

NATIONAL Assessment Centre Services (Part 1 of 2) **SMW822AV001**

Date In: 21/10/2022 12:13	Job description	Date & Time Completed	Done by
Ref No: X/BA/C7220/07634	SAS e-filing		
Veh No: GBK 1832C	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 28/10/2022 11:10	I-Motor Claim Form		
OO: TP Reporting Only	I-Motor W/O (within 2hrs, A/C 2hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SMW 8999R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%, P: 21-70%, 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: ()

- Reminders: () (INC Hotline: 6788 6616)
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	ACTIONS

X/A2203032 Claimant's Particulars: Owner/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Insurer's Comments: I: L2/3:	Invoice Preparation Checklist		Bill	Ass Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$10/\$40		
	4) PT: Follow-Through Survey	\$10		
	5) PT: Follow-Through Survey (Resurvey)	\$20		
	6) TR: Re-inspection	\$7		
	7) N1: 1hr DA + SMRT Survey	\$10		
	8) NTUC Additional Services:			
	*NY: Courtesy Car / Top Allowance	\$5		
*NG: Repair Coordination	\$10			
*NI: Post Repair Inspection	\$20			
*ND: DV / Collect Excess Coordination	\$5			
*NT: TP (Non-INC) / Legal INC	\$10			
*NTUC 12hr Night	10			
Invoice value		Fee Charged		
		Fee Received		

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	31/10/2022 12:13 (SGT)
Reported by	Driver
Date of Accident	28/10/2022 11:10 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	SLIP ROAD TOWARDS MARYMOUNT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1832C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	AMPHASIS DESIGN PTE LTD
Company Reg No	2XXXXX096G
Email Address	chakforever17@gmail.com
Mobile Phone No	(Phone) +65-91479591
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00010182200

DRIVER

Name of Driver	NG CHUN
NRIC No	SXXXX363G
Date Of Birth	23/11/1955
Occupation	Outdoor

Date Of Driving Pass	14/06/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91479591
Alt. Phone Number	-
Email Address	chakforever17@gmail.com
Address	BLK 256 SERANGOON CENTRAL DRIVE #06-48
Address complement	-
Postcode	550256
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

PLEASE REFER TO POLICE REPORT T/20221030/7014

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	SMW8999R
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	.....	NG CHUN
Gender	.....	Male
Phone No	.....	(Phone) +65-91479591
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	BACK AND NECK PAIN
Injured person in which vehicle?	.....	GBK1832C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

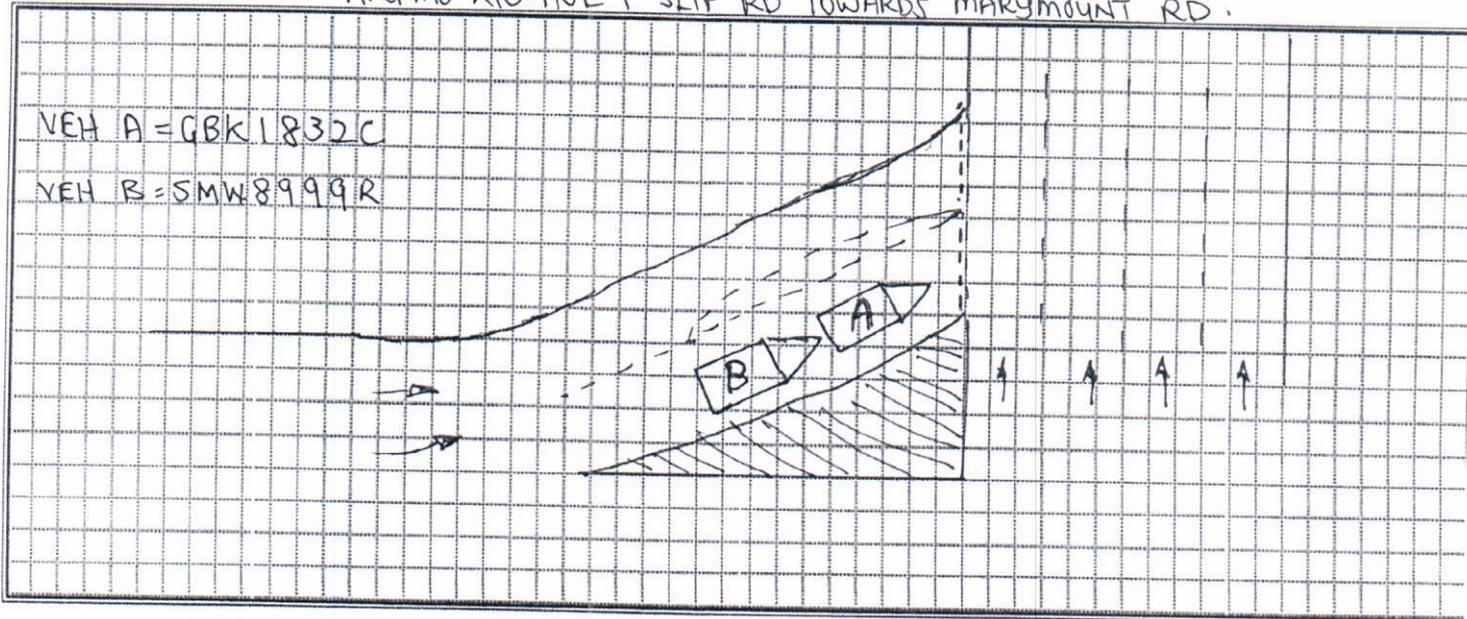
Driver's Signature (if driver is not the policyholder) / Date & Time

