

NATIONAL Assessment Centre Services

Date In: 28/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/C122006138/13	SAS e-filing		
Veh No: SMJ 8448H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 27/06/22 10/17	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: GBC5081T	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

NA2201778	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	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:-		
	OP*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$0		
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	28/06/2022 14:35 (SGT)
Reported by	Driver
Date of Accident	27/06/2022 10:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNC OF HOUGANG AVE 3 & HOUGANG ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8448H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YUE SI HUI(YU SIHUI)
NRIC No	SXXXX441C
Email Address	design.mlkshke@gmail.com
Mobile Phone No	(Phone) +65-84482681
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Infiniti
Model	Q50
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00066002201

DRIVER

Name of Driver	CHANG SHO-WEI,MOSES
NRIC No	SXXXX6581
Date Of Birth	30/08/1983
Occupation	Indoor

Date Of Driving Pass	18/08/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87539945
Alt. Phone Number	-
Email Address	design.mlkshke@gmail.com
Address	BLK 55 UPPER SERANGOON VIEW
Address complement	#05-11
Postcode	534018
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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/20220627/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5081T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHANG SHO-WEI,MOSES
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMJ8448H
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

 28/06/2022
10am

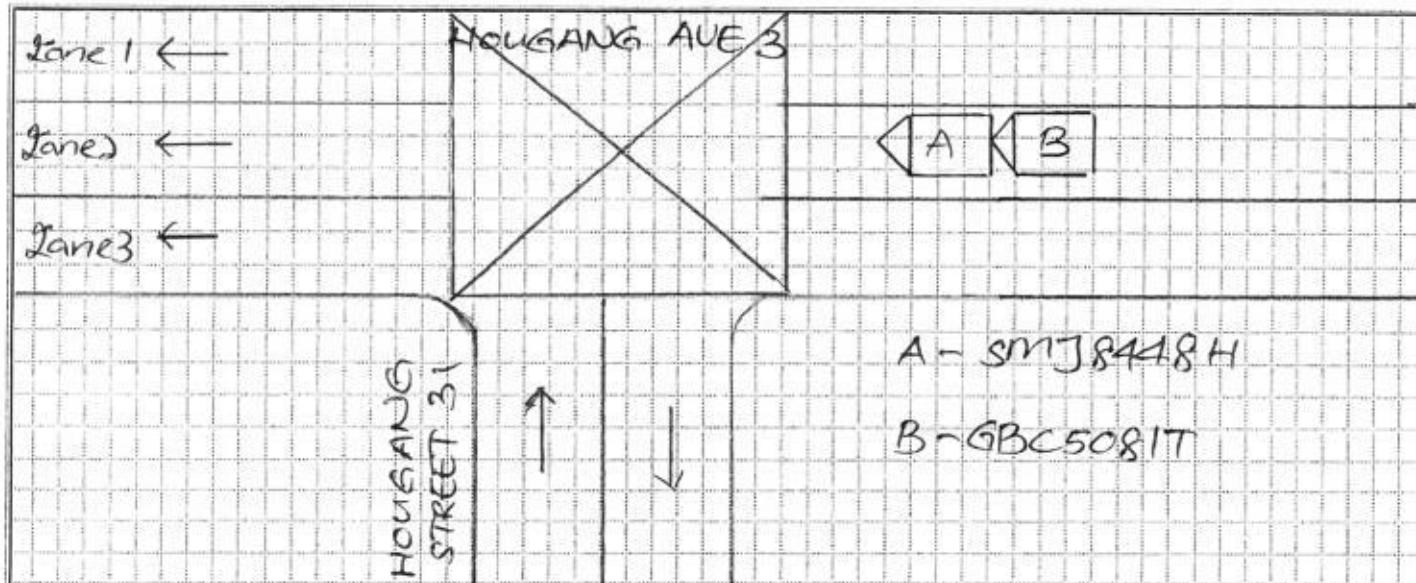
Policyholder's Signature / Date & Time

 28/06/2022
10am

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

ROSLINDA BINTE A-WAHQA
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 28/06/22

