

INS 441

1608216 Hood

NATIONAL Assessment Centre Services.

Jan 1 Jan 2003

Date In: 1/16/2021 17:03	Job description	Date & Time Completed	Done by
Ref No: NVA/CT721006004	SAS e-Mailing		
Veh No: 8EP, 1558L	E-mail (by job sheet, AIC sheet)		
D.O.A: 16/06/2021 17:05	I-Motor Claim Form		
OD (TP) 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/VKSR		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: 8EP 605E INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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	Action	Completed by

Driver/Owner:	1) All Incident 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
Auditor's comments:	5) PT: Follow-Through Survey (Resurvey)	\$30
Ref. 1:	For planning against INC Only (ver 10 Jan 2003)	
Ref. 2:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + EMRI Survey	\$160
	8) NIUC Additional Services:	
	ON:	
	* NS: Courtesy Car / Tpl Allowance	\$3
	* N6: Repair Co-ordination	\$10
	* N7: Post Repair Inspection	\$25
	* N8: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (Non INC) against INC	\$20
	9) NI2: Idas Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

N/A 2103

# 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 ..... 17/06/2021 17:03 (SGT)  
Date of Accident ..... 16/06/2021 17:05 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKP1558L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... VANICEU-WEE BENG CHOO  
NRIC No ..... SXXXX277J  
Email Address ..... karolynvanicek@gmail.com  
Mobile Phone No ..... (Phone) +65-96616474  
Alternative Phone No ..... +65-93853700

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Forte  
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 ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00006322100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VANICEK KAROLYN  
NRIC No ..... SXXXX107Z

Date Of Birth	10/05/1989
Occupation	Indoor
Date Of Driving Pass	22/01/2020
Driving experience	1 YEAR AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93853700
Alt. Phone Number	-
Email Address	karolynvanicek@gmail.com
Address	463 PASIR PANJANG ROAD #05-03
Address complement	THE VILLAGE
Postcode	118797
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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	SJY605E
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JUSTIN TAN ZHI TECK
NRIC No	SXXXX042I
Contact Number	(Phone) +65-83330358
Address	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number .....	PA6282T
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Rosa
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	NG TIAN YONG
NRIC No .....	SXXXX333H
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 willful 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 :

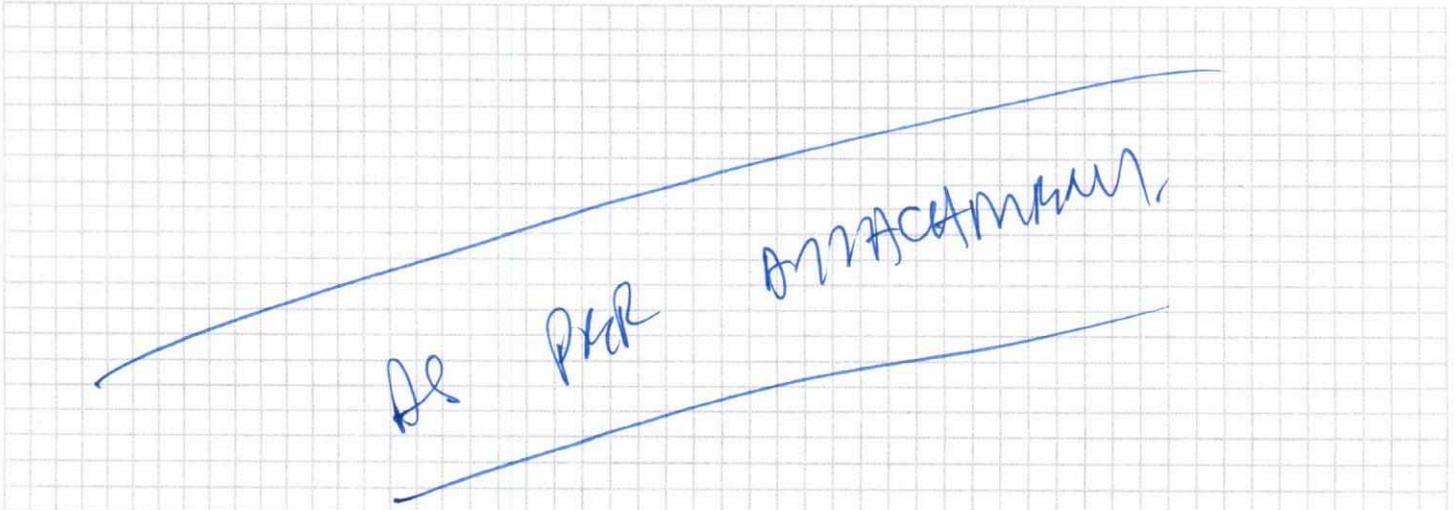
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

