

NATIONAL Assessment Centre Services

Date In 07/03/2023	Job description	Date & Time Completed	Done by
RefNO NALC1123002405/d4	SAS e-filing		
VehNo SLR 9141E	E-mail (within 8hrs. Aft 2hrs)		
DOA 05/03/2023 17:05	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: SKJ 976B	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:-	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

NA2300685	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) TF : 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)			
Call 1:	6) TR : Re-inspection \$75			
Call 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*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			
	Invoice date:	Fee Charged		
	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	07/03/2023 16:09 (SGT)
Reported by	Driver
Date of Accident	05/03/2023 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE (ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9141E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG PANG CHIAT
NRIC No	SXXXX551I
Email Address	anritachen@gmail.com
Mobile Phone No	(Phone) +65-88772990
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00188302200

DRIVER

Name of Driver	CHEN JIAMING
NRIC No	SXXXX915Z
Date Of Birth	18/09/1984
Occupation	Indoor

Date Of Driving Pass	28/11/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88003812
Alt. Phone Number	-
Email Address	anritachen@gmail.com
Address	APT BLK 465 SEGAR ROAD
Address complement	# 05-160
Postcode	670465
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	AFTER RAIN
Road Surface	Wet

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)	4
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	JEFFERSON CHEN WEIJIE
Gender	Male

PASSENGER 2

Name	THADDEUS HO HAO ZHE
Gender	Male

PASSENGER 3

Name	UREKA HO RUI YI
Gender	Female

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/20230307/7032

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 SKJ976B
 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 CHEN JIAMING
 Gender Male
 Phone No (Phone) +65-88003812
 Address APT BLK 465 SEGAR ROAD
 Address Complement # 05-160
 Post Code 670465
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person JEFFERSON CHEN WEIJIE
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 4 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person THADDEUS HO HAO ZHE
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK AND BACK PAIN-GIVEN 4 DAYS OF MC
 Injured person in which vehicle? SLR9141E
 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.
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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.

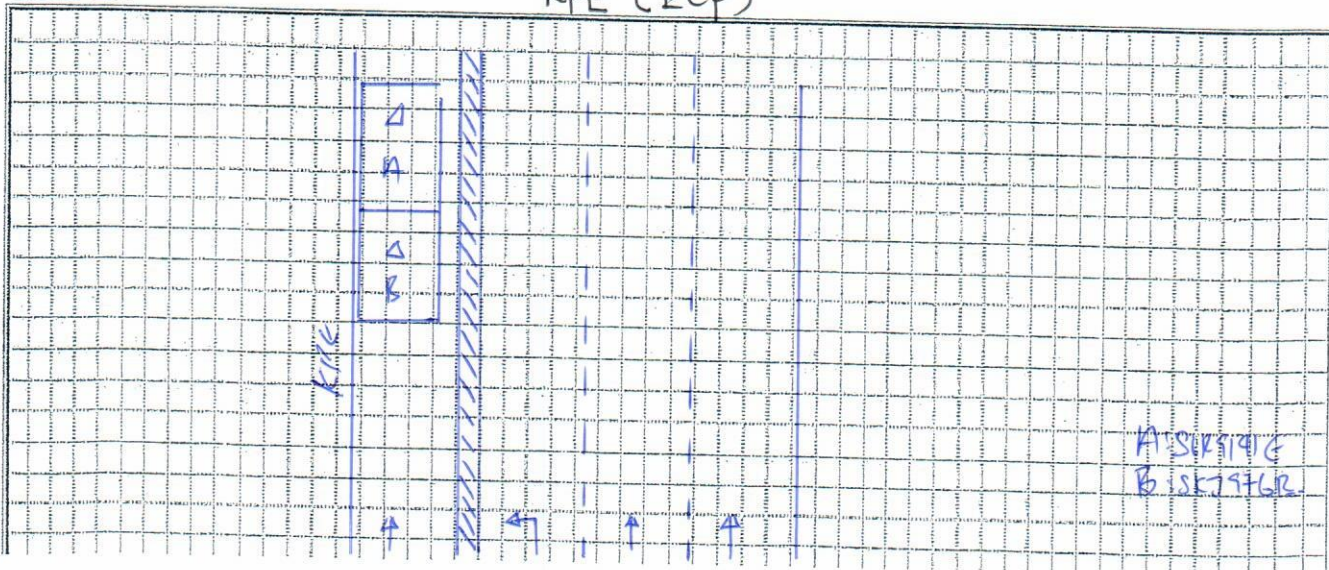
Policyholder's Signature / Date & Time

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

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

Sketch Plan

KPE (ECP)




