

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 28/02/2022 17:13	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001891/m4	SAS e-filing		
Veh No: SMW 997Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/02/2022 09:30	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: Vch No: **SJC6485K** 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 2200540

Invoice Preparation Checklist

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) iT : 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

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 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	28/02/2022 17:13 (SGT)
Date of Accident	27/02/2022 09:30 (SGT)
Exact Location of Accident	27 Toa Payoh E, Block 27, Singapore 310027
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW997Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ THAMES ENGINEERING PTE . LTD.
Company Reg No	2XXXXX262N
Email Address	andy@sjthames.com
Mobile Phone No	(Phone) +65-96660997
Alternative Phone No	+65-96660997

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00201312100
Cover Note Number	-

DRIVER

Name of Driver	TAY JIANG HE
NRIC No	SXXXX044G



Date Of Birth	15/12/1987
Occupation	Indoor
Date Of Driving Pass	16/04/2007
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92222815
Alt. Phone Number	-
Email Address	zack@sjthames.com
Address	BLK 106D PUNGGOL FIELD
Address complement	#08-506
Postcode	824106
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	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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220227/2028

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	SJC6485K
Vehicle Manufacturer	Honda
Vehicle Model	Civic
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)	-

SKETCH PLAN

IMPORTANT NOTICE

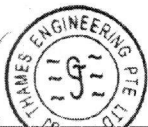
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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.



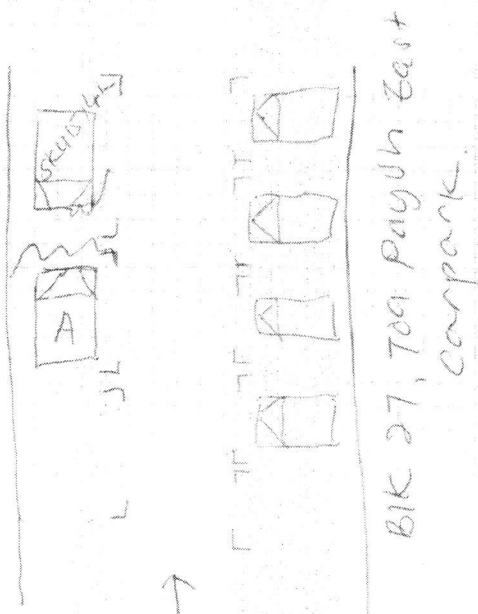
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

R 28/2/2022

Sketch Plan




A - SMW 997Z

B - SJC 6485K

refer to police report

7/20220227/2028

We declare the foregoing particulars are true in every respect.



8

28/2/2022



SINGAPORE POLICE FORCE



T/20220227/2028

1 of 3

Report No. T/20220227/2028

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2022 14:13		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: TAY JIANG HE			Address: APT BLK 106D PUNGGOL FIELD #08-506 SINGAPORE 824106		
ID Type / ID No.: NRIC NO / S8741044G			Contact No.: Home/Office: Mobile: 92222815		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 15/12/1987	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2022 09:30	Type of Location: Car Park
Location: TOA PAYOH EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC6485K	Car	HONDA	CIVIC 1.6L VTI AUTO	Silver		0
SMW997Z	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Silver	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220227/2028

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20220227/2028

CONTINUATION OF REPORT

Vehicle Owner			
Name	TAY JIANG HE	ID No.	S8741044G
Related Vehicle	SMW997Z (Car)	Contact No.	92222815
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/02/2022 at about 0930hrs, I left home and went to my car (SMW997Z) and I saw my bumper was detached from my car. I do not know what happened, however, I saw a note left behind by the Police department stating that my vehicle have been involved with an accident with another vehicle (SJC6485K) and to contact IO Yeo at 65476162 with reference to E/20220227/0054.

I am lodging this Police report as instructed by the IO.



**SINGAPORE
POLICE FORCE**



T/20220227/2028

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20220227/2028

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:
E / SGT 3 EDMUND TOH JING
WEN

Signature Of Interpreter:
Not applicable



Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Signature Of Informant:

Date/Time:
27/02/2022 14:13

Classification Of Case:

NP168

 SINGAPORE POLICE FORCE		SN 168
SIGNATURE		

VEHICLE NO:	Smw 997 Z	MAKE & MODEL:	Hyundai Avante (AUTO) / MANUAL
DATE OF ACCIDENT:	27/02/2022	CC:	1.6 (1591cc)
TIME OF ACCIDENT:	0930 HRS		
LOCATION OF ACCIDENT:	Bik 27, 70a Payoh East Carpark		
EXACT PURPOSE USE DURING ACCIDENT:	(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER:	SJ Thames Engineering Pte Ltd		
TEL NO:	H/P: 9666 0997	OFFICE:	HOME:
NRIC:	201100262N		
ADDRESS:	29, Mandai Estate #03-10 Innovation Place		
EMAIL:	andy@sjthames.com		S'729932
CLAIM TYPE:	OD (THIRD PARTY) / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE COMPANY:	China Taiping Insurance Pte Ltd		
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO:	DMPCSNW00201312100		
NAME OF DRIVER:	AS ABOVE LIF NO: TAY JIANG HE		
NRIC:	S 87410446	ANY PASSENGER:	0
DATE OF BIRTH:	15/12/1987	LICENCE PASSED DATE:	16/Apr/2007
OCCUPATION:	OUTDOOR (INDOOR)		
GENDER:	(MALE) / FEMALE		
CONTACT NO:	H/P: 92222815	OFFICE:	HOME:
ADDRESS:	Bik 106 D, Punggol Field #08-506 S'824106		
EMAIL:	Zack@sjthames.com		
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:	INSURER:	0
RELATIONSHIP:	Employee		
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:		
ROAD SURFACE:	(DRY) / WET / OTHER:		
ANY INJURIES:	(NO) / IF YES, WHO?		
NAME & CONTACT:	NIL		
NAME & CONTACT:	NIL		
POLICE REPORT:	NO (IF YES) WHERE? T/20220227/2028		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B REG NO:	SJC 6485K	ANY PASSENGERS:	
NAME OF DRIVER:		CONTACT NO:	
VEHICLE C REG NO:		ANY PASSENGERS:	
VEHICLE D REG NO:		ANY PASSENGERS:	
VEHICLE E REG NO:		ANY PASSENGERS:	
VEHICLE F REG NO:		ANY PASSENGERS:	
VEHICLE G REG NO:		ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)		
WAS THERE ANY AUDIO RECORDED?	YES / (NO)		
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO		
ACCIDENT PORTION:	front portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO	
WORKSHOP PARTICULAR:			
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:			
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n51.com.sg		



Motor Private Car

MX4F

N SN

BR0085A

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.

DMPCSNW00201312100

Engine No.: G4FGLU121419

Cha. No.:KMHD841CMLU100058

1. Index Mark and Registration
Number of Vehicle

SMW997Z

AUTOSAFE
=====

2. Name of Policy Holder

SJ THAMES ENGINEERING PTE. LTD.

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

14/10/2021
(00:00:00)

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

13/10/2022

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: FINANCIAL ALLIANCE PTE LTD
Authorised Officer


Authorised Signatory