	17 JUN 21	17/06/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

**Sketch Plan**



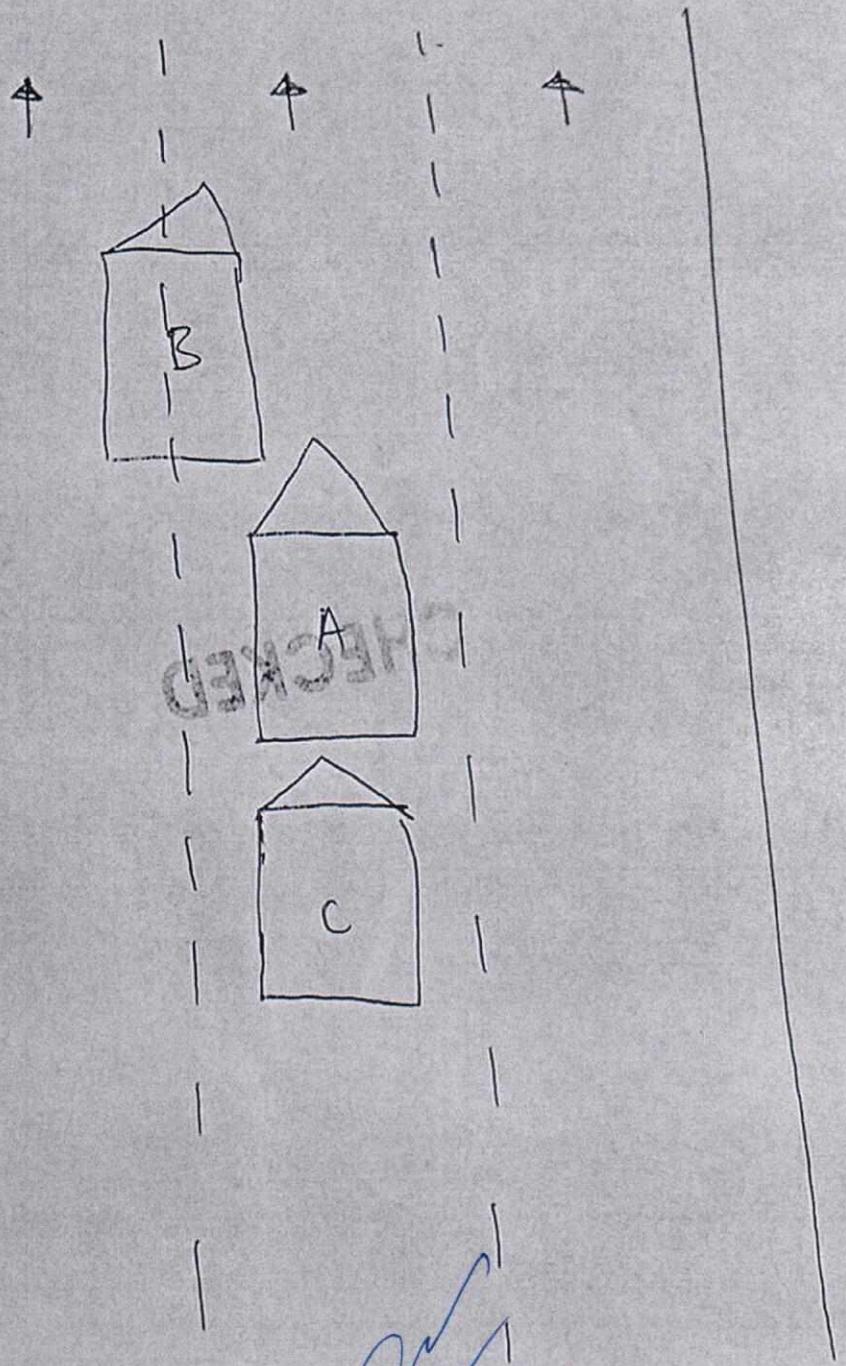
Vehicle A - SKP1358L - Karolyn Vanicek

Vehicle B - PAG282T - Ng Tian Yang

Vehicle C - SJY605E - Justin Tan Zhi Tech

(AYE  
Tuas ↑)

