

NATIONALLY ASSOCIATED CHIEF SERVICES

SM0821C100007

Date: 20/1/2021 16:05	Vehicle Description: SAs e filing	Date & Time Completed:	Done by:
Ref No: X182104746	E-mail: [blank]		
Vehicle: SKN 42274	i-Motor Claim Form		
Policy: 1/1/2021 00:40	i-Motor W/O (within 24 Hrs)		
TP Insurer: (1) Reporting Unit	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SLJ 8065R	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

X182104746	Invoice Preparation Checklist		And (\$)	And (\$)
			1st Bill	Add'l Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30),			
Driver/Owner:	2) DA : Damage Assessment (\$100), INC (\$30)			
Contact No:	3) TF : Towing Fee \$40 \$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) RT : Follow-Through Survey (Resurvey) \$10			
	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR : Re-inspection \$15			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	QC:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11), TP (N12) against INC			
Cat 1	9) N12 Idac Mobile			
Cat 2/3	Invoice dated	Acc Charges		
	Surveyor dated	Fee Charges		

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	20/12/2021 16:05 (SGT)
Date of Accident	18/12/2021 00:40 (SGT)
Exact Location of Accident	Eu Tong Sen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4227H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH GEOK HONG
NRIC No	SXXXX286Z
Email Address	raynersim98@gmail.com
Mobile Phone No	(Phone) +65-82184524
Alternative Phone No	+65-82184524

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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00131182100
Cover Note Number	-

DRIVER

Name of Driver	RAYNER SIM BOON KIAT
NRIC No	SXXXX386D

Date Of Birth	30/06/1998
Occupation	Indoor
Date Of Driving Pass	17/12/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-82184524
Alt. Phone Number	-
Email Address	raynersim98@gmail.com
Address	BLK 512 BEDOK NORTH AVENUE 2 #09-281
Address complement	-
Postcode	460512
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHRISTINA PNG
Gender	Female

PASSENGER 2

Name	CHIA ZHI YOU
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20211219/7007

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	SLJ8065R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	RAYNER SIM BOON KIAT
Gender	Male
Phone No	(Phone) +65-82184524
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN4227H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHRISTINA PNG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN4227H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	CHIA ZHI YOU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN4227H
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

6/1
Policyholder's Signature / Date & Time

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

20/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

EU TONG SENG STREET

Stationary Lorry

CONSTRUCTION

VEH A = SKN 4227H

VEH B = SLJ 8065R

Describe Circumstances of the Accident

Please refer to the attached Police Report No: A/2021/219/7007

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

J

Date of Accident : 18/12/2021 Accident Time: 0040 (24-HR-Format)
Accident Place : EU TONG SENG STREET
Vehicle No. (Car Plate No.) : SKN4227H Make/Model: HONDA CIVIC
Insurance Company : CHINA TAIPIING Policy No: DMPCSNW00131182100
Owner or Company Name /IC No. : GOH GEOK HONG S1815286Z
Owner or Company Contact No. : 8218 4524 Owner's Hp Company Tel
DRIVER'S Name / IC No. : S9821386D RAYNER SIM BOON KHA7
DRIVER'S Date Of Birth : 30/06/1998 DRIVER'S License Pass Date 17/12/2020
Relationship of Owner & Driver : Spouse \ Parents (Children) \ Sibling \ Employee \ Others:
DRIVER'S Address : BLK 512 BEDOK NORTH AVE 2 #09-281 S460512
DRIVER'S Contact No./ Alt No. : 1) 8218 4524 2)
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)
Email Address : RaynerSim98@gmail.com
Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance
Number of Passengers (Including Driver): 03
Was there any video Captured by car camera: YES \ (NO)
Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose
Any Injury (If YES, Pls state): Yes.

Other Party Driver's Particular (if any)

Vehicle No: (B) SLJ 8065 R	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Christina Png / Female
Chin Zhi You / Male



**SINGAPORE
POLICE FORCE**



A/20211219/7007

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Report No. A/20211219/7007

Date/Time Report Made 19/12/2021 12:32	Vide Report No.	Station Diary No.
Name Of Informant RAYNER SIM BOON KIAT	Address 512 BEDOK NORTH AVENUE 2 #09-281 SINGAPORE 460512	
ID Type / ID No. NRIC NO / S9821386D	Contact No. Home/Office: Mobile: 82184524	
Nationality SINGAPORE CITIZEN	Email Address RAYNERSIM98@GMAIL.COM	
Occupation Civil Servant	Sex Male	Age 23
Institution/School Name	Date of Birth 30/06/1998	Race Chinese
Date/Time Of Incident 18/12/2021 00:40	Location Of Incident EU TONG SEN STREET	

Brief details.

On the stated date and time, I was driving my vehicle SKN4227H along Eu Tong Seng Street.

My girlfriend Christina Png and my friend Chin Zhi You were passengers on board my vehicle and all three of us were belted.

I was on the second lane and making a lane change to the extreme left lane due to obstruction ahead.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2021 12:32
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20211219/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211219/7007

I had come to a complete stop due to traffic conditions when I felt a huge impact from the rear of my vehicle causing my vehicle to surge forward.

I alighted to realise that SLJ8065R had crashed into the rear right portion of my vehicle.

Initially I was fine but Christina and Zhi You both suffered knocks due to the accident.

However, The next morning, I woke up with aches over my neck, back and wrist areas.

My girlfriend and friend also complained of muscle aches over their bodies on top of the knocks they suffered.

Hence, on 19/12/21, all three of us proceeded to my family doctor at LifePlus Medical Group Bedok for treatment.

All three of us we given 3 days MC each for injuries suffered due to the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/12/2021 12:32

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0586A

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.

DMPCSNW00131182100

Engine No.: R16A13007014

Cha. No.:JHMF46208S202479

1. Index Mark and Registration
Number of Vehicle

SKN4227H

AUTOSAFE
=====

2. Name of Policy Holder

GOH GEOK HONG

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

28/06/2021
(18:01:54)

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

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

04/09/2022

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 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: GENERAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com