

# NATIONAL Assessment Centre Services

Date In: 08/06/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI21006515/13	E-mail (within 8hrs, At: 2hrs)		
Veh No: SLV6496E	i-Motor Claim Form		
D.O.A: 06/06/21 0230	i-Motor W/O (Within: OI: 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMK56JOR	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

NA2103098	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	* 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		
	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 18:16 (SGT)
Date of Accident	06/06/2021 22:30 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	JUNC OF BEGONIA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6496E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG WEE THENG
NRIC No	SXXXX699G
Email Address	ENQUIRY@REVECODRIVE.COM
Mobile Phone No	(Phone) +65-90350560
Alternative Phone No	+65-90350560

#### VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6h
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	DMPCSNW00065772100
Cover Note Number	-

#### DRIVER

Name of Driver	CHOO AH HO(ZHU AHE)
NRIC No	SXXXX806C

Date Of Birth	14/09/1973
Occupation	Indoor
Date Of Driving Pass	29/06/1994
Driving experience	27 YEARS
Gender	Female
Mobile Number	(Phone) +65-87534655
Alt. Phone Number	-
Email Address	ISABEL.CASSANDRA@REVECODRIVE.COM
Address	BLK 15 SELETAR RD
Address complement	#02-66
Postcode	807108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	CHOO CHWEE KWAN
Gender	Female

#### PASSENGER 2

Name	EMMANUEL ANG CHENG SHENG
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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	SMK5620R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AARON
Contact Number	(Phone) +65-96333811
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	CHOO AH HO(ZHU AHE)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLV6496E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## INJURED 2

Name of injured person	CHOO CHWEE KWAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLV6496E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

## INJURED 3

Name of injured person	EMMANUEL ANG CHENG SHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLV6496E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## 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

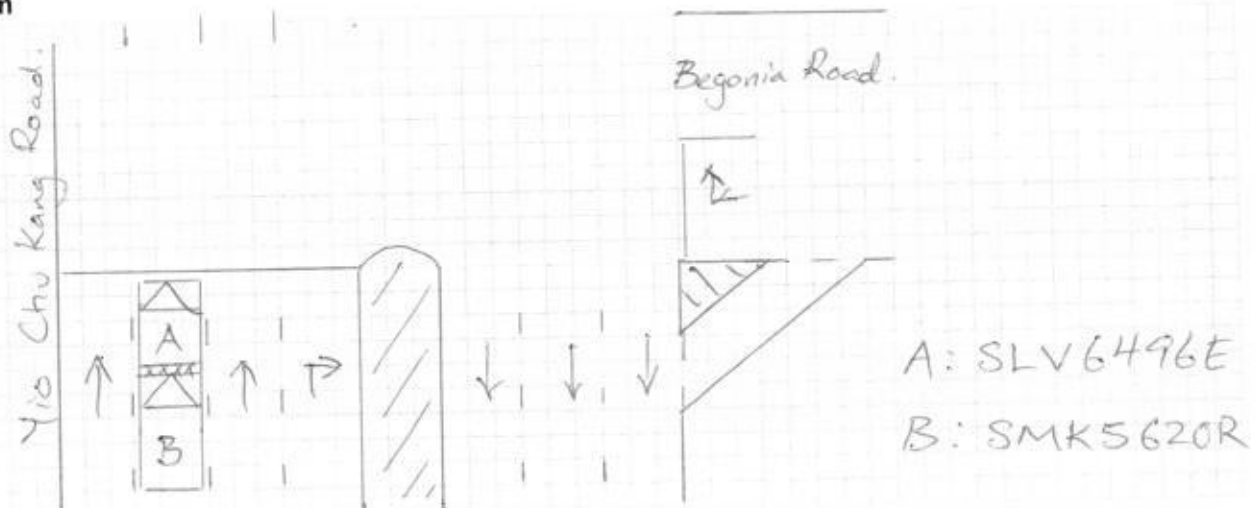
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


On the above mentioned date and time, I was driving my vehicle (SLV6496E) along Yio Chu Kang heading towards Jalan Kayu. At the T-Junction between Yio Chu Kang and Bagan Road, my vehicle came to a stop due to red traffic light. As the traffic light turned green, I was about to move off when suddenly I felt a strong impact from the rear. I alighted and realize that vehicle B (SMK5620R) had collided into the rear portion of my 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

