

# NATIONAL Assessment Centre Services

Date In: 03/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19015562/13	SAS e-filing		
Veh No: SLQ 785L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/09/19 1630	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: UNKNOWN	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

NA1906682	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2/3:	9) N12: Idac Mobile \$0		
	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 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	03/09/2019 12:56
Date Of Accident	02/09/2019 16:30
Exact Location Of Accident	TANGKAK(JB)TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ785L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TOH SHEN LEE
NRIC No	S8907901B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98152324
Alternative Phone No	OTHERS-98152324
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	LEXUS
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3077271800
Cover Note Number	
<b>Driver</b>	
Name of Driver	TOH CHEW LIM
NRIC No	S1174747G
Date Of Birth	09/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1973
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96280120
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 1 EVERTON PARK #05-35
Postcode	081001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 (including own vehicle) involved in the accident	3
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)	4
Passenger 1	NAME: : CHUA LAY CHING GENDER: : FEMALE
Passenger 2	NAME: : CHUA LAY HONG GENDER: : FEMALE
Passenger 3	NAME: : KHO SWEE TING GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT AMAN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I AND MY FAMILY WAS TRAVELLING FROM TANGKAK TWDS SINGAPORE ON THE RIGHT LANE. SUDDENLY I FELT THE IMPACT FROM MY REAR AND MY VEH LOST CONTROL TO THE LET LANE AND HIT DIVIDER. MY VEH SPIN AND HIT ONTO THE TRAILER (VEH C) AND SPIN AGAIN THAN HIT ONTO DIVIDER AGAIN. ALL OF US WAS INJURED AND MY VEH BADLY DAMAGED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MISSING WHEN AFT ACCIDENT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	

Details Of Properties  
Vehicle Category NA/UNKNOWN  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JGW3666  
Vehicle Make/Model/Colour TRAILER  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 CHEW LIM  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLQ785L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA LAY CHING  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLQ785L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 3

Name CHUA LAY HONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLQ785L  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name KHO SWEE TING

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SLQ785L

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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to statement.

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.:



# POLIS DIRAJA MALAYSIA

## REPOT POLIS

Balai : Bukit Aman  
Daerah : Bukit Aman  
Kantinjen : BUKIT AMAN  
No Repot : TRAFIK KULAJAJAYA/008919/19  
Tarikh : 02/09/2019  
Waktu : 1838 PM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R119004

Butir-butir Penerima Repot

Nama : ZAMZAM BIN PAIMAN  
Butir-butir Jurubahasa (Jika Ada)  
Nama : CHUA CHIN SONG  
No Paspot : ---  
Alamat: NO 16 JALAN KERUING MEMPELAS 1 TAMAN KOTA 83700 YONG PENG JOHOR

No Personel : R119004  
Pangkat : SJN  
No K/P (Baru) : 820721015637  
Bahasa Asal : CINA  
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : TOH CHEW LIM  
No K/P (Baru) : ---  
No Sijil Beranak : S11747476  
Jantina : Lelaki  
Keturunan : Cina  
Pekerjaan : BERNIAGA  
Alamat Tempat Tinggal : APT BLK 1 EVERTON PARK # 05-35 SINGAPORE 081001, 081001  
Alamat Ibu/Bapa : ---

No Polis/Tentera : ---  
No Paspot : E5437052L  
Tarikh Lahir : 09/10/1955  
Warganegara : Singapore  
Umur : 63 tahun 10 bulan

