

NATIONAL Assessment Centre Services (Unit 1-2-22) **SN0852CF0001**

Date In: <b>15/12/22 11:31</b>	Job description: <b>SAS e-filing</b>	Date & Time Completed:	Done by:
Ref No: <b>NR0167220/234</b>	E-mail (within 3hrs, A/C this):		
Veh No: <b>SA 2281X</b>	I-Motor Claim Form		
D.O.A: <b>14/12/2022-15/01</b>	I-Motor W/O (within 3hrs, A/C this)		
<b>QC</b> (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: <b>SMN-7094E</b> INC ( ) / Non-INC ( )		
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) (Note: Bst Status (WO): N: 0-30%, P: 31-79%, 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (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: \_\_\_\_\_ Actions: \_\_\_\_\_

<b>NA2203474</b> Insured's Particulars: Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Signature:	Invoice Preparation Checklist		AMAL	AMAL
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$55)		
	3) TP: Towing Fee	\$10/\$45		
	4) PT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Excess/Insurance Deductible (Note: 10% in 2022)			
	6) TR: Re-inspection	\$75		
	7) NI: Nil DA + SMRT Survey	\$140		
	8) NTUC Additional Services:			
QW: *NI: Courtesy Car / Tpt Allowance *NI: Repair Coordination *NI: Post Repair Inspection *NI: DV / Collect Excess Coordination TP (NI) / TP (NI-INC) against INC 9) NI: 1st Mile		\$5 \$15 \$25 \$1 \$10 10		
Invoice Value		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	15/12/2022 11:31 (SGT)
Reported by	Both
Date of Accident	14/12/2022 15:05 (SGT)
Exact Location of Accident	Rochor Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2281X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON HONG
NRIC No	SXXXX308C
Email Address	kelvynatan@hotmail.com
Mobile Phone No	(Phone) +65-98892544
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008732201

### DRIVER

Name of Driver	TAN BOON HONG
NRIC No	SXXXX308C
Date Of Birth	13/10/1970
Occupation	Outdoor

Date Of Driving Pass	24/12/1992
Driving experience	30 YEARS
Gender	Female
Mobile Number	(Phone) +65-98892544
Alt. Phone Number	-
Email Address	kelvynatan@hotmail.com
Address	BLK 227 LORONG 8 TOA PAYOH #11-144
Address complement	-
Postcode	310227
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	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)	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	-

#### PASSENGER 1

Name	SEAN TAN MING ZHENG
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 SKETCH PLAN AND POLICE REPORT T/20221215/7011

#### 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	SMN7094E
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	TAN BOON HONG
Gender	Female
Phone No	(Phone) +65-98892544
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SNA2281X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	SEAN TAN MING ZHENG
Gender	Male
Phone No	(Phone) +65-98892544
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SNA2281X
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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

△  
A  
△  
B

A = SNA 2281X  
B = SMN 7094E

Describe Circumstances of the Accident

On 14.12.2022 at about 15:05hrs. I was travelling  
I was stationary due with front traffic.  
at Rochor Flyover. Suddenly, I felt an impact. The vehicle (SMN  
7094E) collision rear portion onto my vehicle (SNA 2281X)

We declare the foregoing particulars are true in every respect.

14/12/22

14/12/22

15/12/2022





# SINGAPORE POLICE FORCE



T/20221215/7011

1 of 4

Report No. T/20221215/7011

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2022 12:17	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: TAN BOON HONG	Address: 227 LORONG 8 TOA PAYOH #11-144 SINGAPORE 310227	
ID Type / ID No.: NRIC NO / S7035308C	Contact No.: Home/Office:	Mobile: 87772544
Nationality: SINGAPORE CITIZEN	Email: KELVYNATAN@HOTMAIL.COM	
Sex: Female	Age: 52	Date of Birth: 13/10/1970
Type of Informant: Driver		Institution / School Name:
Race: Chinese	Language: English	
Occupation: GOJEK DRIVER	Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2022 15:00	Type of Location: Flyover
Location:  TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
SMN7094E	Car			White		0
SNA2281X	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Purple	Seriously Damaged	2

