

NATION 17 Assessment Centre Services

SM224B005

| | | | |
|---------------------------|--|------------------------|----------|
| Date In: 11/04/2022 19:58 | Description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA220033174 | E-mail (within str. Alt. 2hrs): | | |
| Veh No: SJS 26688 | i-Motor Claim Form | | |
| DGA: 08/04/2022 19:15 | i-Motor W/O (within 04 hrs. TP 4hrs) | | |
| DD: TP Reporting Only | i-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMM 1990M 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 |
|-----------|---------|
| | |
| | |
| | |

| 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 (\$30) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: idac DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services:- | |
| | Q11: | |
| | * 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: Blue Mobile \$0 | |
| | Invoice dated / Fee Charge / | |
| | Invoice dated / Fee Charge / | |

NA2200969

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 | 11/04/2022 17:55 (SGT) |
| Date of Accident | 08/04/2022 19:15 (SGT) |
| Exact Location of Accident | Choa Chu Kang Ave 4, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJS2668S |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | SUM KAH WAI MELVIN |
| NRIC No | SXXXX625E |
| Email Address | sum_kah_wai_melvin@moe.edu.sg |
| Mobile Phone No | (Phone) +65-92292812 |
| Alternative Phone No | +65-92292812 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsuoka |
| Model | NOUERA |
| 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 | 1998 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00060552200 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | SUM KAH WAI MELVIN |
| NRIC No | SXXXX625E |

| | |
|--|-------------------------------|
| Date Of Birth | 11/11/1975 |
| Occupation | Indoor |
| Date Of Driving Pass | 09/07/1996 |
| Driving experience | 25 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92292812 |
| Alt. Phone Number | +65-92292812 |
| Email Address | sum_kah_wai_melvin@moe.edu.sg |
| Address | 17 JALAN RAJAH #14-01 |
| Address complement | - |
| Postcode | 329137 |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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? | Yes |
| Police Station Name | Tanglin Division Headquarters |
| Police Station Phone No | (Phone) +65-18003910000 |
| Alt. Police Station Phone No | (Fax) +65-63964900 |
| Police Station Address | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20220409/7021

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 | SMM1990M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|----------------------|
| Name of Driver | SNG HONG DING, ERIC |
| Contact Number | (Phone) +65-92971329 |
| 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 | SUM KAH WAI MELVIN |
| Gender | Male |
| Phone No | (Phone) +65-92292812 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SJS2668S |
| 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.

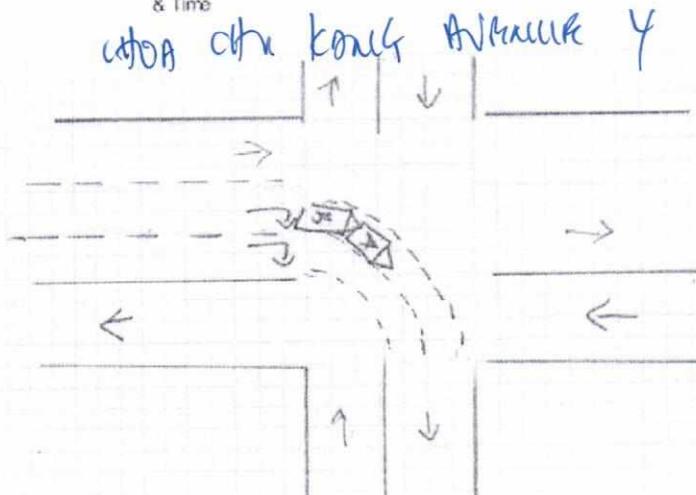


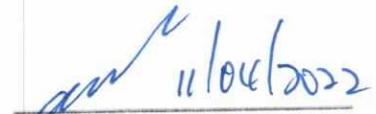
Policyholder's Signature / Date & Time

Sketch Plan



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




11/04/2022
Witnessed by Reporting Centre Personnel

A = SJS 26685

B = SMJ 1990M

Describe Circumstances of the Accident

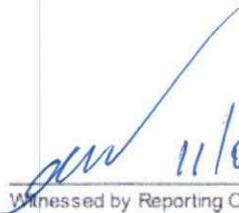
AS
Police
E/20220409/7021
report

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date &

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

 11/04/2022
Witnessed by Reporting Centre



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220409/7021

I am going for a physical check at Tan Tock Seng Hospital on 9 April to see if there's any possible injury.

| Subjects Involved | | | |
|-------------------|--------------------------------|---------------------------|---|
| Victim | | | |
| Person Name | SUM KAH WAI MELVIN | | |
| ID Type | NRIC NO | ID No | S7534625E |
| Gender | Male | Age | 46 |
| Race | Chinese | Language | English |
| Occupation | Secondary school teacher | Address | 17 JALAN RAJAH #14-01 SINGAPORE 329137 |
| Mobile No | 92292812 | Is Informant A Victim? | Yes |
| Person Name | SUM KAH WAI MELVIN (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:
09/04/2022 13:28

Classification Of Case:

Motor Private Car

 MX1F
 N SN
 AN0444A
 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. | DMPCSNW00060552200 | Engine No.: K20A6043027 Cha. No.:CL73202572 |
| 1. Index Mark and Registration Number of Vehicle | SJS2668S | AUTOSAFE ===== |
| 2. Name of Policy Holder | SUM KAH WAI MELVIN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 14/03/2022 (00:00:00) | Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: |
| 4. Date of Expiry of Insurance | 13/03/2023 | 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 |
| 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. 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


 Issued By: _____
 META AGENCY PTE LTD
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Authorised Signatory

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 08 / 04 / 2022 (dd/mm/yy) Time of Accident: 19 : 15 (24-HR-FORMAT)

Vehicle No.: SIS 2668S Vehicle Make & Model / Engine (cc): Mitsuba Nadeira Private Hire: (Y / N)

Exact location of Accident: Chua Chu Kong Ave 4

Policyholder's Name / IC No.: Sum Kah Wai Melvin ROC/UEN (Company): ~~S753462E~~ S7534625E

Driver's Name / IC No.: _____ (As Above)

Driver's Contact No.: 9229 2812 Company Contact No / Owner Contact No: _____

Driver's Address: 17 Jalan Rajah #14-01 (S)329137

Owner Email address: sum.kah.wai.melvin@moe.edu.sg Insurance Company: China Taiping Insurance

Driver Email address: _____ OMP CSN W000 6055300

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____ 11/11/1975 09/07/1996

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)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: NO Gender: Male / Female ()

*Passenger Name: NO 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 Camera? Yes / No Remarks: _____

Any Injuries: Yes / No (If YES) Injured Person's Name: Sum Kah Wai Melvin

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Shg Hong Ding, ERIC Vehicle No: SMM 1990M

Driver's Contact No: 9297 1329 Insurance Company: _____

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

Driver's Contact No: _____ Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____