

**NATIONAL Assessment Centre Services.** [ver 1 Jan'09]

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: 25/10/18        | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CI18019423/13 | SAS e-filing                             |                       |         |
| Veh No: 5MCS459H         | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: 24/10/18 2030     | 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: ( N-51 Tel: Fax: )

TP Particulars: Vch No: SKZ303J 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA1807000                       | Invoice Preparation (INC Credit)                | Amo (\$)    | Amo (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30)                |             |          |
|                                 | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |          |
|                                 | 3) TP: Towing Fee \$40/\$45                     |             |          |
|                                 | 4) FT: Follow-Through Survey \$120              |             |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2009) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) NI: Idao DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:                    |             |          |
|                                 | OD*   |             |          |
| Driver/Owner:                   | *NS: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *NG: Repair Co-ordination \$10                  |             |          |
|                                 | *IN: Post Repair Inspection \$25                |             |          |
|                                 | *NB: DV / Collect Excess Coordination \$5       |             |          |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |          |
| Contact No:                     | 9) N12: Idao Mobile 30                          |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
| Damaged Portion:                | Invoice dated                                   | Fee Charged |          |
|                                 |   |             |          |
| QC Checked by (Engr-In-Charge): |   |             |          |
|                                 |   |             |          |
| Auditors' Comments:             |   |             |          |
|                                 |   |             |          |
| 2 of 1:                         |   |             |          |
| 2 / 3:                          |   |             |          |

## 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 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 Report             | 25/10/2018 15:24               |
| Date Of Accident           | 24/10/2018 20:30               |
| Exact Location Of Accident | WEST COAST HIGHWAY TWDS KEPPEL |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SMC5459H                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | M/S MANDAI MOTOR TRADING |
| Co Reg No                   | 52862320J                |
| Email Address               | NOEMAIL                  |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-67775585          |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | BMW                     |
| Model  | 316                     |
| Exact Purpose for which vehicle was being used at time of accident           | OTW TO CUST FOR VIEWING |
| 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          | THIRD PARTY                                   |
| Fleet Policy              | NO  |
| Policy Number             | DMTPSN1731061801                              |
| Cover Note Number         |   |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | KOR YEN LING           |
| NRIC No              | S8210679J              |
| Date Of Birth        | 03/04/1982             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 31/05/2004             |
| Driving Experience   | 14 YEARS AND 4 MONTHS  |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-98478755   |
| Fax Number           |                        |
| Contact Number       |                        |
| E Mail Address       | STASIA_KOR@HOTMAIL.COM |

|   |  |
|---|--|
| Address   | BLK 470A UPPER SERANGOON CRESCENT<br>#08-310 |
| Postcode  | 531470                                       |
| Was driver an employee of the Insured's Company     | YES  |
| If No, Relationship of the Driver with the Insured  |  |
| 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?  | YES |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | SENGKANG NPC   |
| Police Station Address                    | ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181025/2039

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SKZ303J     |
| 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  | KOR YEN LING |
| Approximate Age                                     |              |
| Injuries Sustain                                    | SLIGHT       |
| Injured person in which vehicle?                    | SMC5459H     |
| Were seat belts worn?                               | YES          |
| Was this injured conveyed to hospital by ambulance? | YES          |
| 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:

*Atania*

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

*[Signature]* 25/10/18

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

SKETCH PLAN

(A) SMC 54594  
(B) SKZ 303J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report  
No: T/20181025/2039

DECLARATION

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



Policyholder's Signature  
Date & Time:

Atania

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

25/10/18

Reporting Centre Personnel's Signature  
Name:  
Date & Time:





Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                            |  |                                 |
|-----------------------------------|----------------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                            |  |                                 |
| No. of Pedestrians Injured: NIL   |                            | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                            |  |                                 |
| Name                              | KOR YEN LING               | ID No.                                 | S8210679J                       |
| Related Vehicle                   | SMC5459H (Car)             | Contact No.                            | 98478755                        |
| Hospital/Clinic                   | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 24/10/2018                 | Date Discharge                         | 24/10/2018                      |
| No. of Days granted Medical Leave | 06                         | Degree of Injury                       | Slight                          |

**Brief Details.**

On the 24/10/2018 at about 2030hrs, I was driving my company car bearing the registration number SMC5459H along West Coast Highway. I was driving on the 1st lane of the two lane highway.

Out of the sudden, I felt an impact coming from the rear left side of my vehicle. I then checked on the side mirror, and noticed that there was another vehicle coming from the left side of my vehicle. The vehicle then passed my vehicle and I signalled to the driver to stop by the side by pressing the vehicle horn. However, the driver then sped off. I then managed to obtain the vehicle number which was SKZ303J. I tailed the driver which he slowed down and exited the highway. Upon exiting the highway, the driver then picked up the speed and sped off back into the West Coast Highway again.

Subsequently, I stopped at the nearest bus stop and informed my employer regarding the accident and wanted to snap some pictures. I later then felt dizzy and vomited. I later that there was pain on my neck area. Subsequently, I called for the police and ambulance.

I wish to state that I obtained a 6-day medical certificate dated from 24/10/2018 till 29/10/2018 from Singapore General Hospital. I also wish to state that my company's vehicle sustained damages such as dents and scratches on the rear left bumper. Of which, I do not know the cost of damage to my company's vehicle. I further wish to state that police and ambulance came down to assist me with the accident.