Sketch Plan



Describe Circumstance of the Accident

ON 27/06/2022 AT ABOUT 1017HRS, I WAS TRAVELLING ALONG HOUSANG AVENUE 3. WHEN I WAS APPROACHING NEAR TO HOUSANG STREET 31, THE VEHICLE IN FRONT OF ME CAME TO A STOP. I FOLLOWED SUIT. VEHICLE B WAS UNABLE TO STOP ON TIME AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE. FOR MORE DETAILS, REFER TO POLICE REPORT: T/20220627/7041 ATTACHED

Declaration

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



28/06/22
10am

Policyholder's Signature / Date & Time



28/06/22
10am

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

ROSLINDA BINTE AWAHA

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220627/7041

1 of 3

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

Report No. T/20220627/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2022 18:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHANG SHO-WEI, MOSES			Address: 55 UPPER SERANGOON VIEW #05-11 SINGAPORE 534018		
ID Type / ID No.: NRIC NO / S8326658I			Contact No.: Home/Office: Mobile: 87539945		
Nationality: SINGAPORE CITIZEN			Email: DESIGN.MLKSHKE@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 30/08/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DESIGNER		Driving Licence Information: Class: 3A Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2022 10:15	Type of Location: T-Junction
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBC5081T	Van	TOYOTA		Silver		0
SMJ8448H	Car	INFINITI	Q50	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



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
SMJ8448H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000660 02201	23/03/2022	27/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WONG PEY RUM		ID No.	G7297688L
Related Vehicle	GBC5081T (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	CHANG SHO-WEI, MOSES		ID No.	S8326658I
Related Vehicle	SMJ8448H (Car)		Contact No.	87539945
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	27/06/2022		Date	27/06/2022
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

ON 27.06.2022 AT ABOUT 1017HRS, I WAS TRAVELLING STRAIGHT ROAD ALONG HOUGANG AVENUE 3. WHEN I WAS APPROACHING NEAR TO HOUGANG STREET 31, THE VEHICLE IN FRONT OF ME CAME TO A STOP. I FOLLOWED SUIT. GBC5081T WHO WAS BEHIND ME WAS UNABLE TO STOP ON TIME AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I WAS FEELING PAIN ON MY NECK AND LOWER BACK AREA AND SOUGHT MEDICAL ASSISTANCE AT PARKWAY EAST HOSPITAL AND WAS BEING GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220627/7041

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

3 of 3

Report No. T/20220627/7041

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
27/06/2022 18:04

Classification Of Case:

VEHICLE NO: SMJ 8448 H

MAKE & MODEL: INFINITI Q50

AUTO MANUAL

DATE OF ACCIDENT	27 / 6 / 22	*C.C. 1991
TIME OF ACCIDENT	10.17	AM / PM
LOCATION OF ACCIDENT	7-Junction of Hougang Ave 3 & Hougang	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT (PRIVATE USE)	PRIVATE HIRE ST 31.
NAME OF OWNER	YUE SIHUI	Email: design-mlkshake@gmail.com
TELP NO	Mobile: 8448 2681	Office: - Home: -
NRIC	S8102441C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	CHINA TAIPIING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSNW00066002201	
NAME OF DRIVER	AS ABOVE / IF NO: CHANG SHO-WEI, MOSES	
NRIC	S326658 I	
DATE OF BIRTH	30 / 08 / 1983	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 08 / 2021	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8753 9945	Office: - Home: -
EMAIL		
ADDRESS	BLK 55, UPPER SERANOM NEW #05-11 S(534018)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER.	
RELATIONSHIP	Employee / If No: SPOUSE	
WEATHER CONDITION	Clear / Raining / Other,	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	NO If yes: Who? CHANG SHO-WEI, MOSES	
CONTACT NO.	8753 9945	
POLICE REPORT	NO If yes: Where? TRAFFIC POLICE	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	GBC 5081 T	Any Passenger: NO
NAME		
CONTACT NO.		
VEHICLE C NO.	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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		



Motor Private Car

MX1F

R SN

AN0006A

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. DMPCSNW00066002201

Engine No.: 274AE078079A

Chassis No.: JN1BCAV3720530122

1. Index Mark and Registration Number of Vehicle SMJ8448H

2. Name of Policy Holder YUE SI HUI (YU SHUI)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 28/03/2022 (00:00:00)

Named Drivers Ex Sect. I S\$750.00

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\$350.00

4. Date of Expiry of Insurance 27/03/2023

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.: OCBC BANK 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: ALFA CREDIT PTE LTD
Authorised Officer

Authorised Signatory