

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 13/06/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT123006040/J	SAS e-filing		
Yeh No: SMZ 7154C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/06/2023 17:48	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:	Yeh No: SNJ 6432D	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

NA2301738	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		1st Bill	Add E
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			
	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments:-	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Cat 1:	8) NTUC Additional Services:-			
Cat 2 / 3:	OD*			
	*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	13/06/2023 14:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2023 17:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK AVE 6, AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7154C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAN CHUN YUIN CHYI
NRIC No	SXXXX232D
Email Address	MASSIVETRD@GMAIL.COM
Mobile Phone No	(Phone) +65-91053307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00001492301

DRIVER

Name of Driver	SEAN CHUN YUIN CHYI
NRIC No	SXXXX232D
Date Of Birth	05/01/1977
Occupation	Outdoor

Date Of Driving Pass	19/05/1997
Driving experience	26 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91053307
Alt. Phone Number	-
Email Address	MASSIVETRD@GMAIL.COM
Address	APT BLK 460B BUKIT BATOK WEST AVE 9
Address complement	#04-43
Postcode	652460
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	Side Swipe
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)	3
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ6432D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOK SHI FU,FREDRIC
NRIC No	SXXXX664H
Contact Number	(Phone) +65-86542894
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	SEAN CHUN YUIN CHIYI
Gender	Male
Phone No	(Phone) +65-91053307
Address	APT BLK 460B BUKIT BATOK WEST AVE 9
Address Complement	#04-43
Post Code	652460
Approximate Age Years Old	-
Injuries Sustained	BACK&NECK PAIN
Injured person in which vehicle?	SMZ7154C
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 Authorised 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. The 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.

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

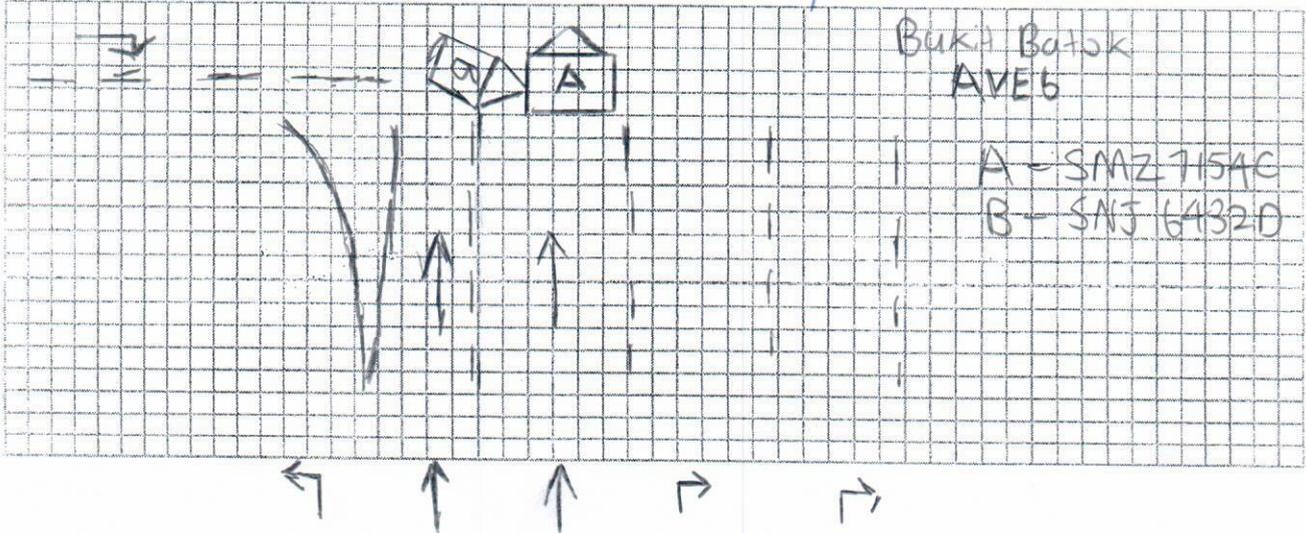
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 13/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Bukit Batok Ave 6, Ave 3



Describe Circumstance of the Accident

I was driving along bukit batok Ave 6, when the traffic lights turned Green vehicle B was on my left at bukit batok Ave 3 vehicle B failed to confirm red light and hit the rear left of my car.

