

NATIONAL Assessment Centre Services		SNC 8235 B0002	
Date In: 11/05/2023 16:52	Job description	Date & Time Completed	Done by
Ref No: NBR 1212300484	SAS e-Milling		
Vol No: SLR 61521	E-mail (attach this, A/C this)		
D.O.A: 09/05/2023 13:00	i-Motor Claim Form		
QC: (P) Reporting Only	i-Motor W/O (white: OD 202, 20 11/23)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/W/ign		



## 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	11/05/2023 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/05/2023 13:00 (SGT)
Exact Location of Accident	Old Airport Rd, Singapore
Additional Location Information	CARPARK KM4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6152T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO JIN TAI
NRIC No	SXXXX893D
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-94884444
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSN00226172202

#### DRIVER

Name of Driver	CHAN HON MENG
NRIC No	SXXXX126E
Date Of Birth	07/08/1985
Occupation	Outdoor

Date Of Driving Pass	21/12/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94884444
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 39 UPPER BOON KENG ROAD #08-2414
Address complement	-
Postcode	380039
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230511/2055

#### 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	FBL6501U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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) ..... -



## 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

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

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

Sketch Plan


vehicle A SLR 6152T  
vehicle B FBL 6501U


Describe Circumstance of the Accident

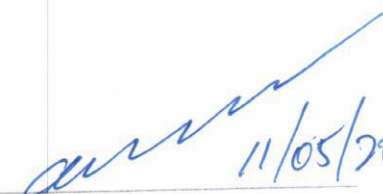
On 09/05/2023 at about 13:00 pm. I was driving along old Airport Road at carpark. I found a carpark lot and I hazard lights on and stop stationary, while reverse and park into the lot. Suddenly, vehicle B "FBL 65014" from my rear overtake right side and collided onto my rear right portion vehicle. Traffic police and ambulance came to the scene and vehicle B "FBL 65014" informed traffic police that his fault and private settlement with me and not convey to ambulance. The next day I received the rider message say that he wish to do insurance claim.

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

 11/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20230511/2055

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20230511/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2023 13:12		Vide Report No.:		Station Diary No.: 64	
<b>Informant's Particulars</b>					
Name of Informant: CHAN HON MENG		Address: APT BLK 39 UPPER BOON KENG ROAD #08-2414 SINGAPORE 380039			
ID Type / ID No.: NRIC NO / S8590126E		Contact No.: Home/Office:		Mobile: 94884444	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 37	Date of Birth: 07/08/1985	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: CARGO OFFICER			Driving Licence Information: Class: 3      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/05/2023 13:00	Type of Location: OLD AIRPORT ROAD FOODCOURT CARPARK NUMBER KM 4
Location:  OLD AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		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	Condition	No of Passenger
FBL6501U	Motorcycle					1
SLR6152T	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20230511/2055

2 of 3

Report No. T/20230511/2055

**CONTINUATION OF REPORT**

**Brief Details.**

On 09/05/2023 at about 1300hrs, I was driving my car (SLR6152T) along service road of the above-mentioned location. I was reversing my car to park my car into a parking lot and had already switched on my hazard lights.

While I was reversing my car, I heard a bang sound coming from the back. I then came down from the car to make a check and realised a motorcycle (FBL6501U) with one rider and one pillion had already hit my car on the back area.

I then assisted the rider and pillion to move one side to clear the roadway.

I then exchanged details with the rider, and he is Thomas Conceicao (HP:96777405)

Subsequently ambulance and traffic police came to the location, and ambulance attended to the rider and pillion who needed some medical assistance. Eventually the said rider and pillion was not conveyed to hospital. I wish to state that I did not suffer any injuries in the process.

We then discussed the matter together and the said rider informed that it was his fault and would like to proceed on with private settlement to which I agreed.

On 10/05/2023 I had received a text message from the said rider, and he informed that he wishes to do insurance claim instead.

