/11/2006
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90221164
Alt. Phone Number	+65-90221164
Email Address	KURT_629@YAHOO.COM
Address	BLK 272D PUNGGOL WALK
Address complement	#14-595
Postcode	824272
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIN SOO FUN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210508/2100

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV2488A
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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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

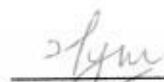
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



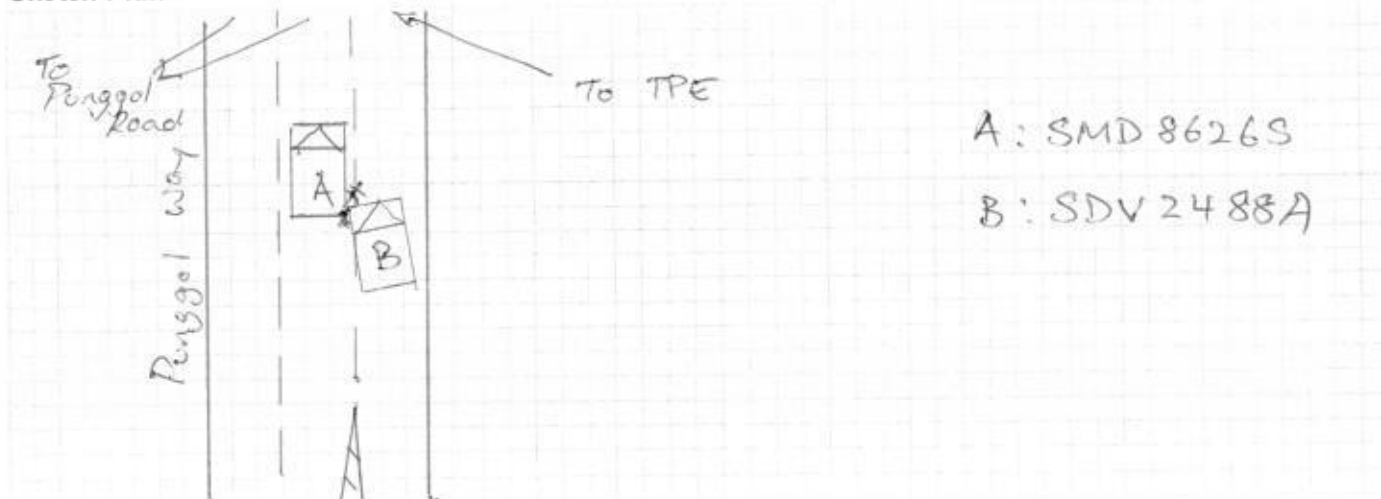
Policyholder's Signature / Date & Time



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

 10/05/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMD 8626S

B: SDV 2488A

Describe Circumstances of the Accident

Refer to Police Report.

Report No. : T/20210508/2100

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



SINGAPORE POLICE FORCE



T/20210508/2100

1 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20210508/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2021 22:26	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: KURT ISAAC GOH BOON KWEE			Address: APT BLK 272D PUNGGOL WALK #14-595 SINGAPORE 824272		
ID Type / ID No.: NRIC NO / S7818734D			Contact No.: Home/Office: Mobile: 90221164		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 29/06/1978	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Purchaser			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/05/2021 18:25	Type of Location: Straight Road
Location: PUNGGOL WAY				
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 - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV2488A	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	0
SMD8626S	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210508/2100

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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20210508/2100

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD8626S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001095 42000	10/09/2020	09/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KURT ISAAC GOH BOON KWEE		ID No.	S7818734D
Related Vehicle	SMD8626S (Car)		Contact No.	90221164
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Passenger				
Name	CHIN SOO FUN		ID No.	S8362669J
Related Vehicle	SMD8626S (Car)		Contact No.	96678796
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 08/05/21 at around 1824hrs, I was driving my grey Hyundai Elantra vehicle bearing plate number SMD8626S on a 3 way lane of TPE near to Punggol Way. While driving on a second lane, a silver Hyundai Elantra vehicle bearing plate number SDV2488A was driving on the first lane and without any signalling, he swerved to the second lane. Thus, the car hit on the right rear of my vehicle.

I exited my vehicle to exchange particulars with the silver Hyundai Elantra but he did not alight his vehicle nor did he wind down his window and just drove off.

I would like to state that I have in car camera recording of the incident and I did not sustain any injury thus, not seeking for any medical treatment.

My vehicle suffered damages and dents on my right rear.

My car is insured under China Taiping Insurance (Singapore) PTE LTD with insurance number:DMPCSNW00109542000



**SINGAPORE
POLICE FORCE**



T/20210508/2100

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210508/2100

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210508/2100

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210508/2100

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 1 TING WEI CHENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

08/05/2021 22:26

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING

Contact No.: 96208032

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SN 158

VEHICLE NO:	SMD8626S		MAKE & MODEL:	Hyundai Elantra		AUTO / MANUAL
DATE OF ACCIDENT:	08/05/2021		CC:	1.6		
TIME OF ACCIDENT:	18:25 HRS					
LOCATION OF ACCIDENT:	Punggol Way, slip road to Punggol Road					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Kurt Isaac Goh Boon Kwee					
TEL NO:	H/P: 90221164		OFFICE:	HOME:		
NRIC:	S7818734D					
ADDRESS:	Blk 272D Punggol Walk #14-S95 3 (824242)					
EMAIL:	Kurt_629@yahoo.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	China Taiping					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPCSNW00109542000					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:	-		ANY PASSENGER:	Yes (IF) Chin Soo Fen		
DATE OF BIRTH:	29/06/1978		LICENCE PASSED DATE:	25/11/2006		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:	-					
EMAIL:	-					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?		Punggol N.P.C.			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SDV2488A		ANY PASSENGERS: -			
NAME OF DRIVER:	-		CONTACT NO: -			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT: -			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear right portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / NO
WORKSHOP PARTICULAR:	Twin Car Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Kennard					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Private Car

MX1F

N SN

AN0444A

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.

DMPCSNW00109542000

Engine No.: G4FGJU235281

Cha. No.: KMHD841CMJU727059

 1. Index Mark and Registration
 Number of Vehicle

SMD8626S

AUTOSAFE

=====

2. Name of Policy Holder

KURT ISAAC GOH BOON KWEE

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

10/09/2020

Named Drivers Ex Sect. I

S\$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\$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: META AGENCY PTE LTD
 Authorised Officer


 Authorised Signatory