

NATIONAL Assessment Centre Services

Date In: 10/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI91006592/12	SAS e-filing		
Veh No: SCW7837A	E-mail (within 5 days, APC 2hrs)		
D.O.A: 08/06/21 1155	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SMJ7653M	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

NAJ103123	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	10/06/2021 15:04 (SGT)
Date of Accident	08/06/2021 11:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW7837A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHNG HOON HOON
NRIC No	SXXXX085B
Email Address	HOON2304@GMAIL.COM
Mobile Phone No	(Phone) +65-90232228
Alternative Phone No	+65-90232228

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1796

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00067302000
Cover Note Number	-

DRIVER

Name of Driver	CHNG HOON HOON
NRIC No	SXXXX085B

Date Of Birth	23/04/1964
Occupation	Indoor
Date Of Driving Pass	01/01/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90232228
Alt. Phone Number	+65-90232228
Email Address	HOON2304@GMAIL.COM
Address	BLK 51 CHAI CHEE STRET
Address complement	#08-308
Postcode	460051
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	NIECE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210608/2098

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	SMJ7653M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJF3235U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBF6047B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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.
 - (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.

[Signature] 10/06/21
Policyholder's Signature / Date & Time

[Signature] 10/06/21
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 10/06/21
Witnessed by Reporting Centre Personnel

Sketch Plan

TPE TWA5 P1E

BARBACHAD

A - SCW7837A D - GBF6047B

B - SMJ7653M

C - SJF323SU

Describe Circumstances of the Accident

Pls refer to the police report: T/20210608/2098

Declaration

I/We declare the foregoing particulars are true in every respect.

Vern 10/06/21
Policyholder's Signature / Date & Time

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

John 10/06/21
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20210608/2098

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Report No. T/20210608/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/06/2021 23:45

Vide Report No.:
G/20210608/0085

Station Diary No.:
35

Informant's Particulars

Name of Informant: CHNG HOON HOON			Address: APT BLK 51 CHAI CHEE STREET #08-308 SINGAPORE 460051		
ID Type / ID No.: NRIC NO / S1650085B			Contact No.: Home/Office: Mobile: 90232228		
Nationality: SINGAPORE CITIZEN			Email: hoon2304@gmail.com		
Sex: Male	Age: 57	Date of Birth: 23/04/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2021 11:55	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Chain collision involving 3 cars & 1 van				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6047B	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Slightly Damaged	1
SCW7837A	Car	MERCEDES BENZ	E 250CGI	Silver	Slightly Damaged	1
SJF3235U	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	1



SINGAPORE POLICE FORCE



T/20210608/2098

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20210608/2098

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ7653M	Car	SUZUKI	SWIFT 1.0T GLX AT	Silver	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCW7837A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000673 02000	15/06/2020	01/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHNG HOON HOON	ID No.	S1650085B
Related Vehicle	SCW7837A (Car)	Contact No.	90232228
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
Name	MANFRED PANG	ID No.	NIL
Related Vehicle	SMJ7653M (Car)	Contact No.	98533742
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 08/06/2021 at about 1158hrs, I was driving my vehicle (SCW7837A) along Tampines Expressway (TPE) heading towards the direction of Pan Island Expressway (PIE) Tuas. While I was driving at a slow speed, I noticed that the road ahead of me was jam with multiple vehicles heading towards the same direction as me. Hence, I observed the vehicle ahead of me had come to a complete stop. Therefore, I stopped my vehicle as well and left a gap of about 20 metres to the vehicle that was in front of me.

When my vehicle had come to a complete stop, about 5 to 6 seconds later, I felt an impact coming from the rear. I made a check with my niece who was the passenger in my vehicle and she informed that she was not injured and she was also not shocked. Before exiting my vehicle, I made a check to see if the



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POLICE FORCE**



T/20210608/2098

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Bedok South N.P.C
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Tel No: 1800-2448999

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Report No. T/20210608/2098

CONTINUATION OF REPORT

road was safe for me to exit my vehicle. I proceed on and left my vehicle and I saw it was a chain collision involving a total of 4 vehicles. The driver of the vehicle (SMJ7653M) that collided onto my vehicle approached me to check if everything was fine. I did take photos of the accident scene. He requested to exchange personal details but I told him to hold on and make a check on the rest of the vehicles that was involved in the collision which he agreed.

I walkover to the third vehicle (SJF3235U) and the female driver could speak but not legible. I also noticed that she was in a daze. I immediately called up the ambulance for her and the female driver agreed. I told the female driver to stay in the vehicle as the ambulance was on the way. I also noticed the fourth vehicle (GBF6047B) who is a van driver was seen to be talking on his mobile phone. I wish to state that while I was on the phone with the operator, EMAS Recovery vehicle came to scene and was putting red cones on the road to divert the traffic. Before long, the LTA road Marshall arrive at scene and interviewed each driver on what had happened. He requested for my identification card which I did provide to him and he informed me that the Traffic Police is on the way.

Awhile later, the ambulance came and made a check on the female driver. She was then conveyed by ambulance to Changi General Hospital. In less than 15 minutes, traffic police officers arrived at scene and interviewed the drivers on what had happened. I explained to the officer on what had happened. I was then given a case card vide G/20210608/0085 under Traffic Police Investigation Officer Rashida and was advised to lodge a traffic accident report. Only the third vehicle required towing as the rest of the vehicles inclusive of my vehicle was able to drive off.

My vehicle does not have any in car camera. There were scratch marks and dents seen on the rear of my vehicle. In addition, while I was driving, I heard some clanking sounds coming from the rear left side.



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20 Chai Chee Drive SINGAPORE 469045
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T/20210608/2098

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Report No. T/20210608/2098

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:

G /

Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD
KUSBARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RASHIDAH BINTE AZMAN

Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/06/2021 23:45

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (08/06/21) (DD/MM/YYYY), TIME: (11:55) (HH:MM)

LOCATION: TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SW7837A
b) INSURANCE COMPANY: CHINA TAIPIING
c) POLICY NUMBER: DMPCSNW000067302000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES E250 (A) 1796
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: CHNG HOON HOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1650085A CONTACT: 90232228
c) ADDRESS: BLK 51 CHAI CHEE ST
#08-208 (460051)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (23/04/1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/01/1986

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: SMJ7653M MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJF3235U MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

GBF6047B

Email = hoon2304@gmail.com

fax =

video = NO

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()



Motor Private Car

MX1E

N SN

AN0101A

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.

DMPCSNW00067302000

Engine No.: 27186030044197

Cha. No.: WDD2120472A182817

1. Index Mark and Registration
Number of Vehicle

SCW7837A

AUTOSAFE

2. Name of Policy Holder

CHNG HOON HOON

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

15/06/2020

Named Drivers Ex Sect. I S\$750.00
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

4. Date of Expiry of Insurance

14/06/2021

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\$1,000 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: I TRUST PTE LTD
Authorised Officer

Authorised Signatory