

NATIONAL Assessment Centre Services (901) 222-2222 **SA 9/23/2008**

Date In: 25/09/2008 11:57	Job description	Date & Time Completed	Done by
Ref No: XIA2300228	SAS e-filing		
Yeh No: SA 78587C	E-mail (with SRS, AIC this)		
D.O.A: 29/01/2003 - 13/08/08	i-Motor Claim Form		
OD (T) / Repeating Only	i-Motor Y/O (w/ins: OD 2003, 27/08/08)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Vch No: **SA 78587C** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note-Best Status (WO): N: 0-30%, 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 repeter.

() 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	Done by

Invoice Preparation Checklist	Y/N	Done by
1) A/R: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee (\$10/\$45)		
4) PT: Follow-Through Survey (\$120)		
5) PF: Follow-Through Survey (Resurvey) (\$50)		
*Resurveying applies (Not Only Over 12 hrs 2008)		
6) TR: No-Speeder (\$75)		
7) NI: New DA, eMRT Survey (\$140)		
8) NTUC Additional Services:		
OD:		
*NI: Courtesy Car / Tpt Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$10	
*NI: DV / Collect Excess Coordination	\$1	
TP (NI): TP (Non-INC) replaces INC	\$10	
55 Minutes Hours		
Invoice dated		

Checked by (Engr-In-Charge): _____

TP (NI): TP (Non-INC) replaces INC

55 Minutes Hours

Invoice dated _____ Fee Charged _____

SN09231P0004 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 25/01/2023 11:57 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (25/01/2023 11:57 (SGT))

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	25/01/2023 11:57 (SGT)
Reported by	Both
Date of Accident	20/01/2023 13:05 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARDS GAMBAS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT8581C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BOO YI CHANG , JEREMY
NRIC No	SXXXX046Z
Email Address	jeremy.booyc@gmail.com
Mobile Phone No	(Phone) +65-82666979
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	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22009932

DRIVER

Name of Driver	BOO YI CHANG , JEREMY
NRIC No	SXXXX046Z
Date Of Birth	16/01/1984
Occupation	Outdoor

Date Of Driving Pass	30/06/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82666979
Alt. Phone Number	-
Email Address	jeremy.booyc@gmail.com
Address	BLOCK 115C CANBERRA WALK #11-165
Address complement	-
Postcode	753115
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	Raining
Road Surface	Wet

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 POLICE REPORT T/20230120/7035

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV1734M
Vehicle Manufacturer	Mazda
Vehicle Model	5

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LINDYBETH TANG SEOK MUN
NRIC No	SXXXX185G
Contact Number	(Phone) +65-82828313
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	BOO YI CHANG , JEREMY
Gender	Male
Phone No	(Phone) +65-82666979
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT8581C
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.

[Signature]

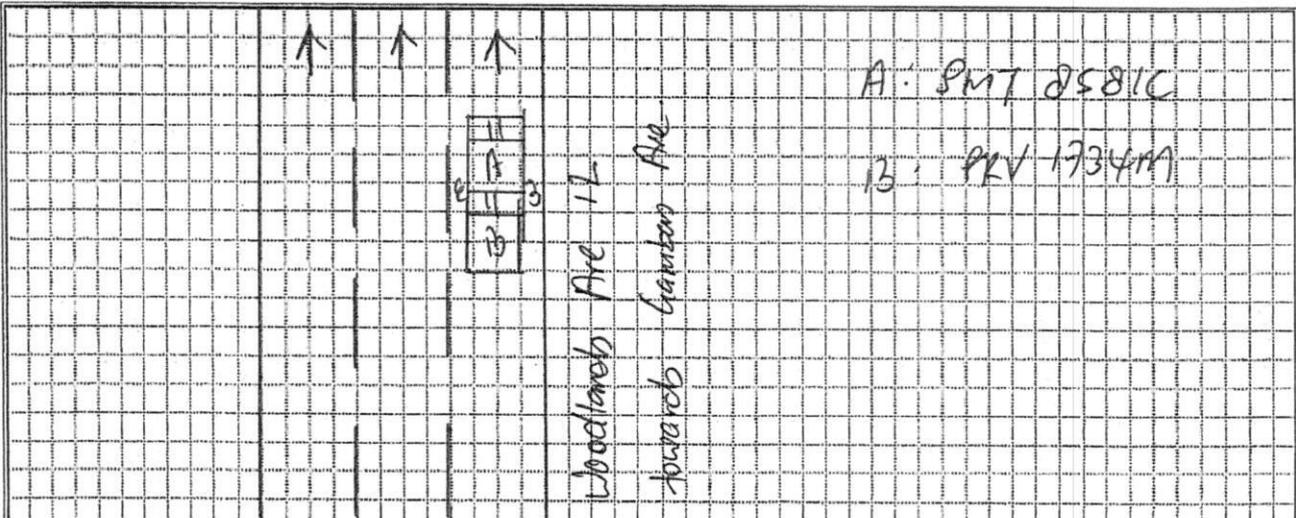
Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 25/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



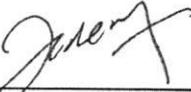
Describe Circumstance of the Accident

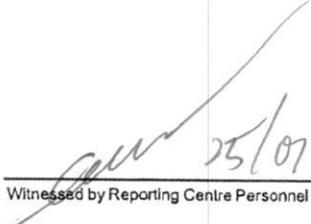
Refer to Traffic Police Report
T/20230120/7035

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

 25/07/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230120/7035

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

1 of 3

Report No. T/20230120/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 15:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: BOO YI CHANG, JEREMY			Address: 115C CANBERRA WALK #11-165 SINGAPORE 753115		
ID Type / ID No.: NRIC NO / S8402046Z			Contact No.:		Mobile: 82666979
Nationality: SINGAPORE CITIZEN			Email: JEREMY.BOOYC@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 16/01/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: civil servant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 12:30	Type of Location: Straight Road
Location: GAMBAS AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: chain collision,				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKV1734M	Car					0
SMT1890G	Car					0
SMT8581C	Car	KIA	CERATO 1.6(A) SUNROOF	White		0



**SINGAPORE
POLICE FORCE**



T/20230120/7035

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

2 of 3

Report No. T/20230120/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT8581C	SHC INSURANCE PTE. LTD.	DMPG22009932	21/07/2022	20/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	BOO YI CHANG, JEREMY		ID No.	S8402046Z
Related Vehicle	SMT8581C (Car)		Contact No.	82666979
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

I was travelling straight along gambas ave out of suddenly i felt an impact on my vehicle rear portion, when i got down i realised vehicle b (SKV1734M) collided on to my vehicle and i was involved in a chain collision.



**SINGAPORE
POLICE FORCE**



T/20230120/7035

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

3 of 3

Report No. T/20230120/7035

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
20/01/2023 15:36

Classification Of Case:

3

Date of Accident : 20/1/23 Accident Time: 1305 (24-HR-FORMAT)
 Accident Place : Woodlands Ave 12 towards Gombas Ave
 Vehicle Reg. No (Car plate No.) : SMT 8581C CC: 1.6 Vehicle Make/Model: Kia Cerato
 Insurance Company : ERGO Policy No. SM2622009932
 Name of Registered Owner : Company / Individual Boo Yi Chang Jeremy
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 84020462
 OWNER EMAIL ADDRESS: jeremy.booye@gmail.com : Co Contact No: _____ Owner's Contact No: 8266 6979
 DRIVER'S Name : _____ DRIVER'S NRIC No: _____
 DRIVER'S Date of Birth : 16/01/84 DRIVER'S License Pass Date 30/06/05
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self
 DRIVER'S Address : Block 115C Canberra Walk #11-165 8(752115)
 DRIVER'S Contact No./ Alt No. : 1) 8266 6979 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : _____
 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): 1 Name & Gender: _____
 Was the accident reported to the police? YES \ NO
 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 injuries, if yes(name of the injured person) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>PKV 1734M</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Mazda 5</u>	Vehicle Make/Model: _____
Name DRIVER: <u>Lindybeth Tang Kok Mun</u>	Name DRIVER: _____
IC No. DRIVER: <u>876261856</u>	IC No. DRIVER: _____
DRIVER'S Contact & add: <u>8282 8313</u>	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH \ CHINESE \ MALAY \ TAMIL OTHERS: _____
 WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMPG22009932
 Vehicle Registration Number : SMT8581C
 Cover Type : Superior Comprehensive
 Policy Type : Private Car
 Name of Policyholder/Insured : BOO YI CHANG JEREMY
 Commencement Date of Insurance : 20/07/2022
 Expiry Date of Insurance : 19/07/2023



24-Hour Helpline: 6100 1620

Excess	:	EXCESS: (SECTION I).....	SS	500.00
		ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)...	SS	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I)	SS	300.00
		EXCESS: WINDSCREEN	SS	100.00
		YOUNG & INEXP DRIVERS (SECTION I)	SS	3,000.00

Finance Company/Hire Purchase Owner : UNITED OVERSEAS BANK LTD

***Persons or Classes of Persons entitled to drive:**

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

*** Limitations as to Use:**

- 1) Use only for social domestic and pleasure purposes
- 2) Use for Policyholder's business

This Policy does not cover

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing and on race track
- 2) Use for the carriage of goods other than samples in connection with any trade or business
- 3) Use for any purpose in connection with the Motor Trade

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 (*).

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), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of ERGO Insurance Pte. Ltd.
 Approved Insurer

Karl-Heinz Jung

Authorized Signature

A100053	DRAGON INSURANCE AGENCY	
Vehicle Chassis Number : KNAF5416ML5064432, Vehicle Engine/Motor Number : G4FGKH740243		PC1, 19/07/2022 12:43