

NATIONAL Assessment Centre Services

Date In 10/01/2023	Job description	Date & Time Completed	Done by
Ref No NM/UP23000295/d4	SAS e-filing		
Veh No SMN 4842E	E-mail (within 2hrs. Aft 2hrs)		
DOA 01/01/2023 10:50	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: SCA 858SK	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% P: 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

NA 2300087 / NA 2300088	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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) FT : 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:-		
	OT1*		
	*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 \$0		
	Invoice date:	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	10/01/2023 09:26 (SGT)
Reported by	Both
Date of Accident	09/01/2023 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE (CITY) SLIP ROAD TOWARDS PIE (CHANGI)/IPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9892E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG KIAT (CHENG QING JI)
NRIC No	SXXXX777I
Email Address	kiat1977@gmail.com
Mobile Phone No	(Phone) +65-98770058
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V11623/VPL/R03

DRIVER

Name of Driver	TAN CHENG KIAT (CHENG QING JI)
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Occupation	Indoor
Date Of Driving Pass	07/03/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98770058
Alt. Phone Number	-
Email Address	kiat1977@gmail.com
Address	APT BLK 453 YISHUN STREET 41
Address complement	# 06-13
Postcode	760453
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 THE ATTACHED POLICE REPORT-T/20230109/7053

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	SCA8585K
Vehicle Manufacturer	

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	SLQ544R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 CHENG KIAT
Gender	Male
Phone No	(Phone) +65-98770058
Address	APT BLK 453 YISHUN STREET 41
Address Complement	# 06-13
Post Code	760453
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMN9892E
Were seat belts worn?	-
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.

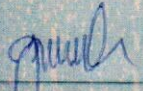
8. Consent under the Personal Data Protection Act (PDPA)

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


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

 10/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

CTE (CITY) Slip Road TWDS PIE (Changi) / UPP
Serangoon Road

Vehicle A = SMN 9892 E

Vehicle B = SCA 8085 K

Vehicle C = SLQ 544 R

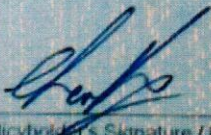


Describe Circumstance of the Accident

Refer to police report. (T/20230109/7053)

Declaration

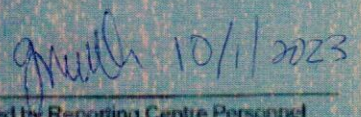
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 10/1/2023

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



SINGAPORE POLICE FORCE



T/20230109/7053

1 of 3

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

Report No. T/20230109/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2023 15:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHENG KIAT			Address: 453 YISHUN STREET 41 #06-13 SINGAPORE 760453		
ID Type / ID No.: NRIC NO / S7706777I			Contact No.: Home/Office: Mobile: 98770058		
Nationality: SINGAPORE CITIZEN			Email: KIAT1977@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 22/02/1977	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2023 11:20	Type of Location: Straight Road
Location: POTONG PASIR AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SCA8585K	Car					0
SLQ544R	Car					0
SMN9892E	Car	HONDA	CIVIC	Blue		0



**SINGAPORE
POLICE FORCE**



T/20230109/7053

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

2 of 3

Report No. T/20230109/7053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN CHENG KIAT	ID No.	S7706777I
Related Vehicle	SMN9892E (Car)	Contact No.	98770058
Hospital/Clinic	ROY'S FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

As the stated date and time, I was driving my vehicle bearing car plate number (SMN9892E) at the stated location. As the vehicle in front of me bearing car plate number (SLQ544R) came to a stop, I followed suit. Suddenly, a vehicle bearing car plate number (SCA8585K) collided on to the rear portion of my vehicle causing me to surge forward and collided on to (SLQ544R). I felt unwell afterward thus proceed to consult a doctor at ROY'S FAMILY CLINIC & SURGERY and was given 4 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20230109/7053

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

3 of 3

Report No. T/20230109/7053

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
09/01/2023 15:48

Classification Of Case:

Personal Particulars of Driver(s) (Page 1)

Date of Accident: 09 01 2023 Time of Accident: 10 50

Vehicle No.: SMN 9892E Make/Model: Honda Civic

Exact location of Accident: CTE (CITY) Slip Road TWDS PIE (Changi) / Upp Serangoon Rd

Policyholder's Name / IC No.: Tan Cheng Kiat (Chen Aing Ji) / S7706777J

Driver's Name / IC No.: Tan Cheng Kiat (Chen Aing Ji) / S7706777J (As Above) ☒

Driver's Contact No.: 9877 0058 Company Contact No. (Company Veh Only):

Driver's Address: Bk 453 YISHUN STREET 41 #06-13 S (760453)

Email address: kiat1977@gmail.com Insurance Company: Liberty

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hire or Others specify: *CC 1600

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose) AUTO / MANUAL

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver):

*Passenger Name:

Gender: Male / Female

*Passenger Name:

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No.: Vehicle No: SCA 8585K

Driver's Contact No.: Insurance Company:

2. Driver's Name / IC No. (If Any): Vehicle No: SLR 544 R

Driver's Contact No.: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

VEH CATEGORY

PRIVATE

PRIVATE HIRE

COMMERCIAL

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V11623 /VPL /R03
Form	MZ400B
Date of Issue:	30-Aug-2022
1. Index Mark and Registration No. of Vehicle	SMN9892E
2. Chassis number of Vehicle:	MRHFC5650KT000993
3. Name of Policyholder	TAN CHENG KIAT (CHEN QINGJI)
4. Effective date of Commencement of Insurance for the purpose of the Act	04-SEP-2022 00:00
5. Date of Expiry of Insurance	03-SEP-2023 23:59
6. Persons or Classes of Persons entitled to drive*	TAN CHENG KIAT (CHEN QINGJI)
For Private Hire Vehicle (PHV) Usage	

7. Limitations as to use*

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
B) Use for social, domestic and pleasure purposes.

8. Policy does not cover

- A) Use for racing, pace-making, reliability trials or speed-testing.
B) Use whilst drawing a trailer except the towing (other than for reward) 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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For Information only:

COVERAGE:	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (S\$)	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I (Singapore): \$2,000.00, Section I (Outside Singapore): \$4,000.00, Section II (Singapore): \$1,500.00, Section II (Outside Singapore): \$3,000.00, Windscreen Excess: \$100.00
FINANCE COMPANY:	HONG LEONG FINANCE LTD
PRODUCER NAME:	KAH MOTOR COMPANY SDN BERHAD