

NATIONAL Assessment Centre Services

Date In 20/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/CT12012695/d4	SAS e-filing		
Veh No SMN 9578M	E-mail (within 8hrs, APT 2hrs)		
DOA 20/12/2022 0910	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 3296C	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

NA2203527	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: 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: Idac Mobile 30			
Cat 1:	Invoice date:	Fee Charged		
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 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	20/12/2022 14:44 (SGT)
Reported by	Both
Date of Accident	20/12/2022 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	4A HOUGANG STREET 11 (THE MINTON CONDO ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9578M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO CHOON LEONG (HE CHOON LEONG)
NRIC No	SXXXX196G
Email Address	hclouis@gmail.com
Mobile Phone No	(Phone) +65-82337266
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00099292200

DRIVER

Name of Driver	HO CHOON LEONG (HE CHOON LEONG)
NRIC No	SXXXX196G
Date Of Birth	25/09/1988
Occupation	Indoor

Date Of Driving Pass	12/01/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82337266
Alt. Phone Number	-
Email Address	hcllouis@gmail.com
Address	APT BLK 114 EDGEFIELD PLAINS
Address complement	# 09-362
Postcode	820114
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 THE ATTACH POLICE REPORT- T/20221220/7017

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	SHD3296C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL JANIL BIN A.HAMID
Contact Number	(Phone) +65-96377441
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	THE MINTON
Phone	(Phone) +65-68449885
Email	-

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

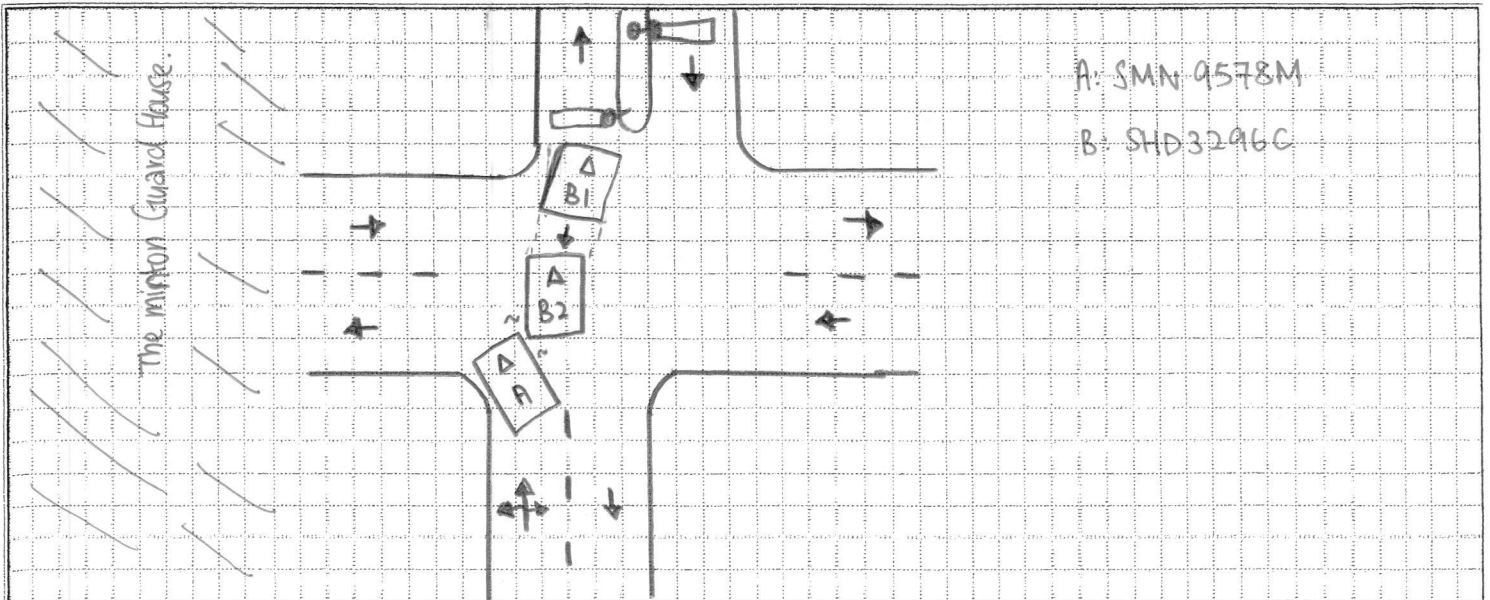
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 20/12/22
Policyholder's Signature / Date & Time

 20/12/22
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 20/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident


