

NATIONAL Assessment Centre Services: [wef 1 Jan 08] SMO8225-10002

Date In: 18/05/2022 11:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 18A/C722004627/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SMO 8790A	1-Motor Claim Form		
D.O.A: 17/05/2022 19:45	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
OD: TP / Reporting Only	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: SCE 183A	INC () / Non-INC ()	
Owner / Driver: (Tel:)		
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: Time:)			
Insured/Driver Liability: (%) [Note-Bst. 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

<p>NA2201356</p> <p>Insurance Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>L 1:</p> <p>L 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table style="width: 100%;"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30;</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">OD*</td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile</td> <td>\$30</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	Item	Amount (\$)	Remarks	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;			For claiming against INC Only (wef 10 Jan 2003)			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	
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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	18/05/2022 11:42 (SGT)
Date of Accident	12/05/2022 19:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	AFTER TOA PAYOH LORONG 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8790G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO CHIN SENG
NRIC No	SXXXX504B
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-93228865
Alternative Phone No	+65-93228865

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00013812100
Cover Note Number	-

DRIVER

Name of Driver	NEO CHIN SENG
NRIC No	SXXXX504B

Date Of Birth	18/12/1963
Occupation	Outdoor
Date Of Driving Pass	20/09/1989
Driving experience	32 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93228865
Alt. Phone Number	+65-93228865
Email Address	citizenpower555@gmail.com
Address	BLK 316C PUNGGOL WAY #02-705
Address complement	-
Postcode	823316
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	TAN CHOON KEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20220512/7052

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	SKE1833A
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 SLB2446G
 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 NEO CHIN SENG
 Gender Male
 Phone No (Phone) +65-93228865
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMQ8790G
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TAN CHOON KEE
 Gender Female
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMQ8790G
 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.

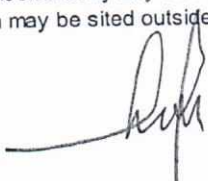
(collectively the "Purposes")

(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

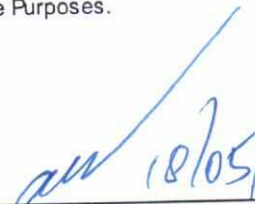
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time



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

 18/05/2022

Witnessed by Reporting Centre
Personnel

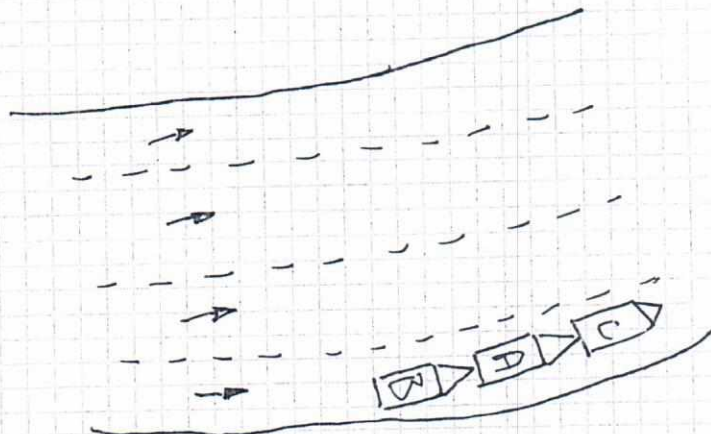
Sketch Plan

PIE CHANGI AFTER TOA PAYOH LOR 6

VEH A = SMQ8790G

VEH B = SKE1833A

VEH C = SLB 24466



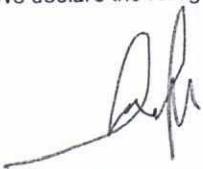
Describe Circumstances of the Accident

- REFER TO POLICE REPORT -

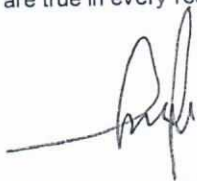
E/20220512/7052

Declaration

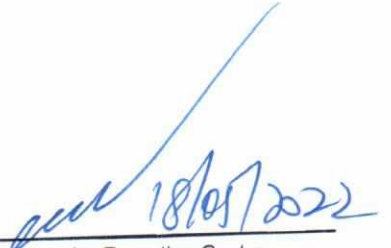
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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