I wish to state that the damages on my car were dents on the rear boot and crack on the rear bumper, and exhaust pipe on the rear right side dent.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

CONTINUATION OF REPORT



T/20230511/2055

3 of 3

Report No. T/20230511/2055

Signature of Officer Recording The Report:

J /

SGT 2 MUHAMMAD SYAFIQ BIN  
MAZLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT Ahmad Syafiq Bin Harris  
Contact No.: 65476201

Signature Of Informant:

Date/Time:

11/05/2023 13:12

Classification Of Case:

NP168

# ACCIDENT DATE & LOCATION

Date & Time of Accident \* Date: 09/05/2023 Time: 13:00 pm (24 hr format)  
 Exact Location of Accident \* Old Airport Road car park #M4

# INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLR 6152T Make & Type \*: Honda Civic  
 Name of Registered Owner \* Yeo Jin Cai  
 NRIC / FIN / Passport / Co Regn No. \* 58325893D  
 Contact Number \* 9488 4444 Email/Fax No: Winsen\_tingwei@hotmail.com  
 Exact Purpose for which vehicle was being used at Time of Accident ☒ Private Usage / ☐ Commercial or Company's Usage  
 Are you claiming under your own insurance policy for repair to your vehicle? \* ☐ Yes / ☒ No If No, Please state action to be taken  
☒ Third Party Claim (SYH / Other workshop?) / ☐ Reporting Only  
 INSURANCE COMPANY (OWN VEHICLE)  
 Name of Insurance Company \* China EQ / Etiqa / MSIG / Tokio Marine / Great American  
 Type of Policy \* Comprehensive / Third Party / Third Party Fire & Theft  
 Policy No. (Certificate No.) / Cover Note No. DMP C SNA 00226 172202

# DRIVER

Name of Driver \* CHAN HON MENG Gender \* ☒ Male / ☐ Female  
 NRIC / FIN / Passport Number \* 58590126E  
 Date of Birth \* 07/08/1985 (dd/mm/yyyy)  
 Occupation \* ☐ Indoor / ☒ Outdoor  
 Date of Driving Pass (Pass Date) \* 21/12/2019  
 Contact Number \* 9488 4444  
 Address \* 8116 39 Upper Boon Keng Road #08-2414 S (380 039)  
 Email Address / Fax Number \* Email: Winsen\_tingwei@hotmail.com Fax: \_\_\_\_\_  
 Relationship of the Driver with the Insured \* Owner / Employee / Spouse / ☒ Friend / Others:  
 Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company \*  
 Veh No: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Ins Co: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

# GENERAL INFORMATION OF THE ACCIDENT

Type of Collision Chain Collision / Side-Swipe / ☒ Front to Rear / Others:  
 Weather Conditions \* ☒ Clear / ☐ Raining / Others:  
 Road Surface \* Wet / ☒ Dry / Others:

# OTHER INFORMATION

Was anybody injured in the accident? \* ☒ No / ☐ Yes (Police Report required)  
 Was any injured conveyed to hospital by ambulance? ☒ No / ☐ Yes  
 Was any foreign vehicle involved in this accident? \* ☒ No / ☐ Yes Veh No: \_\_\_\_\_ Veh Category: \_\_\_\_\_  
 Number of vehicles involved in the accident (02)  
 Was there any witness? ☒ No / ☐ Yes  
 Was any other VEHICLE / Property involve / damage? \* ☐ No / ☒ Yes  
 Was there any video captured by Car Camera? ☒ No / ☐ Yes

# DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? \* ☐ No / ☒ Yes If Yes, Please state which Police Station  
 Was Notice of Intended Prosecution given? \* ☒ No / ☐ Yes If Yes, against whom?  
 Number of Passengers (Including DRIVER)? \* (01)  
 Passengers Name: \_\_\_\_\_ Gender: Male / Female  
 Name: \_\_\_\_\_ Gender: Male / Female  
 Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes ☒ No



DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) FBL 65014	2)
Vehicle Make / Model / Colour	Black	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0613A

Cov. Type:C

### 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)

CERTIFICATE No.	DMPCSNA00226172202	Engine No.: R16A14000133 Cha. No.: JHMFD46209S200018
1. Index Mark and Registration Number of Vehicle	SLR6152T	AUTOSAFE *****
2. Name of Policy Holder	YEO JIN CAI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22/10/2022 (00:00:00)	Named Drivers Ex Sect. I SS500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25 SS3,000.00 Ex Sect. I - Age >= 26 SS500.00 * Age as at date of accident EX ON WINDSCREEN . SS100.00
4. Date of Expiry of Insurance	21/10/2023	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>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.</p>	
6. Limitations as to use:	<p>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.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first SS500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	

\* 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: \_\_\_\_\_  
Elise Lim Xin Yi  
Authorised Officer

\_\_\_\_\_  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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