

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1/23005492/d4	SAS e-filing		
Veh No: SND 1918J	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 27/05/2023 21:10	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: SMH 9115Y	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:- (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

NA2301598	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2 / 3:	*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 dated	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	29/05/2023 16:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 21:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TUNNEL TOWARDS AMK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND1918J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAK CHONG YI
NRIC No	SXXXX126G
Email Address	CHONGYI.MAK@GMAIL.COM
Mobile Phone No	(Phone) +65-88760100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	DMPCSNW00060512301

DRIVER

Name of Driver	MAK CHONG YI
NRIC No	SXXXX126G
Date Of Birth	11/03/1991
Occupation	Indoor

Date Of Driving Pass	15/03/2016
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88760100
Alt. Phone Number	-
Email Address	CHONGYI.MAK@GMAIL.COM
Address	799A WOODLANDS DRIVE 60
Address complement	# 03-123
Postcode	731799
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	LE HUONG GIANG
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/20230528/7007

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	FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9115Y
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Purple
Vehicle Category	Private car
Name of Driver	KELLY
Contact Number	(Phone) +65-84180821
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	MAK CHONG YI
Gender	Male
Phone No	(Phone) +65-88760100
Address	799A WOODLANDS DRIVE 60
Address Complement	# 03-123
Post Code	731799
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SND1918J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LE HUONG GIANG
Gender	Female
Phone No	(Phone) +65-88862589
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SND1918J
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.

4

Policyholder's Signature / Date & Time

4

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 = SKD 1918J
Vehicle B = SMH 9115Y

CTE Tunnel Towards Amk

Describe Circumstance of the Accident

Refer To Police Report T/20230528/7007

Declaration

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

G

Policyholder's Signature / Date & Time

G

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

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



SINGAPORE POLICE FORCE



T/20230528/7007

1 of 4

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

Report No. T/20230528/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2023 11:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAK CHONG YI			Address: 799A WOODLANDS DRIVE 60 #03-123 SINGAPORE 731799		
ID Type / ID No.: NRIC NO / S9109126G			Contact No.: Home/Office: Mobile: 88760100		
Nationality: SINGAPORE CITIZEN			Email: CHONGYI.MAK@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 11/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SALE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2023 21:10	Type of Location: Straight Road
Location: CTE TUNNEL TOWARDS AMK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMH9115Y	Car	TOYOTA	PRIUS	Purple	Seriously Damaged	0
SND1918J	Car	BMW	216D ACTIVE TOURER D/AB LED	Black	Seriously Damaged	1



SINGAPORE POLICE FORCE



T/20230528/7007

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

2 of 4

Report No. T/20230528/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND1918J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000605 12301	12/04/2023	11/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KELLY		ID No.	NIL
Related Vehicle	SMH9115Y (Car)		Contact No.	84180821
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
Passenger				
Name	LE HUONG GIANG		ID No.	C4351078
Related Vehicle	SND1918J (Car)		Contact No.	88862589
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/05/2023		Date	28/05/2023
No. of Days granted Medical Leave	05		Degree of	Slight
Driver				
Name	MAK CHONG YI		ID No.	S9109126G
Related Vehicle	SND1918J (Car)		Contact No.	88760100
Hospital/Clinic	CENTRAL [CLINIC + SURGERY] MARINE PARADE		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/05/2023		Date	28/05/2023
No. of Days granted Medical Leave	05		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20230528/7007

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

3 of 4

Report No. T/20230528/7007

CONTINUATION OF REPORT

Brief Details.

On 27/5/2023 at about 2110 Hrs,i was driving my vehicle SND1918J along CTE tunnel towards AMK with one front seat passenger onboard(my girlfriend).while i was traveling straight on the left lane of three lane Road before the Clemenceau Exit,suddenly a vehicle SMH9115Y on my right lane abruptly cut into my lane and emergency stopped right in front of me.Due to sudden,i got no time to react,as the result my front left portion collided onto the said Vehicle right rear side portion.

I wish to state that the vehicle SMH9115Y try to cut three lane and wanted to exit Clemenceau without checking her blind spot and recklessly act and cause the accident happened and i also have the in car CCTV recorded.

After the accident we exchange particular and leave the scene.I and my girlfriend neck and back pain due to the impact of the accident so we consult doctor and was given 5 days MC each.



**SINGAPORE
POLICE FORCE**



T/20230528/7007

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

4 of 4

Report No. T/20230528/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

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

Date/Time:
28/05/2023 11:51

Classification Of Case:

SND 1918 J

Service Centre

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident?

Owner / Driver / Both

Date of Accident:

27/05/23

Time of Accident:

2110

(AM / PM)

Location of Accident:

SG CTE Tunnel Towards AMK

Country/State of Loss:

SG

Type of Accident:

Head to Rear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify —

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 / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type: —

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Traffic Police

Was notice of Prosecution given?

Yes / No

If yes, against whom? —

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No File too big, with owner

Was there any audio captured?

Yes / No

Details of Own Vehicle

Vehicle Registration No: SND 1918 J

Vehicle Category: Saloon

Vehicle Manufacturer: Bmw Vehicle Model: 216

Transmission: Manual / (Auto) Cc: 1.6

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

(Private Car) / Private Use / Employment

No. of passengers (including driver) 2

Passenger Name: Le Huong Giang

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: CNTP DMPCSNW00060512301

Coverage Type: ACT / (Comprehensive) / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / (No)

Registered Owner Name: Mak Chong Yi

ID Type: UEN / (NRIC) / Passport or FIN / Work Permit

Registered Owner ID: S 91091266

Email: CHONGYI.MAK@GMAIL.COM

Mobile No: 8876 0100

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver:

Mak Chong Yi

Gender:

☒ Male / Female

ID Type:

☒ NRIC / Passport or FIN / Work Permit

Driver's ID:

S9109126G

Date of Birth:

11/03/1991

Driving Pass Date:

15/Mar/2016

Mobile No:

CHONG YI.MAK@GMAIL.COM

Email:

8876 0100

Address 1:

799 A Woodlands drive 60

Address 2:

#03-123

Postal Code: 731799

Occupation:

☒ Indoor / Outdoor

Driver Owner Relationship

Owner

Does Driver own other vehicles?

Yes ☒ No

If yes, please provide Vehicle Registration No:

-

Handling Insurer:

-

TP Vehicle or Property

Was there any other vehicle or property damaged?

☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No:

SMH 9815 Y

(ii) Vehicle Category:

Saloon

(iii) No. of passengers (including driver)

unknown

Passenger Name:

-

Gender:

~~Male~~ / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident?

Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- | | | | | |
|-------|----------------------------------|---|---|-----------------------|
| (i) | Name: | <u>Male Chong Yi</u> | / | <u>Le Huong Giang</u> |
| (ii) | Gender: | <u>Male</u> / Female | | <u>Female</u> |
| (iii) | Injured Person in which Vehicle? | <u>SND19185</u> | | |
| (iv) | Full Address: | <u>799A Woodlands Drive 60</u>
<u>#03-123</u>
<u>S 731799</u> | | |

Witness Details

Was there any witnesses?

Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

Motor Private Car

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)

MX1E

R SN

AN0444A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00060512301

Engine No.: 33719651B37C15A

Cha. No.: WBA2B32070V791385

1. Index Mark and Registration
Number of Vehicle

SND1918J

AUTOSAFE
=====

2. Name of Policy Holder

MAK CHONG YI

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

12/04/2023

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

11/04/2024

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\$1,000 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. : OCBC BANK 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: _____
META AGENCY PTE LTD
Authorised Officer_____
Authorised Signatory