

ATTIONAL Assessment Centre Services: (wef 1 Jan 08) **SN08227K0091**

Date in: 20/07/2022 16:25	Job description	Date & Time Completed	Done by
Ref No: NBA/C712200 6883/4	SAS e-filing		
Veh No: SLD 92908	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/07/2022 13:50	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (W/thin: 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: Vch No: **84D 3417X** 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	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

NA2201917

Claimant's Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	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:-		
	ON:		
C Checked by (Engr-In-Charge):	*N3: 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 \$0		
	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	20/07/2022 16:25 (SGT)
Reported by	Owner
Date of Accident	19/07/2022 13:50 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9290G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HOON WEN HAO, LEONARD
NRIC No	SXXXX845E
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-81136841
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2353

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00113232100

DRIVER

Name of Driver	HOON POH TECK
NRIC No	SXXXX077C
Date Of Birth	22/07/1960
Occupation	Outdoor

Date Of Driving Pass	27/02/1984
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9875625
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	BLK 208 TOA PAYOH NORTH #12-1263
Address complement	-
Postcode	310208
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	Yes
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSK2215
Vehicle Category	Motorcycle

PASSENGER 1

Name	LUCAS HOON SHI HONG
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20220720/7031

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3417X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	SLW9954A
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 3

Vehicle Registration Number	JSK2215
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 4

Vehicle Registration Number	SKD3318M
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	LUCAS HOON SHI HONG
Gender	Male
Phone No	(Phone) +65-81136841
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLD9290G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	HOON POH TECK
Gender	Male
Phone No	(Phone) +65-93875625
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLD9290G
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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

VEHICLE:	
A: SLD 92906	
B: SHD 3417X	
C: SLW 9954A	
D: JSK 2213	
E: SKD 3318M	

ANG MO KIE

AV23

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

T/20220720/7031

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

20/07/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220720/7031

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

1 of 4

Report No. T/20220720/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2022 15:18		Vide Report No.: F/20220719/0095		Station Diary No.:	
Informant's Particulars					
Name of Informant: HOON POH TECK		Address: 208 TOA PAYOH NORTH #12-1263 SINGAPORE 310208			
ID Type / ID No.: NRIC NO / S1426077C		Contact No.: Home/Office: Mobile: 93875625			
Nationality: SINGAPORE CITIZEN		Email: LEONARDHOONWH@GMAIL.COM			
Sex: Male	Age: 61	Date of Birth: 22/07/1960	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: LUXURY COACH		Driving Licence Information: Class: 3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2022 13:50	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JSK2215	Motorcycle				Totally Damaged	1
SHD3417X	Car				Totally Damaged	2
SKD3318M	Car				Seriously Damaged	3



**SINGAPORE
POLICE FORCE**



T/20220720/7031

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

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Report No. T/20220720/7031

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD9290G	Car				Seriously Damaged	2
SLW9954A	Car				Slightly Damaged	2

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LUCAS HOON SHI HONG		ID No.	T1505957A
Related Vehicle	SLD9290G (Car)		Contact No.	81136841
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	19/07/2022		Date	20/07/2022
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	HOON POH TECK		ID No.	S1426077C
Related Vehicle	SLD9290G (Car)		Contact No.	93875625
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	19/07/2022		Date	19/07/2022
No. of Days granted Medical Leave		03	Degree of	Serious

Brief Details.

ON THE STATED DATE, TIME AND LOCATION. I HOON POH TECK S1426077C WAS THE DRIVER VEHICLE OF SLD9290G. I HAVE A PASSENGER ON BOARD SITTING INFRONT OF THE PASSENGER SIT. LUCAS HOON SHI HONG MALE T1505957A. WE WERE STATIONARY AT THE TRAFFIC LIGHT. THERE WAS A VEHICLE(E) (SKD3318M) FROM THE OPPOSITE DIRECTION CAME TOWARDS US AND CRASH ONTO MOTORBIKE(D) (JSK2215), VEHICLE(C) (SLW9954A), VEHICLE(B) (SHD3417X), VEHICLE(A) (SLD9290G),



**SINGAPORE
POLICE FORCE**



T/20220720/7031

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

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Report No. T/20220720/7031

CONTINUATION OF REPORT

AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE.

LUCAS HOON SHI HONG T1505957A WAS CONVEY TO KKH.

I HOON POH TECK S1426077C SUFFER INJURY ON MY NECK, SHOULDER AND LOWER BACK AREA. I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL CLINIC AND WAS GIVEN 03 DAYS OF MC FOR MY INJURIES.

THIS REPORT IS FOR MY INSURANCE CLAIM PURPOSE.

AMEND REPORT FOR : T/20220719/7030



**SINGAPORE
POLICE FORCE**

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



T/20220720/7031

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Report No. T/20220720/7031

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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

Date/Time:
20/07/2022 15:18

Classification Of Case:

VEHICLE NO: SLD92909

MAKE & MODEL: HONDA ODYSSEY

AUTO/MANUAL

DATE OF ACCIDENT	19 / 07 / 2022	C.C. 2.4
TIME OF ACCIDENT	1350	AM/PM
LOCATION OF ACCIDENT	ANG MO KIO AVE 3	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	HOON WEN HAO, LEONARD.	
EMAIL	OPTIONSGARAGE@HOTMAIL.COM	OFFICE: MOBILE: 8113 6841
NRIC	S88428452	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO	
INCURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMP6SNW011323100	
NAME OF DRIVER	AS ABOVE / IF NO: HOON POH TECK	
NRIC	S1426077C.	
DATE OF BIRTH	22 / 07 / 1960.	
ANY PASSENGER	YES / NO: HOON SHI HONG, LUCAS.	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor ON SIDE WORK.	
DATE OF DRIVING PASS	27 / 02 / 1984.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9387 5625 Office: Home:	
EMAIL		
ADDRESS	208 TOA PAYOH NORTH #12-1263. S310208	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE:	
RELATIONSHIP	Employee / If No: SON.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? 1) LUCAS HOON SHI HONG, (CM)	
CONTACT NO.	2) HOON POH TECK. (CM)	
ROLICE REPORT	No / If yes, Where? ONLINE.	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	SHD 3417X	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	SLW9954A	Any Passenger:
VEHICLE D NO.	JSK 2215	Any Passenger:
VEHICLE E NO.	SKD 3318M.	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	
WHO IS REPORTING	DRIVER / OWNER / BOTH	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



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

MX1F

N SN

AN0726A

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. DMPCSNW00113232100

Engine No.: K24W72461720

Cha. No.:JHMRC1890KC203933

1. Index Mark and Registration
Number of Vehicle SLD9290G

AUTOSAFE
=====

2. Name of Policy Holder HOON WEN HAO LEONARD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment 29/07/2021
(00:00:00)

Named Drivers Ex Sect. I S\$1,000.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance 28/07/2022

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.

HIRE PURCHASE CO. : HONG LEONG FINANCE 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: D CREATORS
Authorised Officer

杨亚美

Authorised Signatory