

# NATIONAL Assessment Centre Services.

Jan 1 Jan 03

SMC 2103084

Date In: 08/06/2021 14:47	Job description	Date & Time Completed	Done by
Ref No: N/A/C1721006499/4	SAS e-filing		
Veh No: G2 3997J	E-mail (8 days, A/C 2 hrs)		
D.O.A: 28/05/2021 16:48	I-Motor Claims Form		
OID TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pnx / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMC 4976R	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 ( )	
( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )		

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time:	Location:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	* N5: Courtesy Car / Tpl Allowance \$3	
	* N6: Repair Coordination \$10	
	* N7: Post Repair Inspection \$25	
	* N8: DV / Collect Excess Coordination \$3	
	TP (NI) : TP (N/A INC) against INC \$20	
	9) N13: Idas 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	08/06/2021 14:47 (SGT)
Date of Accident	28/05/2021 16:45 (SGT)
Exact Location of Accident	Koek Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3997J
-----------------------------	---------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG ENGINEERING WORK
Company Reg No	5XXXX808W
Email Address	akbbnb@gmail.com
Mobile Phone No	(Phone) +65-81128326
Alternative Phone No	+65-81128326

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Commercial vehicle
Transmission	Manual
CC	2953

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00094002004
Cover Note Number	-

### DRIVER

Name of Driver	LEONG WENG HONG
NRIC No	SXXXX198C

Date Of Birth	17/04/1979
Occupation	Outdoor
Date Of Driving Pass	26/11/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81128326
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	BLK 112 LENGKONG TIGA #04-215
Address complement	-
Postcode	410112
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	Hit and run / Vandalism / Damaged whilst parked
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210528/2080

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4976R
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

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.



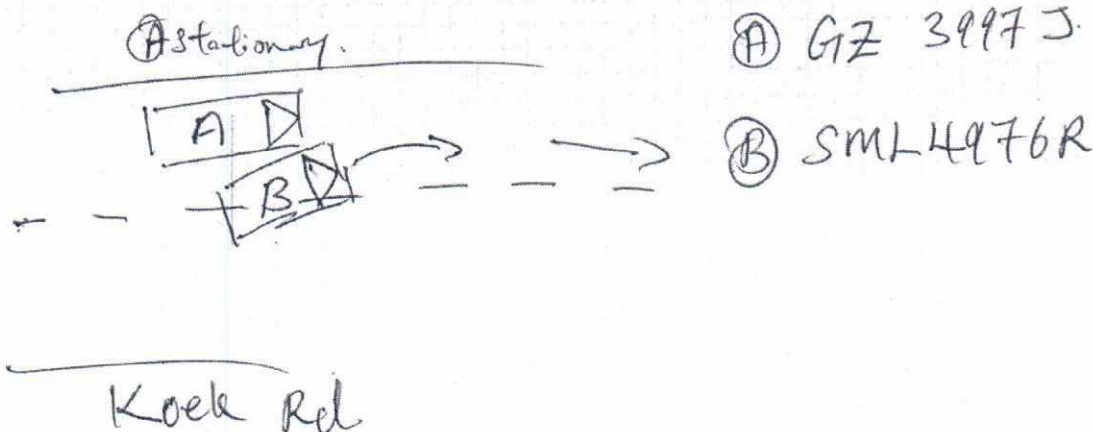
Policyholder's Signature / Date & Time

*[Signature]*

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

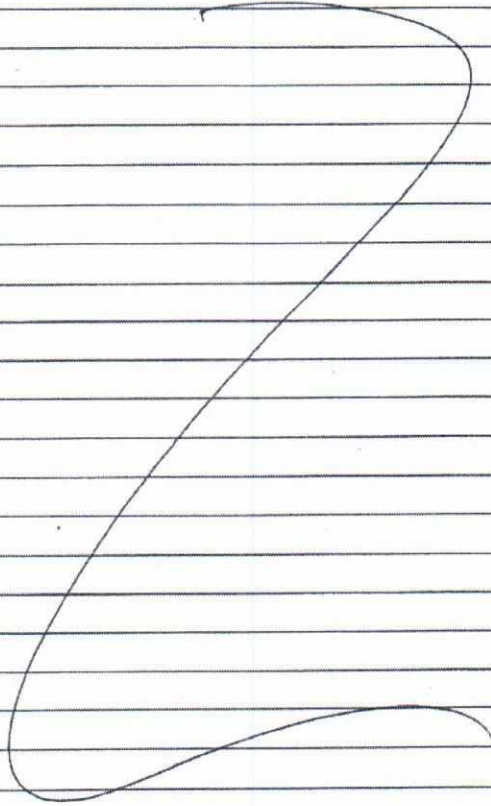
*[Signature]* 28/06/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to police report no T/20210528/2020