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

[Signature] 31/10/2022

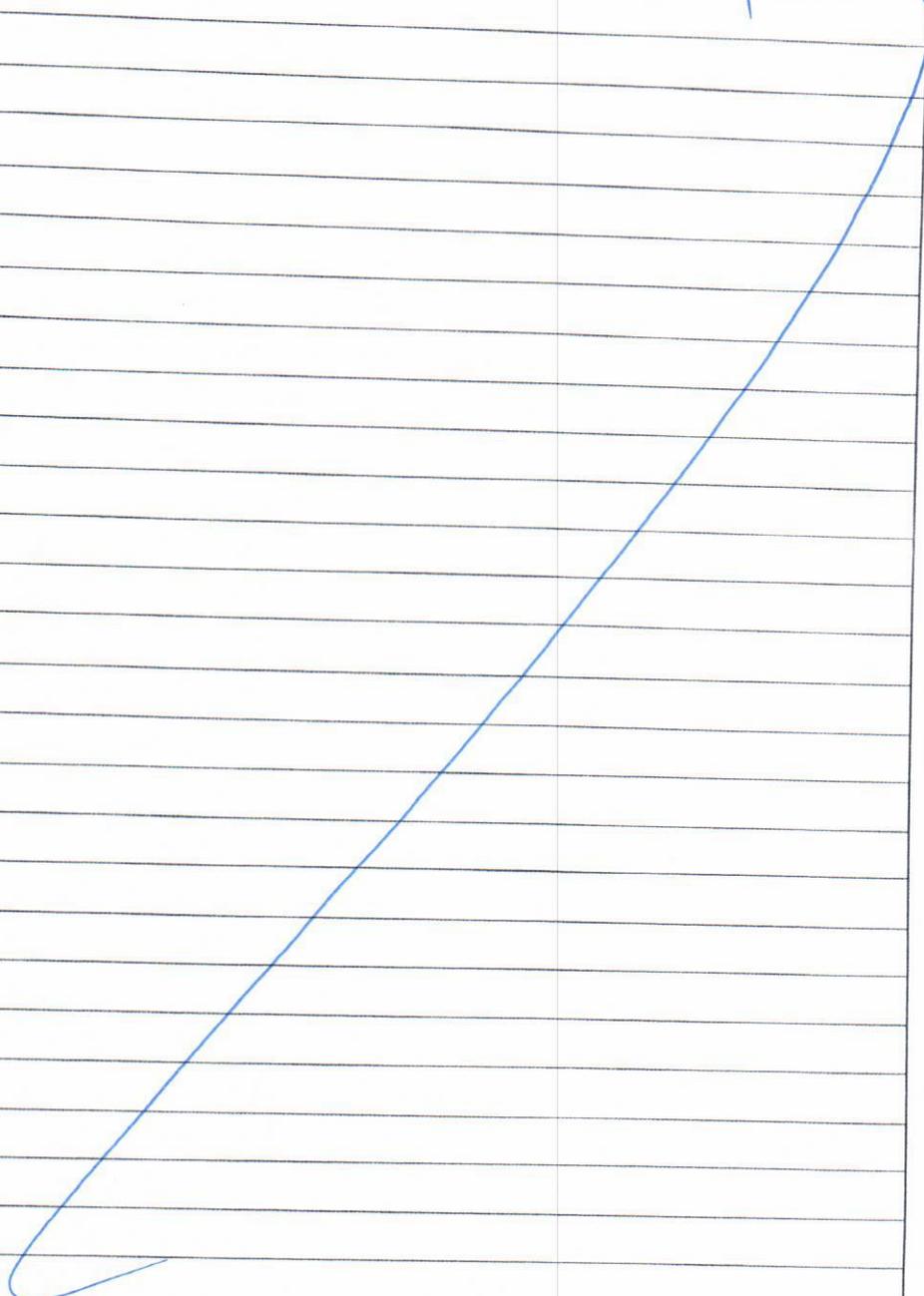
Sketch Plan

ANG MO KIO AVE 1 SLIP RD TOWARDS MARYMOUNT RD.



Describe Circumstance of the Accident

Please refer to Police Report. T/20221080/2014



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 & Time

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

31/10/2022



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

CONTINUATION OF REPORT

Driver			
Name	NG CHUN	ID No.	S2576363G
Related Vehicle	GBK1832C (Car)	Contact No.	91479591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle GBK1832C was travelling straight along AMK AVE 1 towards Sin Min Road.

I took the slip road on my left to turn into Sin Min Road.

As I approached the giveway line I stopped to check for traffic.

Suddenly vehicle SMW8999R came from behind and hit onto my vehicle's rear portion.

The impact was great.

After a while i start to feel pain on my neck, shoulder and back areas.

The next day the pain worsen and I proceeded to Tay Family Clinic near my place to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20221030/7014

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

3 of 3

Report No. T/20221030/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
30/10/2022 15:48

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168

Date of Accident : 28/10/2022 Accident Time: 11:10 (24-HR-Format) ⑤
 Accident Place : ANG MO KIO AVE 1 SLIP RD - MARYMOUNT RD
 Vehicle No. (Car Plate No.) : GBK1832C Make/Model: TOYOTA HIACE
 Insurance Company : CHINA TAIPING Policy No: DMCVSNW00010182200
