

NATIONAL Assessment Centre Services

Date In: 07/02/2022 15:59	Job description	Date & Time Completed	Done by
Ref No: NA/CT/22001151/m4	SAS e-filing		
Veh No: SJD 6247B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/01/2022 20:50	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKK 6363A	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

NA 2200315

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	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:-		
	OD*		
	*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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

at 1:

at 2/3:

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 15:59 (SGT)
Date of Accident	28/01/2022 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DOWNTOWN EAST MULTI STOREY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6247B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VICTORIA HOO PIN XIAN
NRIC No	SXXXX756H
Email Address	HOOVICTORIA@GMAIL.COM
Mobile Phone No	(Phone) +65-91780234
Alternative Phone No	+65-91780234

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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMPCSNW00138772100
Cover Note Number	-

DRIVER

Name of Driver	VICTORIA HOO PIN XIAN
NRIC No	SXXXX756H

Date Of Birth	22/08/1990
Occupation	Indoor
Date Of Driving Pass	23/04/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91780234
Alt. Phone Number	+65-91780234
Email Address	HOOVICTORIA@GMAIL.COM
Address	BLK 566 PASIR RIS STREET 51
Address complement	#13-118
Postcode	510566
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	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/20220128/7088

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK6363A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN 092227000 C Vehicle Registration No: SJD 6247B
Name (as shown in NRIC): VICTORIA HOO PIN XIAN NRIC/FIN/Passport No: S 9030756 H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 566 Pasir Ris Street 51 #13-118 Singapore (510566)
Contact (Tel): _____ Mobile No.: 9178 0234
Email Address: HOOVICTORIA@GMAIL.COM
Date of Accident: 28/01/2022 Time of Accident: 20:50
Place of Accident: _____
Insurance Company: CTI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- 1) Amend Location of Accident to : ^{downtown} ~~downtown~~ east multi storey carpark.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Pence
NRIC/FIN No.: _____
Date: 07/02/22

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

R 07/02/2022

Witnessed by Reporting Centre Personnel

Sketch Plan

No Sketch Available

Describe Circumstances of the Accident

— PLS refer to the police report: # G/20220128/7088. —

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

7 Feb 2022

 07/02/2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



G/20220128/7088

1 of 2

POLICE REPORT (NP299)

Report No. G/20220128/7088

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

Date/Time Report Made 28/01/2022 22:06	Vide Report No.	Station Diary No.
Name Of Informant VICTORIA HOO PIN XIAN	Address 566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566	
ID Type / ID No. NRIC NO / S9030756H	Contact No. Home/Office: Mobile: 91780234	
Nationality SINGAPORE CITIZEN	Email Address HOOVICTORIA@GMAIL.COM	
Occupation Director	Sex Female	Age 31
Institution/School Name	Date of Birth 22/08/1990	Race Chinese
Date/Time Of Incident 28/01/2022 20:40 - 28/01/2022 21:40	Location Of Incident 566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566	

Brief details.

Parked my car at downtown east multi storey carpark about 840 to 940pm.

Came back and saw my bumper all out of place. Someone hit and run. There r cctvs in placed and the security told me to make a police report so the footage can be accessed.

Please help me thank u so much.

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: 28/01/2022 22:06
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220128/7088

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220128/7088

Cars opposite have offered to take their footage and send to me as well.

Subjects Involved			
Suspect			
Person Name	Cctv footage needed		
Gender	Unknown		
Victim			
Person Name	VICTORIA HOO PIN XIAN		
ID Type	NRIC NO	ID No	S9030756H
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Director	Address	566 PASIR RIS STREET 51 #13-118 SINGAPORE 510566
Mobile No	91780234	Is Informant A Victim?	Yes
Person Name	VICTORIA HOO PIN XIAN (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:
28/01/2022 22:06

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 01 / 2022 (DD/MM/YYYY), TIME: 20 : 50 (HH:MM)

LOCATION: 566 Pasir Ris Street 51 #13-118 (S) 510566 (Multi Storey Carpark)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 6247B
 b) INSURANCE COMPANY: CTI
 c) POLICY NUMBER: DMACSNW00138772100
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) Auto / Manual (1595cc)
 e) MAKE & MODEL: Honda Civic
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: VICTORIA HOO PIN XIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9030756H CONTACT: 9178 0234
 c) ADDRESS: BLK 566 Pasir Ris Street 51 #13-118 (S) 510566

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 22 / 08 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23 / 4 / 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKK 6363 A 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: _____

Email = HOOVICTORIA@GMAIL.COM

fax =

VIDEO = Yes

Audio = Yes

* No of passengers
(including driver)
(0)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



Motor Private Car

MX1

N SN

BR0007A

Cov. Type:F

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. DMPCSNW00138772100

Engine No.: R16A13003301

Cha. No.:JHMF046208S201029

1. Index Mark and Registration Number of Vehicle SJD6247B

2. Name of Policy Holder VICTORIA HOO PIN XIAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 08/07/2021 (13:11:58)

4. Date of Expiry of Insurance 07/07/2022

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.

* 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: ANIKA INSURANCE BROKERS &
Authorised Officer

Authorised Signatory