Report Number
T/20230615/2041

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]

13/6/2023

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230613/2041

1 of 3
Report No. T/20230613/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 13:18
Vide Report No.:
Station Diary No.: 56

Informant's Particulars

Name of Informant: SEAN CHUN YUIN CHYI			Address: APT BLK 460B BUKIT BATOK WEST AVENUE 9 #04-43 SINGAPORE 652460	
ID Type / ID No.: NRIC NO / S7700232D			Contact No.: Home/Office: Mobile: 91053307	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 46	Date of Birth: 05/01/1977	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: GRAB DRIVER			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: 12/06/2023 17:45	Type of Location: X-Junction
Location: BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMZ7154C	Car	KIA	CERATO 1.6(A) SUNROOF	White	Slightly Damaged	2
SNJ6432D	Car	HYUNDAI	KONA		Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538776
Tel No: 1800-4890998



Report No: 1102/00170041

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective / Expiry Date
SMZ7154C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000149 2301	13/02/2023 / 12/02/2024
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SEAN CHUN YUIN CHYI	ID No.	S7700232D
Related Vehicle	SMZ7154C (Car)	Contact No.	91053307
Hospital/Clinic	LIM CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/06/2023 1748hrs, while I was driving my car (White KIA Cerato SMZ7154C) on Bukit Batok East Ave 6, going straight towards the other side of the cross junction, a White Hyundai Kona, SNJ6432D (GetGo Carsharing) dashed the red light from Bukit Batok East Avenue 3 turning right towards Bukit Batok East Avenue 6 and crashed into the left side of my car. The left passenger door of my car was dented and unable to open due to the crash. And the front of his car was crushed, and his car plate dropped. At that time, there were 2 grab passengers on my car, however I am unsure how many passengers were on his car. The driver (Mok Shi Fu, Fredric, S9535664H, 86542894) exited his car and made a check on his car. We both agreed on settling the accident through insurance. I went to Lim Clinic and Surgery as my back and neck felt pain after the accident and got 3 days MC.

I would like to add that I have the video footage of the accident from my dashcam. I am making this report for insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Hougang N.P.C.

80 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890996



T202306132041

1 of 3

Report No: T202306132041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 CHUA HUI TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/06/2023 13:18

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No. 55476151

Classification Of Case:

NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 12/16/2023	TIME OF ACCIDENT : 1748
VEHICLE NO : SM27154C	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Kia Cerato	LOCATION : Bukit Babak Areb, 3
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : CTI	POLICY NO : DMHCSNA 00001492301
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (<u>SALOON</u>) / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Seon Chun Yuin CH41	NRIC : 577002320
ADDRESS : #04-43 APT Blk 460B bukitbutak West Ave 9 S(652460)	CONTACT NO : 9105 3307
EMAIL ADDRESS : MaSSivetrd@gmail.com	VIDEO RECORDING : <u>YES</u> / NO
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : <u>577002320</u> CONTACT NO : <u>9105 3307</u>
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : 2 MALE () FEMALE (2)
DATE OF BIRTH : 05 / 01 / 1977	DRIVING PASSING DATE : 19 / 05 / 1997
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES : NO, IF <u>YES</u> : <u>Back, Neck Pain</u>	POLICE REPORT : <u>NO</u> / IF <u>YES</u> WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SNJ 6432D</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Mok SHI Fu, Fredric</u>	DRIVER NAME : _____
NRIC : <u>S9535664H</u>	NRIC : _____
CONTACT : <u>8654 2894</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

Motor Hire Car

MZ406L/B

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)

R SN

AN0478A

Cov. Type C

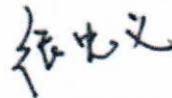
CERTIFICATE No.	DMHCSNA00001492301	Engine No.: G4FGKH746545	
		Cha. No.: KNAF5416MK5051160	
1. Index Mark and Registration Number of Vehicle	SMZ7154C	AUTOSAFE	*****
2. Name of Policy Holder	SEAN CHUN YUIN CHYI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13/02/2023 (00.00.00)	Excess Sect I	S\$1,250.00
		Excess Sect. I (Outside Singapore)	S\$2,500.00
		Excess Sect. II	S\$1,250.00
4. Date of Expiry of Insurance	12/02/2024	Excess Sect. II (Outside Singapore)	S\$2,500.00
		EX ON WINDSCREEN	S\$100.00
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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. SEAN CHUN YUIN CHYI		
6. Limitations as to use:*	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: Muhammad Safwan Bin Mohamed
 Authorised Officer



Authorised Signatory