

NATIONAL Assessment Centre Services

Date In: 07/02/22	Job description	Date & Time Completed	Done by
Ref No: NIA/LIA22001143/13	SAS e-filing		
Veh No: SMS2442E	E-mail (within 5hrs, AP: 2hrs)		
D.O.A: 04/02/22 0800	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within OE 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: FBJ29085	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

NIA2200329

Invoice Preparation Checklist

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OL:		
*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 (N-a INC) against INC \$20		
9) N12: Idac Mobile 30		

Invoice dated

Invoice dated

Fee Charged

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	07/02/2022 18:04 (SGT)
Date of Accident	04/02/2022 08:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	B4 LOYANG AVE EXIT TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2442R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HENG SOCK HOON(WANG SHUFEN)
NRIC No	SXXXX506C
Email Address	chewmuncheokchewmuncheok@gmail.com
Mobile Phone No	(Phone) +65-96737888
Alternative Phone No	+65-96737888

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V01297/VPC/R01
Cover Note Number	-

DRIVER

Name of Driver	CHEW MUN CHEOK
NRIC No	SXXXX800I

Date Of Birth	18/04/1995
Occupation	Indoor
Date Of Driving Pass	29/02/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-96737888
Alt. Phone Number	-
Email Address	chewmuncheokchewmuncheok@gmail.com
Address	BLK 912 HOUGANG ST 91
Address complement	#05-48
Postcode	530912
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	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	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YAK POH KAR,RACHEL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20220204/7084

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	SD CARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ2908S
-----------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	SMJ8453S
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	CHEW MUN CHEOK
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMS2442R
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 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' 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SMS 2442R
B: FBJ 2908S
C: SMJ 8453S

Describe Circumstances of the Accident

'A' VEHICLE DRIVING ALONG TOWARD CHANG
'C' VEHICLE SLOW DOWN, I FOLLOW SLOW DOWN.
SUDDENLY 'B' BIKE CANNOT STOP IN TIME, AND HIT ON MY
REAR PORTION, MY VEHICLE PUSH FORWARD AND HIT THE 'C' VEHICLE.

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

Witnesses / Recording Centre
Personnel

2/ym 07/02/22



**SINGAPORE
POLICE FORCE**



G/20220204/7084

1 of 3

POLICE REPORT (NP299)

Report No. G/20220204/7084

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 04/02/2022 22:39	Vide Report No.	Station Diary No.
Name Of Informant CHEW MUN CHEOK	Address 912 HOUGANG STREET 91 #05-48 SINGAPORE 530912	
ID Type / ID No. NRIC NO / S9512800I	Contact No. Home/Office: Mobile: 96737888	
Nationality SINGAPORE CITIZEN	Email Address chewmuncheokchewmuncheok@gmail.com	
Occupation Cabin attendant/steward	Sex Male	Age 26
Institution/School Name	Date of Birth 18/04/1995	Race Chinese
Date/Time Of Incident 04/02/2022 08:00 - 04/02/2022 10:00	Location Of Incident TAMPINES EXPRESSWAY	

Brief details.

My vehicle driving along TPE toward Changi. Car in front slow down, I follow slow down. Suddenly, bike behind cannot stop in time and hit on my rear portion, my vehicle push forward and hit the car in front.

Subjects Involved			
Suspect			
Person Name	Suriatieasur (car driver in front)		
Gender	Female	Age	35-55

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: 04/02/2022 22:39
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220204/7084

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220204/7084

Race	Malay	Language	English
Mobile No	97971204		
Person Name	(motorist behind)		
Gender	Male	Age	30-50
Race	Malay	Language	English
Mobile No	87933914		
Victim			
Person Name	CHEW MUN CHEOK		
ID Type	NRIC NO	ID No	S9512800I
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Cabin attendant/steward	Address	912 HOUGANG STREET 91 #05-48 SINGAPORE 530912
Mobile No	96737888	Is Informant A Victim?	Yes
Person Name	Yak Poh Har, Rachel		
ID Type	NRIC NO	ID No	S9508003J
Gender	Female	Age	26
Race	Chinese	Language	English
Occupation	Cabin attendant/steward	Address	622B Punggol Central #13-278 SINGAPORE 822622
Home/Office No	66381309	Mobile No	91708038
Relation To Informant	Wife		

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:
04/02/2022 22:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220204/7084

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220204/7084

Person Name	CHEW MUN CHEOK (Informant)
-------------	----------------------------

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:
04/02/2022 22:39

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/02/2022 (dd/mm/yy)

Time of Accident: 08:00 (24-HR-FORMAT)

Vehicle No.: SMS2442R

Vehicle Make & Model: HONDA SHUTTLE

*Transmission: ☐ Manual ☒ Auto

*C.c.: 1496

Exact location of Accident: TPE BEFORE IOVANG AVE EXIT TOWARD CHANGI

Policyholder's Name: HEW SICK HOON

NRIC/FIN/REG No.: 57319506C

*Policyholder's email address: _____

Driver's Name: CHEW MUN CHEOK

NRIC/FIN/REG No.: 59512800I

*Driver's email address: CHEWMUNCHEOKCHEWMUNCHEOK@GMAIL.COM

Driver's Contact No.: 96737888

Company Contact No (if any): _____

Date of birth: 18/01/1995

Driving Pass Date: _____

Driver's Address: HOUGANG BLK 412 ST 91 #05-48 S(C30912)

Insurance Company: LIFECITY

Policy No.: 5121 69127/1/2/2014 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver: 3

*Passenger Name: YAK POH KAR, RACHEL

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No (with TP)

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: CHEW MUN CHEOK & YAK POH KAR, RACHEL

Injuries Sustain: NECK AND BACK Injured Person in Which Vehicle: SMS2442R

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: BEDOK DIVISION HQ

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBJ2908S

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (if Any): _____ Vehicle No: SMJ8453S

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (if Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

HENG SOCK HOON (WANG SHUFEN)

Date of Issue:

26 Jan 2021

Registration No.:

SMS2442R

Effective Date of Commencement:

18 Feb 2021 00:00

Chassis No.:

GK82100349

Certificate No.:

SI21V01297/ VPC / R01

Date of Expiry:

17 Feb 2022 23:59

Type of Certificate:

MX1

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.

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.

Limitations as to use:

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

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) 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 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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers: S\$500, Section I - Unnamed Drivers: S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

OVERSEA-CHINESE BANKING CORPORATION LTD

Name of Producer:

VENTURE CREDIT PTE LTD (A1451-2)

A1451-2/BJ2BA-AAT/SI21V01297/26-Jan-2021/MotorCI/v1.0