

NATIONAL Assessment Centre Services

Date In: 22/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/CT/17024287/13	SAS e-filing		
Veh No: SJH8462L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/12/17	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: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: 50782129	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

NA/707902	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 (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	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 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 ability.
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 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 Report	22/12/2017 15:38
Date Of Accident	21/12/2017 09:40
Exact Location Of Accident	BKE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8462L
Insured/Policyholder	
Name Of Registered Owner	MISS LEONG EN LING(LIANG ENLING)
NRIC No	S8218816I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83830298
Alternative Phone No	OTHERS-83830298

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3112411600
Cover Note Number	

Driver

Name of Driver	TOH CHUN HONG(ZHUO JUNHONG)
NRIC No	S8006182Z
Date Of Birth	20/02/1980
Occupation	INDOOR
Date Of Driving Pass	09/04/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91592472
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	21 CANBERRA DRIVE #11-43
Postcode	768076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LEONG EN LING GENDER: : FEMALE
Passenger 2	NAME: : PAUL YONG JIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT8212A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH CHUN HONG(ZHUO JUNHONG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH8462L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEONG EN LING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH8462L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	PAUL YONG JIE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH8462L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

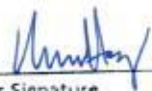
IMPORTANT NOTICE

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

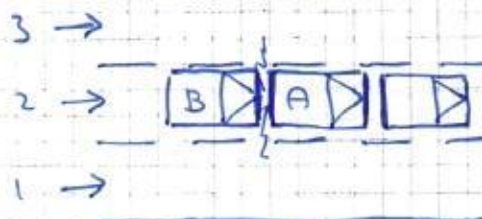
 22/12/17
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BKE TOWDS PIE

VEHICLE A - SJH 8462 L

VEHICLE B - SDT 8212 A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BKE TOWARDS PIE, I WAS ON THE 2nd LANE (LANE 2).

WHILE DRIVING STRAIGHT AHEAD, DUE TO HEAVY TRAFFIC THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

AUGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SDT 8212 A) HAD COLLIDED TO THE REAR OF MY VEHICLE.

THE ACCIDENT PROCESS WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SJH 8462 L

VEHICLE B - SDT 8212 A

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SSH 8462L	Model / Make	TOYOTA PRUUS
Date of Accident	21/12/17		
Time of Accident	0940	HRS	
Location of Accident	BKIE TOWARDS PIE AFTER		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LEONG EN LINH		
Telephone No.	H/P: 8383 0298	Home:	Office:
NRIC	S 82189161		
Address	21 CANBERRA DR #11-43 S(768076)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIRANK		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPCSN3112411600		
Name of Driver	As Above If No, TOH CHUN HONH		
NRIC	S 80061828	Any Passengers:	2
Date of birth	20/02/1980		
Occupation	Outdoor / Indoor		
Driving License Pass Date	09 APR 2012		
Gender	Male / Female		
Contact No.	H/P: 9159 2472	Home:	Office:
Address	21 CANBERRA DRIVE #11-43 S(768076)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	SPOUSE
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	TOH CHUN HONH 9159 2472
Name And Contact No.	LEONG EN LINH 8383 0298		
Name And Contact No.	PAUL YONH SIE 9127 6088		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SDT 8212 A	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	enlingjunhong@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / No	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



F/20160904/2130

1 of 3

Report No. F/20160904/2130

POLICE REPORT (NP322)

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 04/09/2016 19:27	Vide Report No.	Station Diary No. 118
Name Of Informant TOH CHUN HONG	Address 21 CANBERRA DRIVE #11-43 SINGAPORE 768076	
ID Type / ID No. NRIC NO / S8006182Z	Contact No. Home/Office Mobile 91592472	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation	Sex Male	Age 36
Compliance Officer	Date of Birth 20/02/1980	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 04/09/2016 14:00	Location Of Incident 21 CANBERRA DRIVE 1 CANBERRA SINGAPORE 768076	

Brief details.

On the above mentioned date, time and location, I realized the loss of the below mentioned item. I am unsure where I misplaced them.