~ 12.5km  
marker



*Lawrence*  
17 JUN 21

*[Signature]*  
17/06/2021

**Describe Circumstances of the Accident**

AS PER ATTACHMENT

**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

Mitsubishi Rosa (PA6282T) - Ng Tian Yong (S1497333H)

Honda Civic (SJY605E) - Justin Tan Zhi Teck (S9833042I)

Kia Fortec (SKP1558L) - Karolyn Vanicek (S8916107Z) with rear bicycle rack

On Wednesday, 16th of June 2021, at approximately 5:05PM a 3 vehicle accident occurred along the AYE (Towards Tuas) after Clementi Avenue 6 exit and before Jurong Town Hall Road Exit at approximately the 12.5KM marker. I was driving in Lane 2 (second from right lane) along the AYE when suddenly the vehicle B (PA6282T) on my left abruptly cut into Lane 2 from Lane 3, which resulted in my vehicle A (SKP1558L) swerving within my lane to avoid a collision, followed by braking as the vehicle cut in front without any sort of indicator. After the swerve, I had braked to slow down to avoid collision, however in my rear, another vehicle, Vehicle C (SJY605E) collided into the back of me, which resulted in my car moving forward from the hit and then thus hitting vehicle B in the right rear bumper.

The resulting damage of my vehicle is found in 3 areas: -the front left side from the collision between vehicle A and vehicle B.

-the rear of the car from the collision between vehicle A and vehicle C.

-the bicycle on the bike rack from the collision between vehicle A and vehicle C.

After the collision between the 3 vehicles occurred and it was established that no person was injured. The 3 vehicles moved to the road shoulder to exchange details and wait for a tow truck for vehicle C.

Regards,

**Karolyn Vanicek**



17 JUN 21.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 16 / 06 / 2021 ) (DD/MM/YYYY), TIME: ( 17:05 ) (HH:MM)

LOCATION: AYE (TUAS)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP1558L  
b) INSURANCE COMPANY: CHINA TAIDENG  
c) POLICY NUMBER: DMPCSNVV00006322100  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: KIA FORTEK3  
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: MRS VANICEK-WEE BENG CHOO ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S0009277J CONTACT: 96616474  
c) ADDRESS: 463 Pasir Panjang Road, The Village #05-03  
Singapore 118797

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Karolyn Vanicek ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S8916107Z CONTACT: 91853700  
c) ADDRESS: 463 Pasir Panjang Road, The Village #05-03,  
Singapore 118797

\* d) DATE OF BIRTH: ( 10 / 05 / 1987 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 22/01/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO )  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

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: PAG282T MODEL: Mitsubishi Rossa  
b) DRIVER'S NAME: NG TIAN YONG  
c) NRIC/FIN/PASSPORT: S1497333H CONTACT: not given

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJ4605E MODEL: Honda Civic  
e) DRIVER'S NAME: JUSTIN TAN ZHI TEUK  
f) NRIC/FIN/PASSPORT: S98330421 CONTACT: 83330358

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

email = no video.

VIDEO

Motor Private Car

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

MAXIF  
N BN  
AN0005A  
Cov. Type C

CERTIFICATE No.

DMPGENV00006322100

Engine No.: G4FGEH728291  
Cha. No.: XNAFX411MF5302573

1. Index Mark and Registration Number of Vehicle

SKP1558L

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

MRS VANICEK- WEE BENG CHOO

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

12/05/2021  
(00:00:00)

4. Date of Expiry of Insurance

10/08/2022

Named Drivers Ex Sect. I	\$1600.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$51,000.00
Ex Sect. I - Age >= 26	\$3500.00
* Age as at date of accident	
EX ON WINDSCREEN	\$3100.00

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.

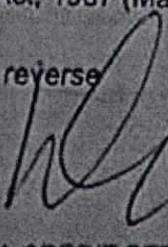
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.  
One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: ALFA 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.

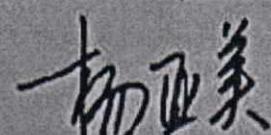
**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse




ALFA CREDIT PTE LTD  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD



Authorised Signatory