 Owner or Company Name / IC No. : AMPHYSIS DESIGN PTE LTD 200306096G
 Owner or Company Contact No. : 91479591 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : NG CHUN S2576363G
 DRIVER'S Date Of Birth : 23/11/1955 DRIVER'S License Pass Date 14/06/1979
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
 DRIVER'S Address : BLK 256 SERANGOON CENTRAL DRIVE #06-48 S550256
 DRIVER'S Contact No./ Alt No. : 1) 91479591 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : chakforever17@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): 01
 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): 3 days MC, neck and back

Other Party Driver's Particular (if any)

Vehicle No: ^(B) SMW8999R	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Motor Commercial

MZ300/C
N SN
AN0444A
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.	DMCVSNW00010182200	Engine No.:	1GD8428961
1. Index Mark and Registration Number of Vehicle	GBK1832C	Cha. No.:	GDH2012006356
2. Name of Policy Holder	AMPHISIS DESIGN PTE LTD	AUTOSAFE	*****
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/02/2022 (00.00.00)	Excess Sect I	SS500.00
4. Date of Expiry of Insurance	06/02/2023	EX ON WINDSCREEN	SS100.00
5. Persons or Classes of Persons entitled to drive* Any person who is driving on the Policyholder's order or with their 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* (1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.			

* 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



Issued By: META AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory