

NATIONAL Assessment Centre Services [Stamp: Jan 05]

Date In: 03/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/KT22007408/13	SAS e-filing		
Veh No: SKK9140U	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 03/08/22 1750	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: SQQ70668	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Title: ()
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

NA 2102083	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	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 / Tp. 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 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 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	03/08/2022 18:01 (SGT)
Reported by	Driver
Date of Accident	02/08/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK9140U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN SWEE CHENG
NRIC No	SXXXX874Z
Email Address	dericag@hotmail.com
Mobile Phone No	(Phone) +65-96431595
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00145452101

DRIVER

Name of Driver	GAN CHIA CHIA
NRIC No	SXXXX308G
Date Of Birth	13/05/1978
Occupation	Indoor

Date Of Driving Pass	01/03/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97868267
Alt. Phone Number	-
Email Address	dericag@hotmail.com
Address	32 LENGKONG SATU
Address complement	-
Postcode	417509
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COUSIN
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	DRIZZLING
Road Surface	Wet

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)	3
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	-

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

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	SGQ7066S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	STEPHEN NG JIN SENG
NRIC No	SXXXX032G
Contact Number	(Phone) +65-81688655
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	GAN CHIA CHIA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIDDY
Injured person in which vehicle?	SLK9140U
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.

Da 3/8/2022

sfym 03/08/22

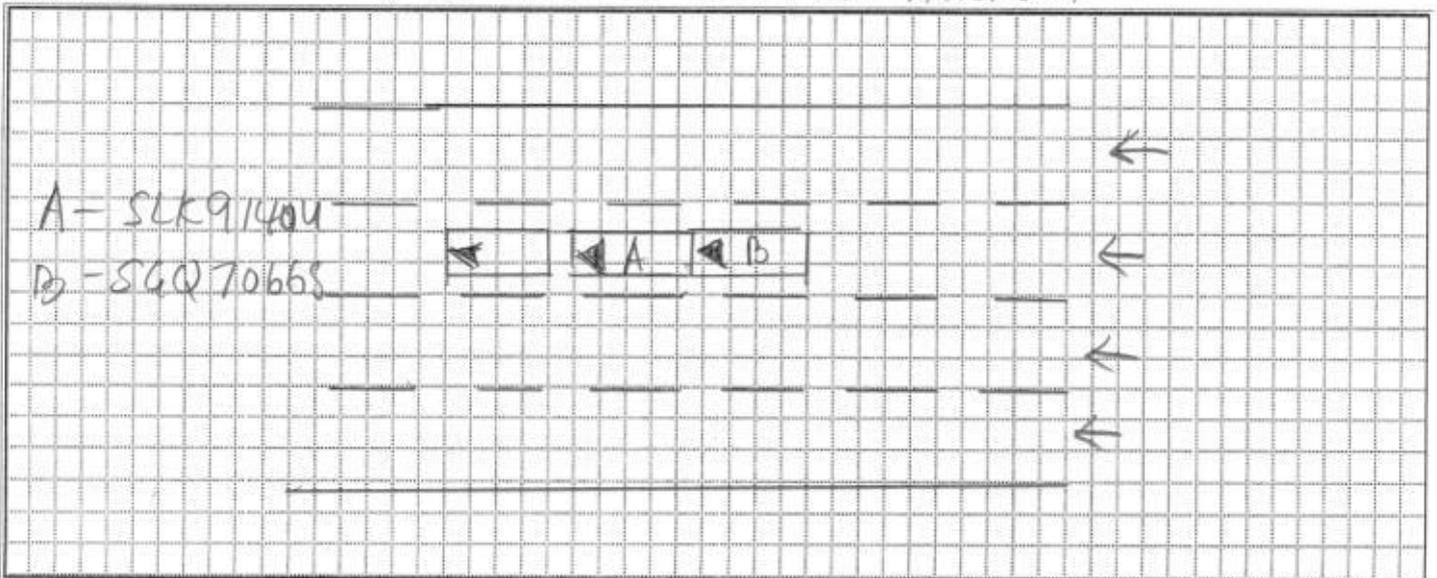
Policyholder's Signature / Date & Time

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

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

Sketch Plan

DIE TWA S CHANGI AIRPORT



Describe Circumstance of the Accident

Pls refer to the police report.

