

# NATIONAL Assessment Centre Services

Date In 04/04/23	Job description	Date & Time Completed	Done by
Ref No NA/LIP23003502/13	SAS e-filing		
Veh No SNC9444L	E-mail (within 2hrs. After 2hrs)		
DOA 04/04/23 0825	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: FBS193C	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 6610)	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

NA2300977	Invoice Preparation Checklist	Amr (\$)	A
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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) NI: Idas 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: Idas Mobile \$0		
Call 1:	Invoice date:	Fee Charged:	
Call 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	04/04/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 08:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TWDS CHANGI B4 SIGLAP RD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9444L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SWEE KOON(CHEN RUIJUN
NRIC No	SXXXX785J
Email Address	estherchen_90@hotmail.com
Mobile Phone No	(Phone) +65-81004683
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008 1.2 EAT8 ACTIVE PREMIUM
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	1199

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V15747/PC2/R00

#### DRIVER

Name of Driver	CHEN XIAOQI
NRIC No	SXXXX362C
Date Of Birth	02/04/1990
Occupation	Indoor

Date Of Driving Pass	16/10/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81004683
Alt. Phone Number	-
Email Address	estherchen_90@hotmail.com
Address	BLK 477C UPP SERANGOON VIEW
Address complement	#09-582
Postcode	533477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
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

PLS REFER TO THE POLICE REPORT:T/20230404/7010

#### 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	FBS193C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NG ZHI HAO
NRIC No	SXXXX928B
Contact Number	(Phone) +65-82886781
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	NG ZHI HAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBS193C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

## IMPORTANT NOTICE

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

(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.

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

[illegible]

Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT

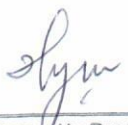
T/20230404/17010

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 & Time

 04/04/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20230404/7010

1 of 3

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

Report No. T/20230404/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2023 10:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEN XIAOQI			Address: 477C UPPER SERANGOON VIEW #09-582 SINGAPORE 533477		
ID Type / ID No.: NRIC NO / S9011362C			Contact No.: Home/Office: Mobile: 81004683		
Nationality: SINGAPORE CITIZEN			Email: estherchen_90@hotmail.com		
Sex: Female	Age: 33	Date of Birth: 02/04/1990	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/04/2023 08:25	Type of Location: Straight Road
Location:  SIGLAP ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS193C	Motorcycle					0
SNC9444L	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230404/7010

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

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Report No. T/20230404/7010

**CONTINUATION OF REPORT**

<b>Rider of fbs193c</b>				
Name	NG ZHI HAO		ID No.	S9907928B
Related Vehicle	FBS193C (Motorcycle)		Contact No.	82886781
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
<b>Driver</b>				
Name	CHEN XIAOQI		ID No.	S9011362C
Related Vehicle	SNC9444L (Car)		Contact No.	81004683
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On the stated time and date, I was driving my vehicle along ECP towards changi on lane 1 of 3 lanes. Infront vehicle brake I follow suit suddenly I felt an impact from my rear I slowly came to a stop and realised a motorcycle bearing carplate FBS193C had rear ended my vehicle. I quickly called for ambulance as the motorcyclist is injured and bleeding I wish to state I was not injured I making this report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**



T/20230404/7010

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

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Report No. T/20230404/7010

**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 /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476904

Signature Of Informant:

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

Date/Time:  
04/04/2023 10:47

Classification Of Case:

Date of Accident : 4/4/2023 Accident Time: 0825 HRS (24-HR-Format)  
Accident Place : ECP TWDS CHANGI BEFORE SIGLAP ROAD EXIT  
Vehicle No. (Car Plate No.) : SNC 9444 L Make/Model: PEUGEOT  
Insurance Company : LIBERTY Policy No: SD33 V15747 / VPCD / R00  
Owner or Company Name / IC No. : TAN SWEE KOON (S7410785 J)  
Owner or Company Contact No. : 8100 4683 Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : CHEN XIAOQI (S9011362 C)  
DRIVER'S Date Of Birth : 2/4/1990 DRIVER'S License Pass Date 16/10/2009  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 477 C UPPER SERANGOON VIEW # 09-582 S'533477  
DRIVER'S Contact No./ Alt No. : 1) 8100 4683 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : ESTHERCHEN\_90 @ HOTMAIL.COM  
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): 01

Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private Use \ Work Purpose  
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>⑥ FBS 193 C</u>	Vehicle. No: <u>-</u>
Vehicle Make \Model: <u>-</u>	Vehicle Make \Model: <u>-</u>
Name Driver: <u>-</u>	Name Driver: <u>-</u>
IC No. Driver/Contact: <u>-</u>	IC No. Driver/Contact: <u>-</u>

• NEW - Passenger's name & gender: -

## 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  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	<b>SD22V15747 /VPC2 /R00</b>
<b>Form</b>	<b>MX1</b>
<b>Date of Issue</b>	<b>08-NOV-2022</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	SNC9444L
<b>2.Chassis number of Vehicle:</b>	VF3MRHNSUMS206737
<b>3.Name of Policyholder:</b>	TAN SWEE KOON (CHEN RUIJUN)
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	26-NOV-2022 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	25-NOV-2024 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
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.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials or speed-testing.	
C) Use for the carriage of goods (other than samples) in connection with any trade or business.	
D) 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 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$400, Additional Excess For Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$0
<b>FINANCE COMPANY:</b>	OCBC BANK LTD
<b>PRODUCER NAME:</b>	SD CONTEGO SERVICES