

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

810822500003

Date In: 24/05/2022 13:01	Job description	Date & Time Completed	Done by
Ref No: NPA/1222004880/Y	SAS e-filing		
Veh No: SNA 5876K	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/05/2022 08:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLY 2684B

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

NA220/407

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:

t. 1:

t. 2 / 3:

Invoice Preparation Checklist

Am (C)

Am (B)

Am (A)

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) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao 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: Idao 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	24/05/2022 13:01 (SGT)
Date of Accident	19/05/2022 08:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	AFTER PUNGGOL EAST FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5876K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THAM TZE JONG
NRIC No	SXXXX354H
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-94508832
Alternative Phone No	+65-94508832

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCNA00185332100
Cover Note Number	-

DRIVER

Name of Driver	THAM TZE JONG
NRIC No	SXXXX354H



Date Of Birth	15/12/1980
Occupation	Indoor
Date Of Driving Pass	20/08/2013
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94508832
Alt. Phone Number	+65-94508832
Email Address	citizenpower555@gmail.com
Address	20 MARGARET DRIVE #39-03
Address complement	-
Postcode	149312
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)	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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20220519/7016

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	SLV2694B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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	SBF1000M
Vehicle Manufacturer	BMW
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	THAM TZE JONG
Gender	Male
Phone No	(Phone) +65-94508832
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA5876K
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;

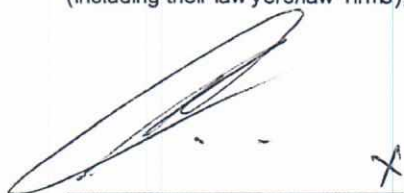
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

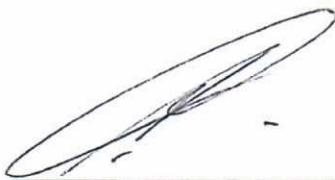
(collectively the "Purposes")

(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



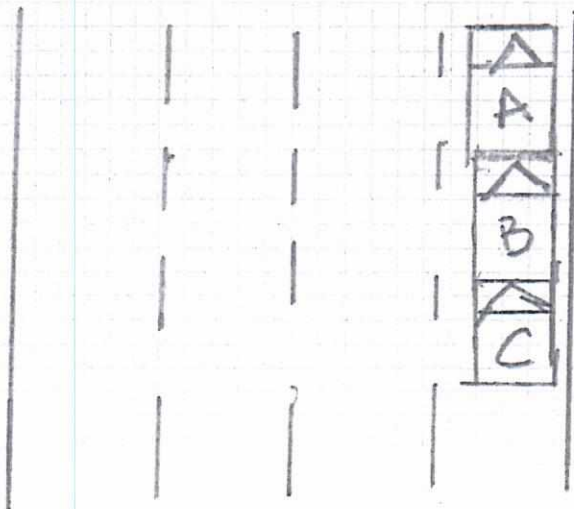
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

24/05/2022

Sketch Plan

BEFORE TOWARD CHANG
AFTER REVERSE EXIT



CAR A SNA 5876K
CAR B SLV 2694B
CAR C SBF 1000M

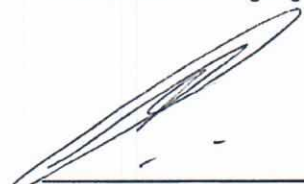
Describe Circumstances of the Accident

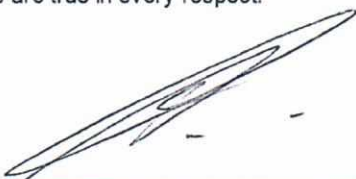
— REFER TO POLICE REPORT —


F/20220519/7016

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

 24/05/2022
Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



F/20220519/7016

1 of 1

POLICE REPORT (NP299)

Report No. F/20220519/7016

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 19/05/2022 09:58	Vide Report No.		Station Diary No.	
Name Of Informant THAM TZE JONG	Address 20 MARGARET DRIVE #39-03 SINGAPORE 149312			
ID Type / ID No. NRIC NO / S8041354H	Contact No. Home/Office: Mobile: 94508832			
Nationality SINGAPORE CITIZEN	Email Address TTJAKIRA22@HOTMAIL.COM			
Occupation Social work associate	Sex Male	Age 41	Date of Birth 15/12/1980	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 19/05/2022 08:00	Location Of Incident TPE 11KM			

Brief details.

Chain car accident involved with 1st front Audi A6 (sna5976k) 2nd Honda vezel slv 2694b and 3rd also last Bmw 5 Series sbf1000m at Tpe just after Ponggol east flyover. No one was injured at the point of time when ask. Insurance will be cliam.

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: 19/05/2022 09:58
Officer In-Charge Of Case:	Classification Of Case:

VEHICLE NO: 3NA 5876 K

MAKE & MODEL: AUDI A6

AUTO / MANUAL

DATE OF ACCIDENT	19/06/2022	*C.C.
TIME OF ACCIDENT	8:00 AM / PM	
LOCATION OF ACCIDENT	TPE AFTER PUNGGOL EAST FLYOVER	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	THAM TZE JOHNS.	
EMAIL	CITIZENPOWER555@GMAIL.COM	
NRIC	S8041354H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	CHINA THAI PING.	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNA 00185332100	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC		
DATE OF BIRTH	15/8/1980	
ANY PASSENGER	YES / <u>NO</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	20/08/2013	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile, Office, Home,	
EMAIL		
ADDRESS	20 MARGARET DRIVE #39-03	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER	
RELATIONSHIP	Employee / <u>NO</u> Self	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>(Dry)</u> / Wet / Other.	
ANY INJURIES	No / <u>If yes: Who?</u> 1) DRIVER	
CONTACT NO.		
POLICE REPORT	No / <u>If yes: Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	<u>(2)</u> SLV 2694 B Any Passenger.	
NAME		
CONTACT NO.		
VEHICLE C NO.	<u>(2)</u> SBF1000M Any Passenger.	
VEHICLE D NO.	Any Passenger.	
VEHICLE E NO.	Any Passenger.	
VEHICLE F NO.	Any Passenger.	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

DR0555P

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. DMPCSN00185332100

Engine No.: CYP014385

Cha. No.:WAUZZZ4G8GN152465

1. Index Mark and Registration
Number of Vehicle

SNA5876K

AUTOSAFE
=====

2. Name of Policy Holder

THAM TZE JONG

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

09/09/2021
(09:18:57)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

08/09/2022

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 \$S1,000 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: Yeo Kok Wei Joel
Authorised Officer

Authorised Signatory