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature and date: 08/06/2021

Witnessed by Reporting Centre Personnel



Email: [sm@idac.com.sg](mailto: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.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/05/2021 (dd/mm/yy) Time of Accident: 16:45 (24-HR-FORMAT)

Vehicle No.: GZ 3497J Vehicle Make & Model: Nissan Cabstar

Exact location of Accident: Koek Rd (Lampost No. 2)

Policyholder's Name / IC No.: Hong Engineering Work / 53332808W

Driver's Name / IC No.: Leong Weng Hong / 57989198C (As Above) ☐

Driver's Contact No.: 81128326 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: Blk 112 Lengkok Tiga #04-215 SC 410112

Email address: akbbnb@gmail.com Insurance Company: China Taiping

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): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female  
Gender: Male / Female

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

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

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

Hired Van

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SML4976R

Driver's Contact No: \_\_\_\_\_ 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: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20210528/2080

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20210528/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2021 18:31	Vide Report No.: E/20210528/0091	Station Diary No.: 60
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEONG WENG HONG			Address: APT BLK 112 LENGKONG TIGA #04-215 SINGAPORE 410112		
ID Type / ID No.: NRIC NO / S7989198C			Contact No.: Home/Office: Mobile: 81128326		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 17/04/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: AIRCON SERVICEMAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2021 16:45	Type of Location: Straight Road
Location:  KOEK ROAD				
Lamp Post Number: 2				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3997J	Lorry				Slightly Damaged	1
SML4976R	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210528/2080

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20210528/2080

**CONTINUATION OF REPORT**

Driver			
Name	LEONG WENG HONG	ID No.	S7989198C
Related Vehicle	GZ3997J (Lorry)	Contact No.	81128326
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/05/2021 at about 4.45pm, I was in my lorry vehicle bearing plate number GZ3997J and parked at lane 2 of the two-way road at Koek Road, near Orchard Plaza lamp post serial number 2. My vehicle was stationary with the handbrake pulled up and the hazard light engaged. I had stopped my vehicle as I wanted to check the map to ensure that I was going to the correct place.

All of a sudden, one black colour car sped through and hit the front right side mirror of my lorry. The black colour vehicle did not stop and instead proceeded towards Killiney Road. I had a shock and alighted from my vehicle shortly after. A passerby then approached me and told me that the vehicle that hit me had the plate number SML4976R. I made a check on my vehicle and discovered the front right signal lights were also damaged. I was not injured and did not require any medical attention, but I had called police for assistance. Traffic police then attended to me and gave me a case card with the report number E/20210528/0091. I wish to add that I have an in-car camera but it was not recording during the incident.

I am lodging this report as advised by the Traffic Police.



SINGAPORE  
POLICE FORCE



T/20210528/2080

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20210528/2080

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:  
E /  
Sgt 3 CHUA HANRONG WILSON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/05/2021 18:31

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

Authentication Stamp  
NP168



SN 172



Motor Commercial

MZ300/C

R SN

AN0584A

Cov. Type:F

**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.

DMCVSNW00094002004

Engine No.: QD32224039

Cha. No.: JN1SF4F23Z0861195

1. Index Mark and Registration  
Number of Vehicle

GZ3997J

2. Name of Policy Holder

HONG ENGINEERING WORK

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

06/10/2020

4. Date of Expiry of Insurance

05/10/2021

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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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: HUANG GUOQING TERRY  
Authorised Officer  
Authorised Signatory