 08/06/21  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210608/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210608/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2021 14:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO AH HO			Address: 15 SELETAR ROAD #02-66 SINGAPORE 807018		
ID Type / ID No.: NRIC NO / S7332806C			Contact No.: Home/Office: Mobile: 87534655		
Nationality: SINGAPORE CITIZEN			Email: CASSANDRAKETO@GMAIL.COM		
Sex: Female	Age: 47	Date of Birth: 14/09/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2021 22:30	Type of Location: T-Junction
Location:  YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLV6496E	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210608/7020

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20210608/7020

**CONTINUATION OF REPORT**

Driver				
Name	CHOO AH HO		ID No.	S7332806C
Related Vehicle	SLV6496E (Car)		Contact No.	87534655
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/06/2021		Date	07/06/2021
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

On the above mentioned date and time, I was driving my vehicle (SLV6496E) along Yio Chu Kang heading to Jalan Kayu. At the T-junction between Yio Chu Kang Road and Begonia Road, my vehicle came to a stop due to red traffic light. As the traffic light turned green, I was about to move off when suddenly I felt a strong impact from the rear. I alighted and realized that vehicle B (SMK5620R) had collided into the rear portion of my vehicle. After the incident, I felt unwell and went to Mount Alvernia Hospital the next day and was given a 5 days MC to rest and medication was prescribed.





**SINGAPORE  
POLICE FORCE**



T/20210608/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210608/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Authentication Stamp  
NP168

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

Date/Time:  
08/06/2021 14:55

Classification Of Case:



# Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M21000064767

This is to certify that CHOO AH HO, S7332806C, is granted Outpatient Sick Leave for 5 day(s) from 07-Jun-2021 to 11-Jun-2021.

Remark :

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin

MCR: 06147F

07/06/2021

Date



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : CHOO AH HO  
ID No. : S7332806C  
Account No. : 0210711474

Receipt No. : 210056289  
Date : 07/06/2021  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	5	EA	19.50
FASTUM GEL 30G	1	EA	6.55
NEUROBION TAB	10	EA	5.50
OMEPRAZOLE 20MG CAP	7	EA	7.35
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	52.00
Total Charges			113.90
GST @ 7%			7.97
			121.87
Paid:			
MASTER CARD BY CHOO AH HO			121.87
Mode of Payment : MASTER CARD			

Reference No. : ---

This is a computer generated official receipt, no signature is required.

VEHICLE NO:	SLV6496E	MAKE & MODEL:	BYD E6H	AUTO / MANUAL
DATE OF ACCIDENT:	06/06/2021	CC:		
TIME OF ACCIDENT:	22:30 HRS			
LOCATION OF ACCIDENT:	Tio Chu Kang Road, T-Junction of Bagan Road			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Heng Wee Theng			
TEL NO:	H/P: 90350560	OFFICE:	HOME:	
NRIC:	S9435699G			
ADDRESS:	16 Berwick Drive Singapore (559906)			
EMAIL:	enquiry @ revecodrive.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:	*			
NAME OF DRIVER:	AS ABOVE / IF NO: Choo Ah Ho			
NRIC:	S7332806C	ANY PASSENGER:	Yes (1M, 1F) <sup>Emmanuel Ashley</sup>	
DATE OF BIRTH:	14/09/1973	LICENCE PASSED DATE:	29/06/1994	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 87534655	OFFICE:	HOME:	
ADDRESS:	Blk 15 Seletar Road #02-66 S(807108)			
EMAIL:	isabel.cassandra @ revecodrive.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Friend			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO? <del>Choo Ah Ho</del>			
NAME & CONTACT:	Choo Ah Ho, 87534655, Emmanuel Ang Cheng Seng			
NAME & CONTACT:	Choo Chwee Kwan, 91808642			
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SMK 5620R	ANY PASSENGERS:	NO	
NAME OF DRIVER:	Aaron	CONTACT NO:	96333811	
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 Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	husband			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

Motor Private Car

MX1F

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.

DMPCSNW00065772100

Engine No.: NA

Cha. No.:LC0CE4DB6H1021769

1. Index Mark and Registration  
Number of Vehicle

SLV6496E

AUTOSAFE

2. Name of Policy Holder

HENG WEE THENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment29/03/2021  
(11:46:11)

Named Drivers Ex Sect. I \$500.00

Additional Ex Other than Named Drivers:

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

Ex Sect. I - Age &gt;= 26 \$500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$5100.00

4. Date of Expiry of Insurance

28/03/2022

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).

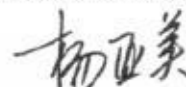
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

YAH MOTOR PTE LTD

Authorised Officer



Authorised Signatory