**SINGAPORE  
POLICE FORCE**



T/20181025/2039

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20181025/2039

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

|   |   |
|---|---|
| Signature Of Officer Recording The Report:<br>F /<br>Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD YUSOFF | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>25/10/2018 11:34  |
| Officer In Charge Of Case:<br>TP / HRT /<br>Sr Staff Sgt TAN JEOK LENG<br>Contact No.: 65476144 | Classification Of Case:<br><br>   |

Authentication Stamp  
NP168



|  |   |                            |                            |         |
|--|---|----------------------------|----------------------------|---------|
| Vehicle No.  | SMC 5459 H  |                            | Model / Make               | BMW 316 |
| Date of Accident   | <del>the</del> 24/10/18                               |                            |                            |         |
| Time of Accident   | 2030 HRS  |                            |                            |         |
| Location of Accident   | West Coast Highway towards Keppel.                    |                            |                            |         |
| Exact purpose use during accident  | On the way to customer for viewing.                   |                            |                            |         |
| Name of Owner  | Mandai Motor Trading                                  |                            |                            |         |
| Telephone No.  | H/P:  | Home:                      | Office: 6777 5585          |         |
| NRIC   | 52862320 J  |                            |                            |         |
| Address  | 31 West Coast Highway #01-09 (2) 117864.              |                            |                            |         |
| Claim type   | OD  | THIRD PARTY REPORTING ONLY |                            |         |
| Insurance Company  | China Taiping   |                            |                            |         |
| Type of Coverage   | Comprehensive   | Third Party                | Third Party / Fire / Theft |         |
| Policy No.   | DMTPSN1731061801                                      |                            |                            |         |
| Name of Driver   | As Above If No, Kor Yen Leng                          |                            |                            |         |
| NRIC   | 982106797   | Any Passengers: N.A.       |                            |         |
| Date of birth  | 03/04/1982  |                            |                            |         |
| Occupation   | Outdoor / Indoor                                      |                            |                            |         |
| Driving License Pass Date  | 31/05/2004  |                            |                            |         |
| Gender   | Male  | Female                     |                            |         |
| Contact No.  | H/P: 9847 8755  | Home:                      | Office:                    |         |
| Address  | BLK 470A, Upper Serangoon Crescent #08-310 (3) 531470 |                            |                            |         |
| Driver have any own vehicle  | No  | If yes, Reg No.            |                            |         |
| Relationship   | Employee  | If no, state               |                            |         |
| Weather condition  | Clear   | Raining                    | Other                      |         |
| Road Surface   | Dry   | Wet                        | Other                      |         |
| Any Injuries   | No  | If Yes, Who?               |                            |         |
| Name And Contact No.   | Kor Yen Leng (H/P: 9847 8755)                         |                            |                            |         |
| Name And Contact No.   |   |                            |                            |         |
| Police Report  | No  | If Yes, Where?             | Sengkang N.P.C.            |         |
| Vehicle B No.  | SKZ 303 J   | Any Passengers: Not sure   |                            |         |
| 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   | N.A   | Witness Contact: N.A.      |                            |         |
| Accident Portion   | Rear Portion.   |                            |                            |         |
| Camera Recorder  | Yes <input checked="" type="checkbox"/> No            |                            |                            |         |
| Email Address  | stasia_kor@hotmail.com                                |                            |                            |         |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | Yes / <input checked="" type="checkbox"/> No          |                            |                            |         |
| PARTICULAR WORKSHOP  | N-51  |                            |                            |         |
| CONTACT NO.  | 6842 0051 / 6744 0510                                 |                            |                            |         |
| CONTACT PERSON   | Huixin  |                            |                            |         |
| FAX NO   | 6741 0510   |                            |                            |         |
| WORKSHOP EMAIL ADDRESS   | sales@n51.com.sg                                      |                            |                            |         |

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8210679J**

Name: **KOR YEN LING**

Birth Date: **03 Apr 1982**

Issue Date: **31 May 2004**



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: **S8210679J**



Name: **KOR YEN LING**

许燕玲

Race: **CHINESE**

Date of birth: **03-04-1982** Sex: **F**

Country of birth: **SINGAPORE**

S8210679J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE  
**31 May 2004**



NP 428A



5065212



NRIC No: **S8210679J**

Date of issue  
**24-05-2012**

APT BLK 470A UPPER SERANGOON CRESCENT #08-310  
SINGAPORE 531470

NRIC No: **S8210679J** Date: **30/07/2014**

MOTOR TRADE POLICY

**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)

Cov. Type: T  
**PLM 312825**

ORIGINAL

CERTIFICATE No. **DMTFSN1731061801**

1. Index Mark and Registration Number of Vehicle **Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.**
2. Name of Policy Holder **M/S MANDAI MOTOR TRADING**
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment **20 May 2018**
4. Date of Expiry of Insurance **19 May 2019**

5. Persons or Classes of Persons entitled to drive\*  
**As per Schedule.**

**Any other person provided he is driving with the Policyholder's permission and is accompanied by a named driver of the Policyholder under the Policy.**

**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 only for Motor Trade purposes.**

7. The Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

*\* 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: .....

  
Authorised Officer

  
Authorised Signatory