

NATION !! Assessment Centre Services

Date In: 10/11/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/C7121011479/12	E-mail (within 3hrs. AP: 2hrs)		
Veh No: 5JL8023A	i-Motor Claim Form		
D.O.A: 10/11/21 0821	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: (TP) Reporting Only	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: 5M6870P 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	DI*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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	10/11/2021 15:00 (SGT)
Date of Accident	10/11/2021 08:21 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE B4 LONIE RD EXIT TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8023A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE HENG HUAT ENGINEERING PTE LTD
Company Reg No	1XXXXX674K
Email Address	sales@chhengrg.com.sg
Mobile Phone No	(Phone) +65-62420010
Alternative Phone No	(Office) +65-62420010

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00176032100
Cover Note Number	-

DRIVER

Name of Driver	CHAN WAI KHUEN
NRIC No	SXXXX021Z

Date Of Birth	31/10/1955
Occupation	Outdoor
Date Of Driving Pass	03/07/1978
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98899428
Alt. Phone Number	-
Email Address	sales@chhengrg.com.sg
Address	49 KAKI BUKIT RD 2
Address complement	-
Postcode	417862
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	6
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T20211110/2042

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	SMG870P
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	SMT1722J
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	SLN4445H
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 4

Vehicle Registration Number	SLE183L
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 5

Vehicle Registration Number	SNA5110L
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	CHAN WAI KHUEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJL8023A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

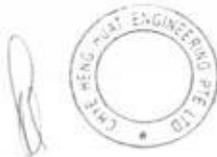
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

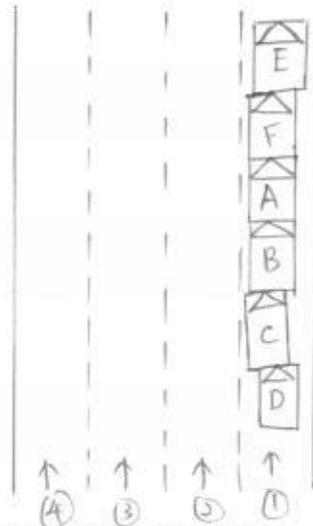


Policyholder's Signature
Date & Time

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

Responding Insurer's Representative's Signature
Name
Date & Time

SKETCH PLAN



- (A) SJL 8023A
- (B) SMG 870P
- (C) SMT 1722J
- (D) SLN 4445H
- (E) SLE 183L
- (F) SNA 5110L

Along PIE - Towards
Changi (Before Lornie
Exit).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10-11-2021 at about 0821hrs, I was driving vehicle (SJL 8023A) along PIE (before Lornie exit) in extreme right lane. Vehicle in front of me stopped so I stop in time too. Suddenly I felt an impact from behind. Due to the huge impact, my car being push forward and collided onto vehicle in front of me. When I came out inspect my car and I realized that I was involving 6 cars chain collision accident. I felt pain and discomfort after the accident so I went to visit my doctor for medical assistance. I get 4 days M.C from my doctor and I will follow up my medical treatment if necessary. Hence, I hereby lodge this report to claim against Veh-B's insurance for my accident damages.

DECLARATION

I/We declare the foregoing particulars to be true and correct.

[Signature]

[Signature]

2/ym 10/11/21

Police Officer's Name
Date & Time



Driver's Name
What was the vehicle's speed
Date & Time

Reporting Officer's Name & Signature
Name
Date & Time



**SINGAPORE
POLICE FORCE**



T/20211110/2042

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211110/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT1722J	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Blue		0
SNA5110L	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Black		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN WAI KHUEN	ID No.	S1154021Z
Related Vehicle	SJL8023A (Car)	Contact No.	98899428
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/11/2021	Date Discharge	10/11/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE 10/11/2021 AT ABOUT 0821HRS, I WAS DRIVING VEHICLE (SJL8023A) ALONG PIE (BEFORE LORNIE EXIT) IN EXTREME RIGHT LANE. VEHICLE INFRONT OF ME STOPPED SO I STOP IN TIME TOO. SUDDENLY I FELT ON IMPACT FROM BEHIND. DUE TO THE HUGE IMPACT, MY CAR BEING PUSH FORWARD AND COLLIDED ONTO VEHICLE INFRONT OF ME, WHEN I COME OUT INSPECT MY CAR AND I REALISED THAT I WAS INVOLVING 6 CARS CHAIN COLLISION ACCIDENT. I FELT PAIN AND DISCOMFORT AFTER THE ACCIDENT SO I WENT TO VISIT MY DOCTOR AND I WILL FOLLOW UP MY MEDICAL TREATMENT.