AS
PER POLICE REPORT

Declaration


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

 22/11/22

Policyholder's Signature / Date & Time

 22/11/22

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

 20/12/2022

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



SINGAPORE POLICE FORCE



T/20221220/7017

1 of 3

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

Report No. T/20221220/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2022 13:31	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: HO CHOON LEONG		Address: 114 EDGEFIELD PLAINS #09-362 SINGAPORE 820114	
ID Type / ID No.: NRIC NO / S8835196G		Contact No.: Home/Office: Mobile: 82337266	
Nationality: SINGAPORE CITIZEN		Email: HE_JUNLONG@HOTMAIL.COM	
Sex: Male	Age: 34	Date of Birth: 25/09/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self Employed		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2022 09:10	Type of Location: X-Junction
Location: HOUGANG STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3296C	Car					0
SMN9578M	Car	KIA	CERATO K3 1.6A SUNROOF	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20221220/7017

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

2 of 3

Report No. T/20221220/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN9578M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000992 92200	08/05/2022	07/05/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	HO CHOON LEONG	ID No.	S8835196G
Related Vehicle	SMN9578M (Car)	Contact No.	82337266
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

Brief Details.

I was entering The Minton Condo on 20/12/2022 on 9.10am with my vehicle bearing car plate number SMN9578M. As I was turning to the guard house, Vehicle bearing car plate number SHD3296C (Comfort Delgro Taxi) in front of me going to the gantry direction stopped. I follow thur and stopped, Suddenly Vehicle SHD3296C reverse and collided onto the Front RH portion of my vehicle. We shifted our car and parked at the side as we were blocking the entrance to the condo. After that we exchanged the particulars and left the scene.

The management have footage of the whole accident. But they could not release to me as only Police can retrieve the footage.

The Minton management (68449885)



**SINGAPORE
POLICE FORCE**



T/20221220/7017

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

3 of 3

Report No. T/20221220/7017

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

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

Date/Time:
20/12/2022 13:31

Classification Of Case:

VEHICLE NO: SMN 9578M

MAKE & MODEL: Kia Cerato

AUTO / MANUAL

DATE OF ACCIDENT	20 / 12 / 2022		cc. 1600
TIME OF ACCIDENT	9.10 AM / PM		
LOCATION OF ACCIDENT	4A Honggang Street 11 (The minton condo entrance)		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Ho Choon Leong (He choon Leong)		
EMAIL	Hclouis@gmail.com	Office	MOBILE: 82337266
NRIC	S88351966		
CLAIM TYPE	OP / THIRD PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO ?		
INSURANCE CO.	CHINA TAIPING		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMPCSNW00099292200		
NAME OF DRIVER	AS ABOVE / IF NO		
NRIC	S88351966		
DATE OF BIRTH	25 / 09 / 1988		
ANY PASSENGER	YES / NO :		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	12 / 01 / 2010		
GENDER	Male / Female		
CONTACT NO.	Mobile: 82337266 Office: Home:		
EMAIL	Hclouis@gmail.com		
ADDRESS	Apt B1K 114 Edgefield Plains #09-362 (S) 820114		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER		
RELATIONSHIP	Employee / If No.		
WEATHER CONDITION	Clear / Raining / Other		
ROAD SURFACE	Dry / Wet / Other		
ANY INJURIES	No / If yes, Who?		
CONTACT NO.			
POLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?			
VEHICLE B NO.	NO/IF YES, WHO?		
NAME	Any Passenger: 01		
CONTACT NO.	SHD 3296C		
VEHICLE C NO.	Abdul Janil Bin A. Hamid		
VEHICLE D NO.	96377441		
VEHICLE E NO.	Any Passenger		
VEHICLE F NO.	Any Passenger		
ANY WITNESS	Any Passenger		
WITNESS CONTACT NO.	Any Passenger		
WAS THERE ANY VIDEO CAPTURE?	The Minton (6844 9885)		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
**WORKSHOP:	YES / NO		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	Lee Brothers Automotive Pte. Ltd		
	YES / NO		

Motor Private Car

MX1F

N SN

AN0083A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00099292200

Engine No.: G4FGHH692421

Cha. No.:KNAFZ411MJ5762241

1. Index Mark and Registration
Number of Vehicle

SMN9578M

2. Name of Policy Holder

HO CHOON LEONG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment08/05/2022
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

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\$100.00

4. Date of Expiry of Insurance

07/05/2023

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.: 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: KCB AGENCY
Authorised Officer

Authorised Signatory