Describe Circumstance of the Accident

Refer to Police Report NO: T/20230307/7032

Declaration

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

 X
Policyholder's Signature / Date & Time


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

 7/3/23
Witnessed by Reporting Centre Personnel



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

Report No. T/20230307/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2023 13:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEN JIAMING			Address: 465 SEGAR ROAD #05-160 SINGAPORE 670465		
ID Type / ID No.: NRIC NO / S8430915Z			Contact No.: Home/Office: Mobile: 88003812		
Nationality: SINGAPORE CITIZEN			Email: ANRITACHEN@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 18/09/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2023 17:00	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLR9141E	Car					3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

Report No. T/20230307/7032

CONTINUATION OF REPORT

Driver			
Name	CHEN JIAMING	ID No.	S8430915Z
Related Vehicle	SLR9141E (Car)	Contact No.	88003812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving SLR9141E along KPE(City) when the cars in front of me came to a stop.

I followed suit and managed to come to a stop with ample safety distance from the car in front.

A couple of seconds later, a huge impact slammed into my vehicle's rear, causing my vehicle to jerk forward violently.

My body lurched forward only to be restrained by my seat belt.

I checked on my 3 children, who were all belted inside my vehicle at that pt in time, to make sure that they are alright before alighting to realise that SKJ976B had crashed into the rear of my vehicle.

Initially, other than being abit startled, we were generally fine.

The following morning, I woke up with pain in my neck, shoulders, lower back areas.

All my children namely, Jefferson Chen Weijie, Thaddeus Ho Hao Zhe and Ureka Ho Rui Yi, also complained of similar aches over their bodies.

As such, we went to my wife's company doctor, Unihealth Jurong East, in the evening to seek treatment.

I was given 5 days MC while my children were given 4 days MC each for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20230307/7032

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

3 of 3

Report No. T/20230307/7032

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:
07/03/2023 13:09

Classification Of Case:

Motor Private Car

MX1F

N SN

AN0695A

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.

DMPCSNW00186302200

Engine No.: GB71039884

Cha. No.: LEB5568164

1. Index Mark and Registration
Number of Vehicle

SLR9141E

AUTOSAFE
=====

2. Name of Policy Holder

ONG PANG CHIAT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment01/09/2022
(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

31/08/2023

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.: WSJ 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

VEHICLE NO: SLR9141EMAKE & MODEL: HONDA FREED

AUTO/MANUAL

DATE OF ACCIDENT	<u>05 / 03 / 23</u>	C.C. <u>1,500</u>
TIME OF ACCIDENT	<u>1705</u>	AM / PM
LOCATION OF ACCIDENT	<u>KPE (ECP)</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>ONG PANG CHIAT</u>	
EMAIL <u>ANRITACHEN@gmail.com</u>	OFFICE: <u>—</u>	MOBILE: <u>88772990</u>
NRIC	<u>514865511</u>	
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>	
FLEET POLICY	YES / NO?	
INCURANCE CO.	<u>CN TAIPING</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DmPCSNW 1883 22 00</u>	
NAME OF DRIVER	AS ABOVE / IF NO: <u>CHEN JIAMING</u>	
NRIC	<u>SS4309152</u>	
DATE OF BIRTH	<u>18 / 09 / 84</u>	
ANY PASSENGER	YES / NO: <u>03</u>	
NAME OF PASSENGER	<u>Tedd (M), ureka (F), Jefferson (M)</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>29 / 11 / 05</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>88003812</u> Office: <u>—</u> Home: <u>—</u>	
EMAIL	<u>ANRITACHEN@gmail.com</u>	
ADDRESS	<u>465 SEGAR RD #05-160 S(670465)</u>	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: <u>—</u> INSURE: <u>—</u>	
RELATIONSHIP	Employee / If No: <u>PARENT</u>	
WEATHER CONDITION	Clear / Raining / Other: <u>After rain</u>	
ROAD SURFACE	Dry / Wet / Other: <u>Wet</u>	
ANY INJURIES	If yes, Who? <u>Neck & Back</u>	
CONTACT NO.	<u>Nil</u>	
ROLICE REPORT	If yes, Where? <u>Nil</u>	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who? <u>Nil</u>	
VEHICLE B NO.	<u>SKJ 976 B</u>	Any Passenger: <u>01</u>
NAME		
CONTACT NO.		Any Passenger:
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS	<u>Nil</u>	
WITNESS CONTACT NO.	<u>Nil</u>	
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>	
Original Language Used	<u>English / Mandarin / Others:</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	