Declaration

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

Dia 3/8/2022

Lynn 03/08/22

Policyholder's Signature / Date & Time

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

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



Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2022 16:51	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars			
Name of Informant: GAN CHIA CHIA		Address: 32 LENGKONG SATU SINGAPORE 417509	
ID Type / ID No.: NRIC NO / S7812308G		Contact No.: Home/Office:	Mobile: 97868267
Nationality: SINGAPORE CITIZEN		Email: dericag@hotmail.com	
Sex: Female	Age: 44	Date of Birth: 13/05/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: APPS PURCHASER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2022 17:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ7066S	Car				Seriously Damaged	0
SLK9140U	Car				Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220803/2090

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

2 of 3

Report No. T/20220803/2090

CONTINUATION OF REPORT

Brief Details.

On the 2/8/2022 at about 5.50pm I was driving my car SLK9140U, Honda HRV, Silver along PIE (towards Changi Airport) with my mother and my production worker. I was from my workplace and I was going home. At that time, there was a slight rain. It was slow traffic along PIE (towards Changi Airport) and I was driving on the second lane. As the traffic was slow, I was intermittently stopping my vehicle. Out of the sudden, I felt a big impact from the rear. At the moment of the accident, I had already stopped my vehicle and I was stepping on my car brakes.

I went down from my vehicle and made a check and I discovered that another vehicle had hit onto the rear of my vehicle. The other vehicle is a Honda Vezel, Brown with registration plate number SGQ7066S. The driver of the vehicle then came out from his car and approached me. The driver asked if I was injured and if my passenger was injured. I informed him that there was no physical injuries at that moment. We exchanged particulars for insurance claim purposes. After the exchanging of the particulars, I drove home. While at home, I was feeling giddy.

On the 3/8/2022, I was still feeling giddy as such I went to the doctor to have a check. I went to Parkway East Hospital and informed the doctor of the accident. I went to do an X-ray and ECG. The result was fine and there is no serious injuries. I was given painkiller and medicines for my giddiness. I was discharged from the clinic at Parkway East Hospital and given 3 days of medical leave, from 3/8/2022 to 5/8/2022. I then decided to lodge a police report with regards to this accident and also for the insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20220803/2090

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

3 of 3

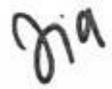
Report No. T/20220803/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: G / SI MOHAMAD SHAIFUL BIN ABDUL LATIP 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2022 16:51
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 02/08/02 (DD/MM/YYYY), TIME: 17:50 (HH:MM)

LOCATION: P1E TWAS CHANGI AIRPORT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK91400
b) INSURANCE COMPANY: CHINA
c) POLICY NUMBER: DMDCSN200145452101
d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]
e) MAKE & MODEL: HONDA HR-V AUTO / MANUAL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: GAN SWEE CHENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S71308742 CONTACT: 96431595
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: GAN CHIA CHIA C (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S78123086 CONTACT: 97868267
c) ADDRESS: _____

d) DATE OF BIRTH: 13/05/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/03/2000

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COUSIN

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DRIZZLY)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: S4070665 MODEL: _____

b) DRIVER'S NAME: Stephen Ng Jim Seng

c) NRIC/FIN/PASSPORT: S15590326 CONTACT: 81688655

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(3)

Ng pek Huan (f)

Ah gay (f)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = dericag@hotmail.com

Fax = _____

VIDEO = NO



Motor Private Car

MX1F

R SN

AN0696A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1967
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW00145452101	Engine No.: L15B4531427	
		Cha. No.:JHMUR1630GX201425	
1. Index Mark and Registration Number of Vehicle	SLK9140U	AUTOSAFE	=====
2. Name of Policy Holder*	GAN SWEE CHENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/08/2021 (00:00:00)	Named Drivers Ex Sect. I	\$5500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5900.00
4. Date of Expiry of Insurance:	05/08/2022	* Age as at date of accident	
		EX ON WINDSCREEN.	\$5100.00
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. : DBS BANK LTD AS HP OWNER			
* 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: YOURS INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory