

NATIONAL Assessment Centre Services

Date In: 17/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2200 4579/m4	SAS e-filing		
Veh No: SMF 1140L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/05/2022 11:15	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SJU 8729 A	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 2201332	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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		
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)		
Contact No:	6) TR : Re-inspection \$75		
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	17/05/2022 16:33 (SGT)
Date of Accident	14/05/2022 11:15 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1140L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SOK TENG
NRIC No	SXXXX949D
Email Address	Philip.ong531@gmail.com
Mobile Phone No	(Phone) +65-97261835
Alternative Phone No	+65-97261835

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00205602101
Cover Note Number	-

DRIVER

Name of Driver	ONG PHANG KOK
NRIC No	SXXXX071J

Date Of Birth	27/05/1950
Occupation	Indoor
Date Of Driving Pass	13/01/1970
Driving experience	52 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150507
Alt. Phone Number	-
Email Address	Philip.ong531@gmail.com
Address	BLK 531 JELAPANG ROAD
Address complement	#11-07
Postcode	670531
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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	NG SOK TENG
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/20220514/7026

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	SJU8729A
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	GBK5582Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	SHA9397X
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	ONG PHANG KOK
Gender	Male
Phone No	(Phone) +65-98150507
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMF1140L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SOK TENG
Gender	Female
Phone No	(Phone) +65-97261835
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMF1140L
Were seat belts worn?	-
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' 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.

[Signature]

[Signature]

R 17/5/22

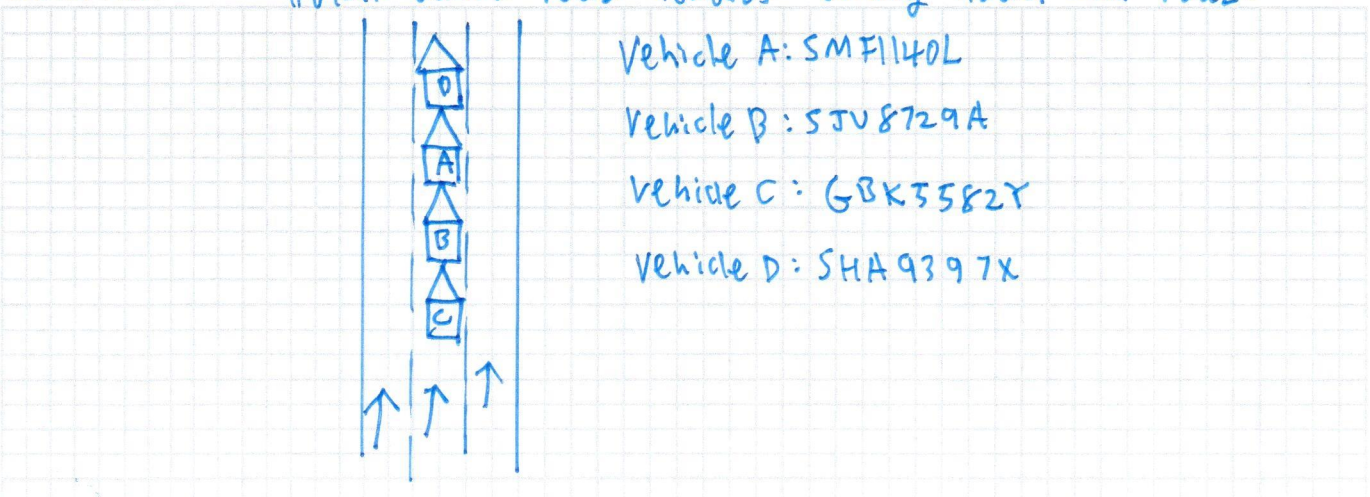
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit batok road towards Jurong town hall road.



Describe Circumstances of the Accident

I was travelling along Bukit batok road towards Jurong Town hall road. The vehicle in front of me slow down and stop. I followed to slow down and stop without any contact with the front vehicle. Suddenly I felt a huge impact from the rear of my vehicle. The impact causes my vehicle to shift forward and hit onto the vehicle in front of me. I got down & realized I was involved in a 4 car chain collision, and I was the second vehicle.

Police Report Attached: T/20220514/7026.

Declaration

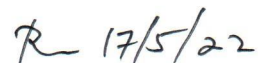
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2022 14:41		Vide Report No.: J/20220514/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG PHANG KOK			Address: 531 JELAPANG ROAD #11-07 SINGAPORE 670531		
ID Type / ID No.: NRIC NO / S0973071J			Contact No.: Home/Office: Mobile: 98150507		
Nationality: SINGAPORE CITIZEN			Email: philip.ong531@gmail.com		
Sex: Male	Age: 71	Date of Birth: 27/05/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retire			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2022 11:15	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5582Y	Lorry					0
SHA9397X	Car					0
SJU8729A	Car					0
SMF1140L	Car					0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NG SOK TENG	ID No.	S1490949D
Related Vehicle	SMF1140L (Car)	Contact No.	97261835
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022	Date	14/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ONG PHANG KOK	ID No.	S0973071J
Related Vehicle	SMF1140L (Car)	Contact No.	98150507
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022	Date	14/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was traveling along Bukit Batok road towards Jurong town hall road. I was traveling on my own lane. The vehicle Infront of me slow down and stop, I followed to slow down and stop without any contact with the front vehicle. Suddenly I felt a huge impact from the rear portion of my vehicle. The impact pushes my car forward and hit onto the vehicle Infront of me. I got down and realised I was involved in a 4 car collision and I was the 2nd vehicle.



**SINGAPORE
POLICE FORCE**



T/20220514/7026

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

3 of 3

Report No. T/20220514/7026

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 /
DAVID YAP
Contact No.: 65476138

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

Date/Time:
14/05/2022 14:41

Classification Of Case:

VEHICLE NO: SMF1140L

MAKE & MODEL : Subaru Forester

AUTO / MANUAL

DATE OF ACCIDENT	14 / 05 / 2022	*C.C.	1995cc
TIME OF ACCIDENT	11:15	AM / PM	
LOCATION OF ACCIDENT	Bukit Batok road towards Jurong Town hall road.		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	ING SOK TENG		
EMAIL	Philip.ong531@gmail.com	Office	MOBILE: 9726 1835
NRIC	S1490949D		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO?		
INSURANCE CO.			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	/ IF NO. ONG PHANG KOK		
NRIC	S0973071J		
DATE OF BIRTH	27 / 05 / 1950		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER	NG SOK TENG		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	13 / 01 / 1970		
GENDER	Male / Female		
CONTACT NO.	Mobile: 98150507	Office:	Home:
EMAIL			
ADDRESS	531 Telapang road, #11-07 S (670531)		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER
RELATIONSHIP	Employee / If No: Husband		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who? ONG SOK TENG (2) ONG PHANG KOK		
CONTACT NO.	9726 1835		
POLICE REPORT	No / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?		
VEHICLE B NO.	SJUG729A	Any Passenger:	
NAME			
CONTACT NO.			
VEHICLE C NO.	GBK5582Y	Any Passenger:	
VEHICLE D NO.	SHA9397X	Any Passenger:	
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

Motor Private Car

MX1F

R SN

AN0420A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00205602101

Engine No.: FB20YE38887

Cha. No.: JF1SJ5KC5JG112817

1. Index Mark and Registration
Number of Vehicle

SMF1140L

2. Name of Policy Holder

NG SOK TENG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment29/10/2021
(00:00:00)

Named Drivers Ex Sect. I \$S\$1,500.00

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

28/10/2022

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.

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.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

* 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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory