

NATIONAL Assessment Centre Services

Date In: 27/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/SMC22000953/13	SAS e-filing		
Veh No: SJV59795	E-mail (Within 2hrs. Aft. 2hrs)		
D.O.A: 26/01/22 1730	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: SMR855J	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

NA2200271

Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR: Accident Reporting (\$30);
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- FT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- N1: Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- ON:
- 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
- N12: Idac Mobile \$30

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	27/01/2022 12:22 (SGT)
Date of Accident	26/01/2022 17:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	INDIRECTION OF SLE (NEAR ANG MO KIO MRT STATION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV5979J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KAM TENG FAI(GAN TINGHUI)
NRIC No	SXXXX307H
Email Address	kamtf1@gmail.com
Mobile Phone No	(Phone) +65-93241417
Alternative Phone No	+65-93241417

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	21-MT112100-R02
Cover Note Number	-

DRIVER

Name of Driver	KAM TENG FAI(GAN TINGHUI)
NRIC No	SXXXX307H

Date Of Birth	31/03/1971
Occupation	Indoor
Date Of Driving Pass	23/07/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93241417
Alt. Phone Number	+65-93241417
Email Address	kamtf1@gmail.com
Address	BLK 152 RIVERVALE CRESCENT
Address complement	#07-108
Postcode	540152
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SMR852J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAN KIM HENG
NRIC No	SXXXX866D
Contact Number	(Phone) +65-96936841
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

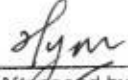
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 27/01/22
Policyholder's Signature / Date & Time

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

 27/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (in direction of SLE) → (contact point)



Describe Circumstances of the Accident


I was travelling along CTE towards SLIE near the exit of
Ang Mo Kio Avenue 1 on the outermost lane (Lane 1) on 26/01/2022
at 1730 hrs. My car was slowing down as the car in front of
me was slowing down also due to heavy traffic.
Suddenly the vehicle B (SMR852J) hit onto my car Rear.
I came down to investigate. The Vehicle's driver apologise
to me as he said he did not brake his car promptly.

Declaration

I/We declare the foregoing particulars are true in every respect.

 27/01/22
Policyholder's Signature / Date &
Time

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

 27/01/22
Witnessed by Reporting Centre
Personnel

CONFIDENTIAL

Annex D

NOTICE OF COMPLIANCE

This is to confirm that Kam Teng Fai

NRIC: S7111307H, has reported to the police a non-injury traffic accident which occurred along CTE towards SLE near the exit of Ang Mo Kio Avenue 1 on 26/01/2022 at 1730hrs involving the following vehicles:

SJV5979J – Complainant's Vehicle

SMR852J – Gan Kim Heng (NRIC: S7245866D /HP: 96936841)

2. He / She has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Sengkang NPC
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-2433533 7290075

Date: 26/01/2022

Name of Issuing Officer: SGT Elliot Ong

S/D Ref: 117

Police Post / Unit: Ang Mo Kio Division / Sengkang NPC

Original – to be issued to informant.

Duplicate – to be retained at police post or unit.

Sengkang NPC
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-2433533

CONFIDENTIAL

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 26-Jan'22 Time 1730 Hrs
 Exact Location Of Accident * CTE (in direction of SLE). Near Ang Mo Kio MRT Station.

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * STV 5979 J

Insured/Policyholder

Name of Registered Owner * Kam Teng Fai
 NRIC/FIN/Passport Number * S7111307H

Vehicle Particulars

Manufacturer Hyundai
 Model Avante 1.6 M

Exact Purpose for which vehicle was being used at time of accident
 * Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others

If No, please state action to be taken
 * Third Party Claim ☒ Reporting Only ☐
 * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * Tokio Marine
 Type of Coverage * Third Party Cover
 Fleet Policy Yes ☐ No ☒
 Policy Number * 21-MT112100-R02
 Cover Note Number

Driver

Name of Driver * Kam Teng Fai
 NRIC/FIN/Passport Number * S7111307H
 Date of Birth * 31-Mar-1971
 Occupation * Engineer
 Date of Driving Pass * 23-Jul-2004
 Gender * Male ☒ Female ☐
 Mobile Number * 93241417
 Address * Blk 152, Rivervale Crescent, #07-108
 S'pore 1540152
 Email Address * kamtf4@gmail.com
 Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured * Owner

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident *
Weather Conditions * Clear ☒ Raining ☐ Others
Road Surface * Dry ☒ Wet ☐ Others

Other Information

Was any body injured in the Accident? Yes ☐ No ☒
Was any other material or property damaged? Yes ☐ No ☒

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes ☐ No ☐
Was injured conveyed to hospital by ambulance? * Yes ☐ No ☐

Details of Police Action

Was the Accident reported to the Police? * Yes ☐ No ☒
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes ☐ No ☒
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number * SMR 852 J
Vehicle Make / Model / Colour
Detail Of Properties
Name of Driver *
NRIC/Passport Number
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

Details of Witness

Name
Phone Number
Email Address

TOKIO MARINE
INSURANCE GROUP

FORM MX1

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)

Policy No.: 21-MT112100-R02 (Private Motor Car)

- | | | |
|---|----------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJV5979J | Chassis No.: KMHDU41BLAU866736 |
| 2. Name of Policyholder | KAM TENG FAI (GAN TINGHUI) | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/02/2021 | |
| 4. Date of Expiry of Insurance | 31/01/2022 | |
| 5. Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2538DDA

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Vehicle Registration Details

Vehicle No. SJV5979J	Make/Model HYUNDAI/AVANTE 1.6 MT ABS AIRBAG 2WD 4DR	Vehicle Scheme -
Current Propellant Petrol	Chassis No. KMH DU41BLAU866736	Vehicle Type Passenger Motor Car

Owner's Details

Owner Name:

KAM TENG FAI (GAN TINGHUI)

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S7111307H

Registered Address

**APT BLK 152 RIVERVALE CRESCENT #07-
108 SINGAPORE 540152**

Mailing Address:

Birth Date

31 Mar 1971

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

06 Jan 2019

Original Registration Date:

01 Feb 2010

Registration Date:

01 Feb 2010

No. of Transfers:

1

IU Label No.:

1123655730

Vehicle Specifications

Engine No.:

G4FC9U725464

Chassis No.:

KMH DU41BLAU866736

Year of Manufacture:

2009

Primary Colour:

Silver

CO2 Emission:

-

CO Emission:

-

HC Emission:

-

NOx Emission:

-

PM Emission:

-

Message:

The vehicle will be de-registered upon expiry of its 5-year COE on 31 Jan 2025. No further renewal will be allowed.

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