

NATIONAL Assessment Centre Services

Date In: 29/03/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2200 2867/m4	SAS e-filing		
Veh No: Smw 1635L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/03/2022 16:25	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: SKA 3G	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 2200824	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Auditors' Comments :-	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Cat. 1:	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	TP (N11) : TP (Non INC) against INC \$20			
	9) 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	29/03/2022 13:16 (SGT)
Date of Accident	28/03/2022 16:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) BEFORE THOMSON ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1635L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEVIN HO CHOON WEI
NRIC No	SXXXX564F
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-97774322
Alternative Phone No	+65-97774322

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
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	DMHCSNW00004132100
Cover Note Number	-

DRIVER

Name of Driver	KEVIN HO CHOON WEI
NRIC No	SXXXX564F

Date Of Birth	23/12/1981
Occupation	Outdoor
Date Of Driving Pass	28/02/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97774322
Alt. Phone Number	+65-97774322
Email Address	abc8627e@gmail.com
Address	BLK 99 ALJUNIED CRESCENT
Address complement	#11-395
Postcode	380099
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	GRAB FEMALE PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220328/7066.

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	SKA3G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ8906E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SME3471Z
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	KEVIN HO CHOON WEI
Gender	Male
Phone No	(Phone) +65-97774322
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMW1635L
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' 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

Sketch Plan

veh A: SMW1635L
veh B: SKA3G
veh C: SLZ 8906E
veh D: SME3471Z

PIE (Change) before
Thomson Road Exit.

Describe Circumstances of the Accident


Handwritten notes in blue ink:


✓ Person And police Report: T/20220328/7066

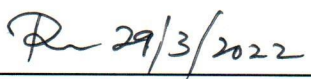
Large scribbles and a large 'X' mark.

Declaration

I/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

ON THE STATED DATE AND TIME. I, VEHICLE A (SMW1635L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(CHANGI) BEFORE THOMSON ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE.

SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SLZ8906E) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKA3G) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT THIS IS A 4CARS CHAIN COLLISION.

I ALSO WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR.

VEHICLE A : SMW1635L

VEHICLE B : SKA3G

VEHICLE C : SLZ8906E

VEHICLE D : SME3471Z

A handwritten signature in blue ink, appearing to be 'S. M. H.', is located to the right of the vehicle list.



SINGAPORE POLICE FORCE



T/20220328/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220328/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2022 22:06	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KEVIN HO CHOON WEI		Address: 99 ALJUNIED CRESCENT #11-395 SINGAPORE 380099	
ID Type / ID No.: NRIC NO / S8140564F		Contact No.: Home/Office: Mobile: 97774322	
Nationality: SINGAPORE CITIZEN		Email: kevinhocw@gmail.com	
Sex: Male	Age: 40	Date of Birth: 23/12/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2022 16:25	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKA3G	Car					0
SLZ8906E	Car					0
SME3471Z	Car					0
SMW1635L	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) ELITE	Red		0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW1635L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000041 32100	29/04/2021	28/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KEVIN HO CHOON WEI		ID No. S8140564F
Related Vehicle	SMW1635L (Car)		Contact No. 97774322
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

ON THE STATED DATE AND TIME. I, VEHICLE A (SMW1635L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(CHANGI) BEFORE THOMSON ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SLZ8906E) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKA3G) THAT HAD COLLIDED ONTO MY VEHICLE.

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VEHICLE A : SMW1635L

VEHICLE B : SKA3G

VEHICLE C : SLZ8906E

VEHICLE D : SME3471Z



**SINGAPORE
POLICE FORCE**



T/20220328/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220328/7066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

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

Date/Time:
28/03/2022 22:06

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/3/2022	Time: 16:25hr	(hh:mm) 24 hr format
Location PIE (Changi) Before Thomson Rd Exit		
Vehicle Number SMW1635L (A)		
Insured Name Kevin Ho Choon Wei		
NRIC / FIN S8140564F	Contact Number 9777 4322	
Make Hyundai	Model Avante (1591cc)	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company China Taiping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMHCSN W00004132100		
Name of Driver	(✓) Same as Insured	
NRIC / FIN	Contact Number	
Date of Birth 23/12/1981		
Driving Pass Date 28 Feb 2002		
Occupation () Indoor (✓) Outdoor		
Gender (✓) Male () Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver 99 Aljunied Crescent #11-395 (S) 380099		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions () Clear (✓) Raining () Others		
Road Surface () Dry (✓) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? (✓) Yes () No		
If yes, injured detail Driver (SMW 1635L)		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? (✓) Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SKA3G		
Veh C SLZ8906E		
Veh D SME3471Z		
Veh E		
Veh F		

1 passenger

① Grab Female passenger



Motor Hire Car

MZ406L/B

N SN

AN0621A

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.

DMHCSNW00004132100

Engine No.: G4FGKU094690

Cha. No.:KMHD841CMKU865794

1. Index Mark and Registration
Number of Vehicle

SMW1635L

AUTOSAFE

=====

2. Name of Policy Holder

KEVIN HO CHOON WEI

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

29/04/2021
(11:34:24)

Excess Sect. I .

S\$1,250.00

Excess Sect. I (Outside Singapore)

S\$2,500.00

Excess Sect. II

S\$1,250.00

4. Date of Expiry of Insurance

28/04/2022

Excess Sect.II (Outside Singapore).

S\$2,500.00

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

KEVIN HO CHOON WEI

6. Limitations as to use:*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD

* 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: IMOTOR INSURE
Authorised Officer

Authorised Signatory