

NATIONAL Assessment Centre Services

Date In: 01/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTE21009168/13	SAS e-filing		
Veh No: 8MF1675K	E-mail (w/obs, stat, AP, 2hrs)		
DOA: 31/08/21 1210	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: PC3512P	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

NA2103869	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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 + SMRI Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Transport Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2/3:	9) N12: Idac 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	01/09/2021 09:31 (SGT)
Date of Accident	31/08/2021 12:10 (SGT)
Exact Location of Accident	Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1675K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JACKY ANGRIAWAN
NRIC No	SXXXX277I
Email Address	hendroangriawan@gmail.com
Mobile Phone No	(Phone) +65-82982609
Alternative Phone No	+65-82982609

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1799

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00140772000
Cover Note Number	-

DRIVER

Name of Driver	HENDRO ANGRIAWAN TJHONG
Passport No/FIN	GXXXX201L

Date Of Birth	15/09/2000
Occupation	Indoor
Date Of Driving Pass	30/07/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84951510
Alt. Phone Number	-
Email Address	hendroangriawan@gmail.com
Address	400 BALESTIER ROAD
Address complement	#05-01
Postcode	329802
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Moulmein Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002508999
Alt. Police Station Phone No	(Fax) +65-63554312
Police Station Address	Blk 101 Jalan Rajah #01-01 Singapore 321101
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210831/2051

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	FILES TOO BIG,CAN'T UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3512P
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 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.

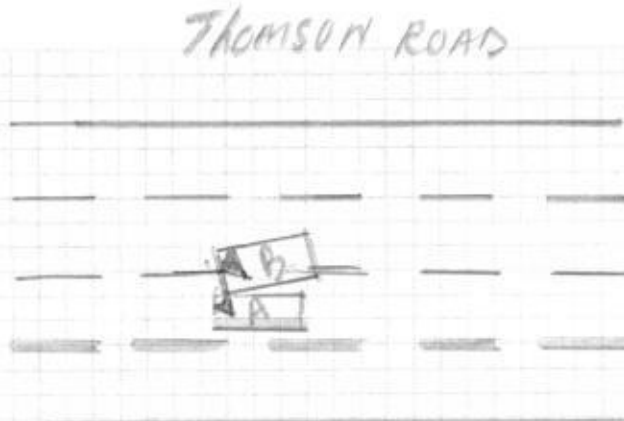
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


Sketch Plan

A-SMF1675K
B-PC3512P



Pls refer to the police report T/20210831/2051

We declare the foregoing particulars are true in every respect.


 31/08/2021
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210831/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 3

Report No. T/20210831/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2021 13:55	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: HENDRO ANGRIAWAN TJHONG			Address: 400 BALESTIER ROAD #05-01 SINGAPORE 329802		
ID Type / ID No.: FIN NO / G1816201L			Contact No.: Home/Office: Mobile: 84951510		
Nationality: INDONESIAN			Email: hendroangriawan@gmail.com		
Sex: Male	Age: 20	Date of Birth: 15/09/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: SMU Singapore
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/08/2021 12:10	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
PC3512P				Yellow		0
SMF1675K	Car	HONDA	CIVIC 1.6 VTI CVT	Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210831/2051

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20210831/2051

CONTINUATION OF REPORT

Driver				
Name	HENDRO ANGRIAWAN TJHONG		ID No.	G1816201L
Related Vehicle	SMF1675K (Car)		Contact No.	84951510
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 31/08/2021 at about 1210hrs, I was driving my car (registration number: SMF1675K), along Balestier Road towards Thomson road. After I made the right turn into Thomson road, I switched right from the last lane to lane 3. There was yellow van (PC3512P), which was travelling on lane 2 behind me, and while it was changing lane to the left onto lane 3 (my lane), its left side side-swiped with the right side of my car. Due to the traffic condition, both of us were unable to stop our vehicles. I have a rear camera in the car which captured the incident. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20210831/2051

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Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20210831/2051

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
E /
Sr Staff Sgt SEOW HONG DE,
XAVIER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/08/2021 13:55

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 31/08/21 (DD/MM/YYYY), TIME: 12:10 (HH:MM)

LOCATION: Thomson RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF1675K
 b) INSURANCE COMPANY: DMPCSN0014077000
 c) POLICY NUMBER: CHINA TRIPING
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA CIVIC A
 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) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: JACKY ANGRIAWAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9085277I CONTACT: 82982609
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HENDRO ANGRIAWAN THONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G1816201L CONTACT: 8284951510
 c) ADDRESS: 400 BALESTIER RD
#05-01 (329803)

*d) DATE OF BIRTH: 15/09/2000 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 30/07/21

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC3512P MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

Email = hendroangriawan@gmail.com

fax =

VIDEO = yes

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.		DMPCSNW00140772000		Engine No. : R16B25502076
				Cha. No. :MRHFC5650JT001813
1	Index Mark and Registration Number of Vehicle	SMF 1675K		
2	Name of Policy Holder	JACKY ANGRIAWAN		
3	Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30/10/2020	Named Drivers Ex Sect. I	S\$500.00
			Additional Ex Other than Named Drivers:	
			Ex Sect. I - Age <= 25	S\$3,000.00
			Ex Sect. I - Age >= 26	S\$500.00
4	Date of Expiry of Insurance	29/10/2021	* Age as at date of accident	
			EX ON WINDSCREEN	S\$100.00
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. : DBS BANK 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CLICKCASHBACK PTE LTD
 Authorised Officer


 Authorised Signatory