18/05/2022

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



E/20220512/7052

1 of 2

POLICE REPORT (NP299)

Report No. E/20220512/7052

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 12/05/2022 23:49	Vide Report No.	Station Diary No.
Name Of Informant NEO CHIN SENG	Address 316C PUNGGOL WAY #02-705 SINGAPORE 823316	
ID Type / ID No. NRIC NO / S1579504B	Contact No. Home/Office: Mobile: 93228865	
Nationality SINGAPORE CITIZEN	Email Address neochinseng@gmail.com	
Occupation Self Employed	Sex Male	Age 58
Institution/School Name	Date of Birth 18/12/1963	Race Chinese
Date/Time Of Incident 12/05/2022 19:45	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the stated date and time, I was driving my vehicle SMQ8790G along PIE(Changi) when I had gradually come to a stop due to traffic conditions after TPY Exit.

Moments later, a massive impact slammed into the rear of my vehicle resulting in my vehicle surging forward.

My vehicle hit onto the front vehicle, SLB2446G, as a result.

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: 12/05/2022 23:49
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220512/7052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220512/7052

The unexpected impact resulted in me jamming my left arm into the steering wheel and my left foot knocking against the underside of the dashboard.

Upon alighting, I realised that I was involved in a 3 car chain collision involving:

SLB2446G
SMQ8790G
SKE1833A

where my vehicle was the middle vehicle.

However, by the time I alighted, the front vehicle had left the scene.

I was ferrying a female passenger, Miss Tan Choon Kee, when the accident happened.

Shortly after the accident, I started feeling aches and soreness over neck, shoulders, lower back, left arm and left feet.

Hence, I proceeded to Wong Family Clinic & Surgery near Miss Tan's place to seek treatment after dropping her back at her place.

I was given 3 days MC for injuries caused by the accident.

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: 12/05/2022 23:49
Officer In-Charge Of Case:	Classification Of Case:

(M)

Date of Accident : 12/05/2022 Accident Time: 1945 (24-HR-Format)
Accident Place : PIE CHANGI AFTER TOA PAYOH LOR 6
Vehicle No. (Car Plate No.) : SMQ8790G Make/Model: HONDA VEZEL
Insurance Company : CN TAIPING Policy No: DMHCSNW000/3812100
Owner or Company Name / IC No. : NEO CHIN SENG S1579504B
Owner or Company Contact No. : 93228865 Owner's Hp / Company Tel
DRIVER'S Name / IC No. : /
DRIVER'S Date Of Birth : 18/12/1963 DRIVER'S License Pass Date 16/08/1982
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : BLK 316C PUNGGOL WAY #02-705 S823316
DRIVER'S Contact No./ Alt No. : 1) / 2) /
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : CITIZENPOWER SSS@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 1) DRIVER CM) 2) TAN CHOON KEE CF)

Other Party Driver's Particular (if any)

(B)
Vehicle No: SKE 1833 A Vehicle No: SLB 2446 G
Vehicle Make/Model: Vehicle Make/Model:
Name Driver: Name Driver:
IC No. Driver/Contact: IC No. Driver/Contact:

* NEW - Passenger's name & gender:

① TAN CHOON KEE FEMALE

Motor Hire Car

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)

N SN

AN0580A

Cov. Type:C

CERTIFICATE No. DMHCSNW00013812100

Engine No.: L15B5571433

Cha. No.:RU11321395

1. Index Mark and Registration
Number of Vehicle

SMQ8790G

AUTOSAFE
=====

2. Name of Policy Holder

NEO CHIN SENG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment06/12/2021
(00:00:00)

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

05/12/2022

Excess Sect.II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

5. Persons or Classes of Persons entitled to drive*

6. Limitations as to use:*

HIRE PURCHASE CO. : SGCARMART FINANCIAL SERVICES P/L

* 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: _____

ODDS & EVANS
Authorised Officer

Authorised Signatory