

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SMQ 3650

Date In: 14/1/21 13:36	Job description	Date & Time Completed	Done by
Ref No: NBA 1711057650/TI	SAS e-filing		
Veh No: SMQ 3650	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/1/21 18:12	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: SLQ 45479 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 ( )

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

( ) 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

NA2103362

Plaintant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:

1.1:

1.2/3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
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: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N'n INC) against INC	\$20	
9) N12: Idao 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	14/07/2021 13:36 (SGT)
Date of Accident	11/07/2021 18:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	1 MARYMOUNT TERRACE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ365D
-----------------------------	---------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE LTD
Company Reg No	2XXXXX540Z
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-94525587
Alternative Phone No	(Office) +65-94525587

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00005692000
Cover Note Number	-

### DRIVER

Name of Driver	WONG FOOK HENG
NRIC No	SXXXX934J

Date Of Birth	11/06/1970
Occupation	Outdoor
Date Of Driving Pass	09/05/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94525587
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 312 SEMBAWANG DRIVE
Address complement	#12-494
Postcode	750312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	GRAB PASSENGER
Gender	Male

#### PASSENGER 2

Name	GRAB PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT AND POLICE REPORT NO. T/20210713/2184

#### 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	SLQ4547G
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	WONG FOOK HENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMQ365D
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

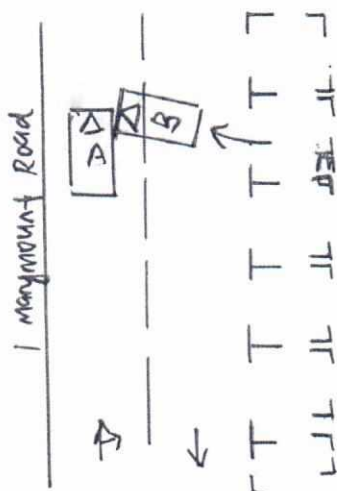


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A: SMQ36SD  
B: SLQ4547G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS EXITING FROM 1 MARYMOUNT ROAD. I SAW THAT VEHICLE B (SLQ4547G) HAS  
REVERSED ONTO CARPARK LOT. OUT OF SUDEN, I FELT AN IMPACT OF MY VEHICLE  
AND RELISED THAT VEHICLE B (SLQ4547G) DASH OUT FROM THE CARPARK LOT AND  
COLLIDED ONTO MY FRONT RIGHT DRIVER DOOR OF MY VEHICLE.

## DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

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

Date of Accident: 11 / 07 / 2021 (dd/mm/yy) Time of Accident: 18 : 12 ( 24-HR-FORMAT)  
Vehicle No.: SMQ365D Vehicle Make & Model: HONDA VEZEL  
\*Transmission : ☐ Manual ☒ Auto \*C.c : 1496  
Exact location of Accident: 1 MARYMOUNT TERRACE  
Policyholder's Name: FRESH CARS PTE LTE NRIC/FIN/REG No.: 201608540Z  
\*Policyholder's email address : REPORTING@MYCAR.SG  
Driver's Name: WONG FOOK HENG NRIC/FIN/REG No.: S7068934J  
\*Driver's email address : REPORTING@MYCAR.SG  
Driver's Contact No.: 94525587 Company Contact No (If any): 86118566  
Date of birth: 11/06/1970 Driving Pass Date: 09/05/2000  
Driver's Address: BLK 312 SEMBAWANG DRIVE, #12-494, SINGAPORE (750312)  
Insurance Company: CHINA TAIPING  
Policy No.: DMHCSNA00005692000 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
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)  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 3  
\*Passenger Name: GRAB PASSENGER Gender: Male / Female  
\*Passenger Name: GRAB PASSENGER 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 Car camera? ☐ Yes ☒ No  
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: WONG FOOK HENG  
Injuries Sustain : BODY Injured Person in Which Vehicle: SMQ365D  
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: SEMPAWANG NPC

### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLQ4547G  
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: MY CAR CONSULTANT PTE LTD Contact No: 83447681





**SINGAPORE  
POLICE FORCE**



T/20210713/2184

1 of 3

Report No. T/20210713/2184

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2021 23:36	Vide Report No.:	Station Diary No.: 118
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: WONG FOOK HENG			Address: APT BLK 312 SEMBAWANG DRIVE #12-494 SINGAPORE 750312		
ID Type / ID No.: NRIC NO / S7068934J			Contact No.: Home/Office: Mobile: 94525587		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 11/06/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2021 18:00	Type of Location:
Location:  MARYMOUNT TERRACE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SLQ4547G	Car				No Damage	0
SMQ365D	Car				Slightly Damaged	2

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20210713/2184

2 of 3

Report No. T/20210713/2184

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	WONG FOOK HENG	ID No.	S7068934J
Related Vehicle	SMQ365D (Car)	Contact No.	94525587
Hospital/Clinic	DR STANLEY PECK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/07/2021	Date Discharge	12/07/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 11/07/2021 at about 1800hrs, I went to the above mention location to fetch 2 passengers to 140 Punggol Walk, Ecopolitan, After picking up the passengers, I drove towards the gantry.

While driving along the straight road, suddenly, a car, SLQ4547G, which was parked at the open carpark, drive off without checking left and right. The vehicle then hit my vehicle. I then stop and make a checked. My car sustained damaged to my right driver door. There was no damages to the other vehicle. I tried to ask for his particular however he refused to give me his name and contact number. He told me to take down his number plate and claim from his insurance. After that he drive off.

I went to see a doctor and I was given 3 days of MC due to strain neck. I did not have the MC with me as I have left it at home. My insurance also ask me to lodged a accident report.

**SINGAPORE  
POLICE FORCE**  
Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent  
757633  
Tel No: 1800-5549999



**SINGAPORE  
POLICE FORCE**



T/20210713/2184

3 of 3

Report No. T/20210713/2184

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**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:

L /

Staff Sgt JASRIN BIN SARAPI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2021 23:36

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force



Motor Hire Car

MZ406L/B

N SN

AN0566A

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.

DMHCSNAD0005662000

Engine No.: LEB5057350

Chas. No.: RU31107344

1. Index Mark and Registration  
Number of Vehicle

SMQ365D

AUTOSAFE

2. Name of Policy Holder

FRESH CARS PTE LTD

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

07/09/2020

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

Excess Sect. II (Outside Singapore) S\$3,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

06/09/2021

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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 for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

This Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: DBS BANK LTD 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: Chng Pei Wen Adeline  
Authorised Officer

  
Authorised Signatory