Property Information

Signature Of Officer Recording The Report:

F / Cpt BENJAMIN TAN CHAO FENG

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Yishun North N.P.C /
SSI 2 SUDESH KUMAR NAIR
Contact No.: 68529999

Authentication Stamp



Signature:

Singapore Police Force

SN 085

Signature Of Informant:

Date/Time:
04/09/2016 19:27

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20160904/2130

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		ONE BROWN LEATHER WALLET
2	Identity Card	Lost	SINGAP ORE NRIC			1		ONE SINGAPORE PINK NRIC
3	Credit Card / Debit Card/ ATM Card	Lost	HSBC LTD			1		ONE HSBC CREDIT CARD
4	Credit Card / Debit Card/ ATM Card	Lost	POSB			1		ONE POSB CREDIT CARD
5	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		ONE DBS CREDIT CARD
6	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSE AS BANK LTD			1		ONE UOB CREDIT CARD

Signature Of Officer Recording The Report:

Spl
F / Cpl BENJAMIN TAN CHAO FENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Yishun North N.P.C /
SSI 2 SUDESH KUMAR NAIR
Contact No.: 68529999

Authentication Stamp



Signature: *[Signature]*

Singapore Police Force

SN 085

Signature Of Informant:

[Signature]

Date/Time:
04/09/2016 19:27

Classification Of Case:

FUPO hotline number: 68429645



SINGAPORE POLICE FORCE



F/20160904/2130

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20160904/2130

7	Credit Card / Debit Card/ ATM Card	Lost	BANK OF CHINA LTD			1		ONE BANK OF CHINA CREDIT CARD
8	Credit Card / Debit Card/ ATM Card	Lost	POSB			1		ONE POSB ATM CARD
9	Credit Card / Debit Card/ ATM Card	Lost	UNITED OVERSEAS BANK LTD			1		ONE UOB ATM CARD
10	Cash	Lost				1	Singapore Dollars 100.00	S\$100.00/-
11	General property	Lost				1		ONE GV MOVIE CARD

Signature Of Officer Recording The Report:

F / ^{set} Cpt BENJAMIN TAN CHAO FENGSignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Yishun North N.P.C /
SSI 2 SUDESH KUMAR NAIR
Contact No.: 68529999

Signature Of Informant:

Date/Time:
04/09/2016 19:27

Classification Of Case:

Authentication Stamp



Signature:

Singapore Police Force

SN 085

FUPO hotline number: 68429645

owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8218816I



Name

LEONG EN LING
(LIANG ENLING)

梁 恩 菱

Race

CHINESE

Date of birth

13-06-1982

Sex

F

S8218816I

Country of birth

SINGAPORE

5083552



NRIC No S8218816I



Date of issue

26-06-2012

21 CANBERRA DRIVE #11-43
SINGAPORE 768076

NRIC No S8218816I

Date: 25/08/2016

Dauren

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8006182Z



27mm

TOH CHUN HONG
(ZHUO JUNHONG)

卓俊宏

Race

CHINESE

Date of birth

20-02-1980

Sex

M

Country of birth

SINGAPORE

0.00519 L



Dauren



4 5 4 5 7 5 4

MARC No. S8006182Z



Address

APT BLK 321 YISHUN CENTRAL
#07-315
SINGAPORE 760321

Date of issue

16-03-2010

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8006182Z**

Name
TOH CHUN HONG
(ZHUO JUNHONG)

Birth Date: **20 Feb 1980**
Issue Date: **09 Apr 2012**

002058754E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 09 Apr 2012

NP 428A



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)

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | Tel: 6339 2592
Trivex @ 8 Burn Road #09-09
Contact us @ cowell.com.sg

CERTIFICATE No.	DMPCSN3112411600	Engine No : 1NZ5171459 Chassis No: JTDKB20U103462776
1. Index Mark and Registration Number of Vehicle	SJH8462L	
2. Name of Policy Holder	MISS LEONG EN LING (LIANG ENLING)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 NOVEMBER 2016	NAMED DRIVERS EX SECT. I.....S\$500.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....S\$3,000.00 EX SECT. I - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	26 FEBRUARY 2018	EX ON WINDSCREEN.....S\$100.00
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.		

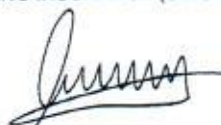
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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.



Countersigned By:

Authorised Officer



Authorised Signatory