**SINGAPORE
POLICE FORCE**



T/20211110/2042

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211110/2042

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 TP / SC2 ABU HURAIRAH BIN ABDUL TALIB
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436

Signature Of Informant:
Date/Time: 10/11/2021 13:37
Classification Of Case:
Signature:

Authentication Stamp
NP168

VEHICLE NO: SJL 8023A

MAKE & MODEL: Toyota Altis

AUTO / MANUAL

* DATE OF ACCIDENT	10 / 11 / 2021	* C.C. 1598cc
TIME OF ACCIDENT	08:21 AM / PM	
LOCATION OF ACCIDENT	Along PIE (Before, Lornie Road EXIT) Towards Chang?	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Chye Heng Huat Engineering Pte Ltd	Email: sales@chhengry.com.sg
TELP NO	Mobile: _____	Office: 6242010 Home: _____
NRIC	199301674K	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	China Taiping Insurance	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00176032100	
NAME OF DRIVER	AS ABOVE / IF NO: Chan wai khuen	
NRIC	S11540212	
DATE OF BIRTH	21 / 10 / 1955	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	_____	
GENDER OF PASSENGER	MALE / FEMALE _____	
OCCUPATION	Outdoor / Indoor (Both)	
DATE OF DRIVING PASS	03 / 07 / 1978	
GENDER	Male / Female	
CONTACT NO.	Mobile: 98899428 Office: _____ Home: _____	
EMAIL	sales@chhengry.com.sg	
ADDRESS	49 Kaki Bukit Rd 2 P(417862)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? Chan wai khuen.	
CONTACT NO.	98899428	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	SMG 870P	Any Passenger, ✓
NAME	/	
CONTACT NO.	/	
VEHICLE C NO.	SMT 1722J	Any Passenger,
VEHICLE D NO.	SLN 4445H	Any Passenger,
VEHICLE E NO.	SLE 183L	Any Passenger,
VEHICLE F NO.	SNA 5110L	Any Passenger,
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Motor Private Car

MX4F

N SN

AN0353A

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.

DMPCSNW00176032100

Engine No.: 3ZZ4850411

Cha. No. MR053ZEE106134875

1. Index Mark and Registration
Number of Vehicle

SJL8023A

AUTOSAFE

2. Name of Policy Holder

CHYE HENG HUAT ENGINEERING PTE LTD

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

13/09/2021
(00:00:00)

Named Drivers Ex Sect. I

SS500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS3,000.00

Ex Sect. I - Age >= 26

SS500.00

4. Date of Expiry of Insurance

12/09/2022

* Age as at date of accident

EX ON WINDSCREEN ,

SS100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.

* 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).

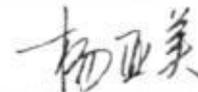
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

EZRA KEE YONG SENG

Authorised Officer



Authorised Signatory

Vehicle Details

Vehicle No. SJL8023A	Make / Model TOYOTA / COROLLA ALTIS 1.6 AUTO
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Vehicle Type : N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Attachment 1 : No Attachment
Vehicle Scheme : Normal	Chassis No.: MR053ZEE106134875
Propellant : Petrol	Engine No.: 3ZZ4850411
Motor No.: -	Engine Capacity : 1598 cc
Power Rating: -	Maximum Power Output: 80.0 kW (107 bhp)
Maximum Laden Weight: 1630 kg	Unladen Weight : 1195 kg
Year Of Manufacture: 2008	Original Registration Date: 12 Dec 2008
Lifespan Expiry Date : -	COE Category: A - Car (1600cc & below)
PQP Paid : \$13,786.00	COE Expiry Date: 11 Dec 2023
Road Tax Expiry Date : 11 Dec 2021	PARF Eligibility Expiry Date : -
Inspection Due Date: 11 Dec 2022	Intended Transfer Date : 10 Nov 2021
CO2 Emission : -	GEV/VES Rebate Utilised Amount : -
CO Emission :	HC Emission :