Alamat Pejabat : ---

No Tel (Rumah) : ---

Emel : ---

No Tel (Pejabat) : ---

No Tel (HP) : 96280120

**Pengadu Menyatakan:-**

PADA 02/09/2019 JAM LEBIH KURANG 1630 HRS SEMASA SAYA MEMANDU MIKAR NO PENDAFTARAN SLQ785L JENIS LEXUS BERSAMA KELUARGA DARI TANGKAK HENDAK BALIK KE SINGAPORE, SAMPAI DI KM 29.5 ARAH SELATAN LEBUHRAYA UTARA - SELATAN SAYA MEMANDU DI LORONG KANAN, TIBA-TIBA MIKAR SAYA TELAH DI LANGGAR DARI ARAH BELAKANG OLEH KENDERAAN NO PENDAFTARAN DAN JENIS TAK PASTI, LALU SAYA HILANG KAWALAN DAN TERBABAS KE LORONG KIRI DAN TERUS MELANGGAR PENGHADANG JALAN DI SEBELAH KIRI DAN MIKAR SAYA TELAH BERPUSING KE LORONG KIRI DAN TELAH DI LANGGAR OLEH MIKAR TRALLER NO PENDAFTARAN JGW3666 JENIS VOLVO FH12 NO TRALLER T1JA2161 DAN MIKAR SAYA TELAH BERPUSING LAGI DAN TERUS MELANGGAR PENGHADANG JALAN DI SEBELAH KIRI JALAN. DALAM KEJADIAN TERSEBUT SAYA TELAH MENGALAMI KECEDERAAN RINGAN DI TANGAN SEBELAH KANAN, SAKIT KEPALA, SAKIT DI BAHAGIAN BELAKANG BADAN. ISTERI SAYA NAMA: CHUA LAY CHING NO PASSPORT: E5773240E TELAH MENGALAMI SAKIT DI BAHAGIAN BELAKANG BADAN, RASA TERKEJUT, RASA HENDAK MUNTAH, ADIK IPAR SAYA NAMA: CHUA LAY HONG NO. PASSPORT: K0864662H MENGALAMI SAKIT DI BAHAGIAN BELAKANG BADAN. EMAK MERTUA SAYA NAMA: KHO SWEE TING NO. PASSPORT: K0381498D MENGALAMI CEDERA RINGAN DI BAHAGIAN TANGAN KIRI, SAKIT KEPALA. MIKAR SAYA TELAH MENGALAMI KEROSAKKAN DI BAHAGIAN HADAPAN BUMPER, BONET, TANGKI AIR / TANGKI PENGHAWA DINGIN, FANDER, BAHAGIAN ENJIN, LAMPU BESAR KIRI / KANAN, MARGUARD DEPAN KIRI / KANAN, RIM / RODA / ARM KIRI / KANAN HADAPAN. KEROSAKKAN DI BAHAGIAN BELAKANG BUMPER / BONET, LAMPU KIRI / KANAN, MARGUARD KIRI / KANAN DI BAHAGIAN BELAKANG, CERMIN BESAR BELAKANG, RIM / RODA RAM KIRI / KANAN, PINTU KIRI / KANAN DI BAHAGIAN DEPAN / BELAKANG DAN LAIN-LAIN KEROSAKKAN SAYA BELUM PASTI LAGI. SAYA BUAT LAPORAN UNTUK RUJUK PIHAK BERKENAAN. SEKIAN LAPORAN SAYA.

Tandatangan Penerima Report:

Tandatangan Lurah/Pejabat (Jika ada):

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1174747G



Name  
TOH CHEW LIM

卓樹林

Race  
CHINESE

Date of Birth  
09-10-1955

Sex  
M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1174747G

Name  
TOH CHEW LIM

Birth Date: 09 Oct 1955

Issue Date: 30 Nov 2003

1001027443K

2644935



NRIC No. S1174747G



1307

Blood Group: A+ Date of issue: 14-06-1995

APT BLK 1 EVERTON PARK #05-35  
SINGAPORE 081001

NRIC No: S1174747G Date: 15/08/2008 (R) No: 6097843

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Sep 1976
Class 2A	Motorcycles between 201 cc and 400 cc	03 Sep 1976
Class 2	Motorcycles exceeding 400 cc	03 Sep 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Dec 1973
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	27 Jun 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7500 kilograms	28 Dec 1977

Licence No: S1174747G

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)

CERTIFICATE No. DMPCSN3077271800 Engine No : 4GR0560993  
Chassis No: JTHBK262405098829  
1. Index Mark and Registration Number of Vehicle SLQ785L  
2. Name of Policy Holder MR TOH SHEN LEE  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 04 DECEMBER 2018 (15:16 HOURS) NAMED DRIVERS EX SECT. I .....S\$1,500.00  
IN ADDITION TO NAMED DRIVERS EX:  
4. Date of Expiry of Insurance 03 DECEMBER 2019 EX SECT. I - AGE <= 25 .....S\$3,000.00  
EX SECT. I - AGE >= 26 .....S\$500.00  
\* AGE AS AT DATE OF ACCIDENT  
5. Persons or Classes of Persons entitled to drive \* EX ON WINDSCREEN .....S\$100.00

(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. | THONG LEE TRADING PTE LTD AS HP OWNER

\* 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.

ITRUST PTE LTD  
52 FOCH ROAD  
#03-02  
SINGAPORE 209274  
TEL: 6488 0885 FAX: 6286 0295  
EMAIL: itrust@singnet.com.sg  
Authorised Officer

Countersigned By:

Authorised Signatory