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20221215/7011

2 of 4

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

Report No. T/20221215/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA2281X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000087 32201	11/06/2022	10/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM MENG YAN ANDREA		ID No.	S9228779C
Related Vehicle	SMN7094E (Car)		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	TAN BOON HONG		ID No.	S7035308C
Related Vehicle	SNA2281X (Car)		Contact No.	87772544
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/12/2022		Date	15/12/2022
No. of Days granted Medical Leave		05	Degree of	Serious
Passenger				
Name	SEAN TAN MING ZHENG		ID No.	T0433219E
Related Vehicle	SNA2281X (Car)		Contact No.	98892544
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	14/12/2022		Date	15/12/2022
No. of Days granted Medical Leave		05	Degree of	Serious





**SINGAPORE  
POLICE FORCE**



T/20221215/7011

3 of 4

Report No. T/20221215/7011

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Brief Details.

ON 14.12.2022 AT ABOUT 1500HRS. I WAS TREVELLING AT ROCHOR FLYOVER. I WAS STATIONARY DUE WITH THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT. THE VEHICLE (SMN 7094E) COLLISION ONTO REAR PORTION OF MY VEHICLE (SNA 2281X).

I HAD ONE PASSENGER (SEAN TAN MING ZHENG) IN MY VECHICLE (SNA 2281X).

I FELT PAIN ON MY BACK AND RIGHT THIGH AFTER THE ACCIDENT. I WENT TO " OUR FAMILY PHYSICIAN CLINIC & SURGERY " TO SEE DOCTOR AND I WAS GIVEN 5 DAYS MC FROM THE DOCTOR. MY PASSENGER (SEAN TAN MING ZHENG) FELT PAIN ON HIS BACK AFTER ACCIDENT AND HIS GOT 5 DAYS MC FROM THE CLINIC.



**SINGAPORE  
POLICE FORCE**



T/20221215/7011

4 of 4

Report No. T/20221215/7011

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

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
15/12/2022 12:17

Classification Of Case:

Date of Accident : 14.12.2022 Accident Time : 15:05hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Rochor Flyover

Vehicle No (Car Plate No) : SNA 2281X Make/Model: Honda Shuttle 1.5G

Insurance Company : China Taiping Policy No: DMHCSNW00008732201

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Tan Boon Hong (S7035308C)

Owner Contact No : 9889 2544 Owner's Hp - Company Tel -

Driver Name / IC No : As above

Driver's Date of Birth : 13.10.1970 Driver's License Pass Date: 24 Dec 1992

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 227 Lor 8 T Payah # 11-144 S 310227

Driver's Contact No : 1) - 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : kelvynatan@hotmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person, 1 driver, 1 passenger

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes

**Other Party Driver's Particular (if any)**

VEH B : <u>SMN 7094E</u>	Name & Contact No: _____
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

**\*NEW - Passenger's Name & Gender:**

M: Sean Tan Ming Zheng



Motor Hire Car

MZ406L/B

R SN

AN0695A

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.

DMHCSNW00008732201

Engine No.: L15B6024110

Cha No.: GK82103552

1. Index Mark and Registration  
Number of Vehicle

SNA2281X

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

TAN BOON HONG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment11/06/2022  
(00:00:00)

Excess Sect I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

10/06/2023

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

TAN BOON HONG

6. Limitations as to use.\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.  
(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

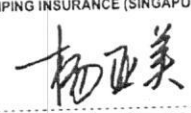
HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD

\* 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: TECK WEI CREDIT PTE LTD  
Authorised Officer  
Authorised Signatory

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SNA 2281X Vehicle Registration No: SNA 2281X  
Name (as shown in NRIC) : Tan Boon Hong NRIC/FIN/Passport No : S7035308C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 227 Lor 8 T Payah #11-144 Singapore (310227)  
Contact (Tel) : 9889 2544 Mobile No. : \_\_\_\_\_  
Email Address : kelvynatan@hotmail.com  
Date of Accident : 14.12.2022 Time of Accident : 1500hrs  
Place of Accident : Rochor Flyover  
Insurance Company : China Taiping

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Injury add 1 passenger (Sean Tan Ming Zheng)
- Add police report no : T/20221215/7011

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: