

# NATIONAL Assessment Centre Services. SW/2021/00002

Date In: <b>30/08/2021 15:29</b>	Job description: <b>SAS e-billing</b>	Date & Time Completed:	Done by:
Ref No: <b>X/BA/CTE/20090827</b>	E-mail (by date sheet, A/C sheet)		
Veh No: <b>SMN 6662C</b>	I-Motor Claim Form		
P.O.A: <b>20/08/2021 18:56</b>	I-Motor W/O (with/without OD sheet, TP sheet)		
(1) <b>TP</b> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Vehicle		

Preferred Wreck / INC Assign Wreck / OW:		Tel:	Fax:
TP Print/Supply:	Veh No: <b>SMN 1818</b>	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 ( )		
Process (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )		

( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral 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 > \$5000] ( )	

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

<p><b>NA2103770</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Sub-let:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">1) All Accident Support (50%)</th> </tr> <tr> <td>2) DA Survey Assessment (\$100)</td> <td>INC ( )</td> </tr> <tr> <td>3) Towing Fee</td> <td>\$120</td> </tr> <tr> <td>4) PT Follow Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT Follow Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">Vehicle Insurance (INC Only) (w/ P.O.A. 200)</td> </tr> <tr> <td>6) TIR Inspection</td> <td>\$75</td> </tr> <tr> <td>7) N/A DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) N/A Additional Service</td> <td></td> </tr> <tr> <td colspan="2">ON:</td> </tr> <tr> <td>9) N/A Courtesy Car / Tpl Allowance</td> <td>\$5</td> </tr> <tr> <td>10) N/A Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>11) N/A Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>12) N/A DV / Collect License Coordination</td> <td>\$5</td> </tr> <tr> <td>13) N/A TP (INC) / TP (INC) / TP (INC)</td> <td>\$20</td> </tr> <tr> <td>14) N/A Mobile</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> </tr> </table> <p style="text-align: right;">Fee Charged Per Charge</p>	1) All Accident Support (50%)		2) DA Survey Assessment (\$100)	INC ( )	3) Towing Fee	\$120	4) PT Follow Through Survey	\$120	5) PT Follow Through Survey (Resurvey)	\$30	Vehicle Insurance (INC Only) (w/ P.O.A. 200)		6) TIR Inspection	\$75	7) N/A DA + SMRT Survey	\$160	8) N/A Additional Service		ON:		9) N/A Courtesy Car / Tpl Allowance	\$5	10) N/A Repair Coordination	\$10	11) N/A Post Repair Inspection	\$25	12) N/A DV / Collect License Coordination	\$5	13) N/A TP (INC) / TP (INC) / TP (INC)	\$20	14) N/A Mobile		Invoice dated		Invoice dated	
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## 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	30/08/2021 15:20 (SGT)
Date of Accident	28/08/2021 18:50 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6662C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM JUN HAO DERRICK
NRIC No	SXXXX518G
Email Address	chuajoanne73@gmail.com
Mobile Phone No	(Phone) +65-98256356
Alternative Phone No	+65-98256356

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is300
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	1998

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00108152101
Cover Note Number	-

#### DRIVER

Name of Driver	LAM JUN HAO DERRICK
NRIC No	SXXXX518G

Date Of Birth	13/09/1984
Occupation	Indoor
Date Of Driving Pass	22/07/2003
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98256356
Alt. Phone Number	+65-98256356
Email Address	chuaioanne73@gmail.com
Address	BLK 310A PUNGGOL WALK #12-532
Address complement	-
Postcode	821310
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	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 vehicle 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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210829/2023

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFE1818D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOMMY QUEK

Contact Number .....	(Phone) +65-972521282
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 .....	LAM JUN HAO DERRICK
Gender .....	Male
Phone No .....	(Phone) +65-98256356
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMM6662C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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;

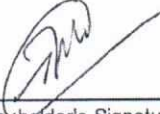
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

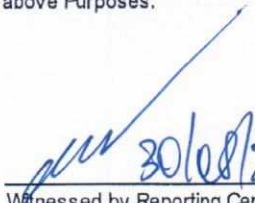
(collectively the "Purposes")

(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

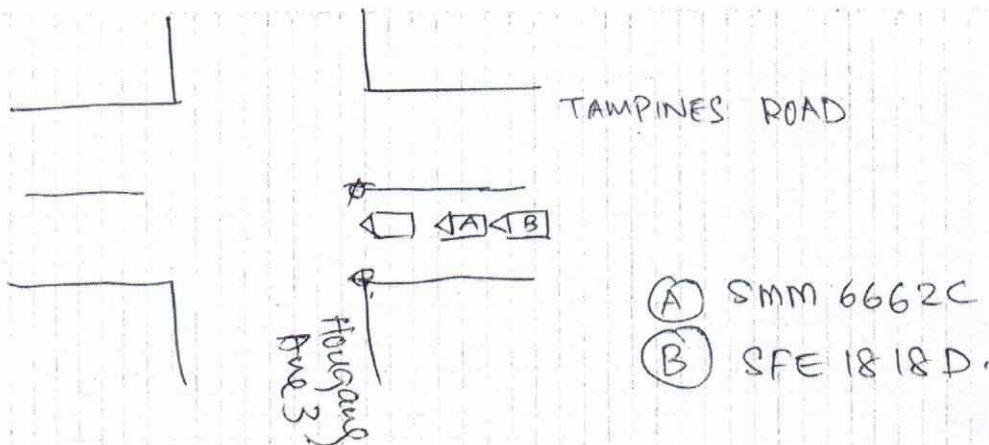
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
30/08/2021  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident


Refer to Police report T/20210829/2023

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



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# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28/8/2021		TIME: 18.50	(hh:mm) 24 hrs Format
LOCATION: Tampines Road			
VEHICLE NUMBER: SMM 6662C			
INSURED NAME:			
NRIC / FIN:		CONTACT: 98256356	
MAKE: Lexus		MODEL: IS300	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: CHINATAIPING			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMPCSNW00108152101			
NAME DRIVER: LAW JUN HAO DERRICK			( <input checked="" type="checkbox"/> ) SAME AS INSURED
NRIC / FIN: S8426518G		CONTACT:	
DATE OF BIRTH: 13-09-1984			
DRIVING PASS DATE: 22-07-2003			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: chuaipanne73@gmail.com			( ) NO EMAIL
ADDRESS OF DRIVER: Blk 310A PUNGGOL WALK # 12-532 SINGAPORE 821310			
Number Of Passenger Include Driver: 1			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle? : ( ) Yes ( <input checked="" type="checkbox"/> ) No			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Other			
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Other			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details: DRIVER			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name/NRIC	Contact
Veh B	SFE1818D	Tommy Quek	97521282
Veh C			( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh D			( ) / Not Sure ( )
Veh E			( ) / Not Sure ( )
Veh F			( ) / Not Sure ( )





**SINGAPORE  
POLICE FORCE**



T/20210829/2023

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 4

Report No. T/20210829/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2021 09:52		Vide Report No.:		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: LAM JUN HAO DERRICK		Address: APT BLK 310A PUNGGOL WALK #12-532 SINGAPORE 821310			
ID Type / ID No.: NRIC NO / S8426518G		Contact No.: Home/Office: Mobile: 98256356			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 36	Date of Birth: 13/09/1984	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: 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: 28/08/2021 18:50	Type of Location: Straight Road
Location:  TAMPINES ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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	Condition	No. of Passenger
SFE1818D	Car	BMW	318i SEDAN LED	White	Slightly Damaged	1
SMM6662C	Car	TOYOTA	LEXUS IS300 4DR SEDAN (AT) (2WD) EXE	Grey	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20210829/2023

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20210829/2023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMM6662C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001081 52101	14/06/2021	13/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Tommy Quek Chin Chong		ID No.	S7044950A
Related Vehicle	SFE1818D (Car)		Contact No.	97521282
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
Driver				
Name	LAM JUN HAO DERRICK		ID No.	S8426518G
Related Vehicle	SMM6662C (Car)		Contact No.	98256356
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

**Brief Details.**

On 28/8/21 at about 1853hrs, I was driving my vehicle (SMM6662C) along Tampines Road towards Upper Serangoon Road.

While near to the junction of Hougang Ave 3, I had stopped at the red traffic lights. When the light went green, I had inched forward my vehicle as the front vehicles were also moving forward. Suddenly, another car behind me (SFE1818D) collided head first onto my rear.

We then got out of the vehicle to exchange particulars regarding the accident. After reaching home, I realized I had injured my neck area due to the accident. I had then sought treatment at Mount Elizabeth Hospital and was given 5 days of MC.

I have video recording of the accident. That is all.



**SINGAPORE  
POLICE FORCE**



T/20210829/2023

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 4

Report No. T/20210829/2023

CONTINUATION OF REPORT





SINGAPORE  
POLICE FORCE



T/20210829/2023

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

4 of 4

Report No. T/20210829/2023

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:  
F /  
Staff Sgt LOW JIANGHAN, JEFFREY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/08/2021 09:52

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:



SN 158

Authentication Stamp  
NP168

SIGNATURE

Motor Private Car

MX1E

R SN

AN0083A

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.

DMPCSNW00108152101

Engine No.: 8ARZ157344

Cha. No.: JTHBA1D2305095131

1. Index Mark and Registration  
Number of Vehicle

SMM6662C

2. Name of Policy Holder

LAM JUN HAO DERRICK

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

14/06/2021  
(00:00:00)

Named Drivers Ex Sect. I

\$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

\* Age as at date of accident

EX ON WINDSCREEN.

\$S100.00

4. Date of Expiry of Insurance

13/06/2022

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 \$S1,000 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.: 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

**KCB AGENCY**

Co. Reg. No. 53116652C

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