

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MAHMOOD 857**

Date In: 17/12-01:17	Job description	Date & Time Completed	Done by
Ref No: 1A/C72200710574	SAS e-filing		
Veh No: 5MSSP32	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/12-01:20	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **JAD126M** 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	
	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 1:	6) TR: Re-inspection \$75	
	7) N1: Idac DA + SMRT Survey \$160	
Dat. 2 / 3:	8) NTUC Additional Services:-	
	9) N12: Idac Mobile 30	
	*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 (N-in INC) against INC \$20	
	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	13/07/2020 09:17
Date Of Accident	09/07/2020 01:20
Exact Location Of Accident	CTE TWDS SLE AFTER BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5834Z
Insured/Policyholder	
Name Of Registered Owner	LOH AIK KOON
NRIC No	SXXXX925C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91885278
Alternative Phone No	OFFICE-91885278

Vehicle Particulars

Manufacturer	AUDI
Model	R8
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	DMPCSNW00083192000
Cover Note Number	

Driver

Name of Driver	LOH AIK KOON
NRIC No	SXXXX925C
Date Of Birth	11/08/1971
Occupation	INDOOR
Date Of Driving Pass	28/08/1989
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91885278
Fax Number	
Contact Number	OFFICE-91885278
EEmail Address	NOEMAIL

Address	30 MOUNT VERNON ROAD #06-02
Postcode	368055
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200709/7013.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD106M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 LOH AIK KOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMS5834Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

X 

Policyholder's Signature
Date & Time:

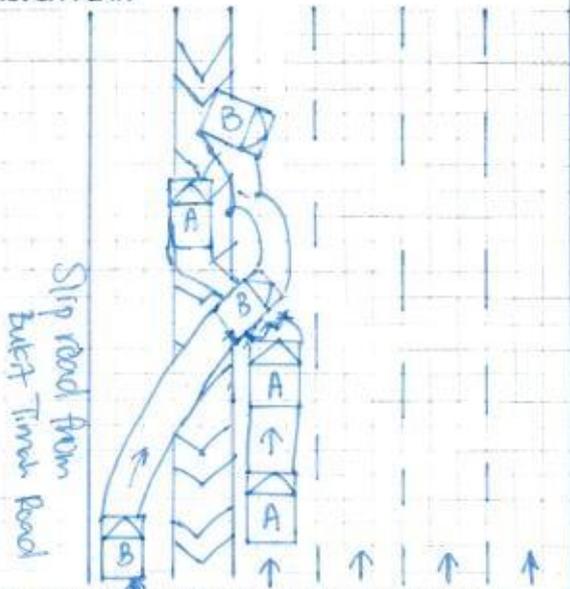


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



Veh A : SMS5834Z
 Veh B : SHD106m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMS5834Z) traveling along CTE twds SLE on forth lane of a 4-lanes, expressway. Somewhere after Bukit Timah Road Exrt, vehicle B (SHD106m) drove out from the slip road and suddenly filter to my lane. As a result, the front right portion of vehicle B collided onto the front portion of my vehicle. Due to the impact, my vehicle was stopped at the white line, and vehicle B skided one round. I then moved my vehicle to the road side.

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.	SMS5834-Z	Model / Make	Audi R8
Date of Accident	9/7/2020		
Time of Accident	0920	HRS	
Location of Accident	Along CTE towards SLE after Bukit Timah Road		
Exact purpose use during accident	Private Use		
Name of Owner	Loh Ark Koon		
Telephone No.	H/P : 9188 5278	Home :	Office :
NRIC	S7131925C		
Address	30 Mount Vernon Road #06-02S(368055)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	China Tapping		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPCSNW0008319200		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	-
Date of birth	11/8/1971		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	28/8/1989		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Loh Ark Koon 9188 5278		
Name And Contact No.			
Police Report	No,	If Yes, Where? Traffic Police	
Vehicle B No.	SHD106M	Any Passengers :	1
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	Front portion		
Camera Recorder	Yes/ No	SD card with traffic police	
Email Address	aikkoonloh@gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



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

Report No. T/20200709/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2020 16:31	Vide Report No.: E/20200709/0006	Station Diary No.:
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Informant's Particulars				
Name of Informant: LOH AIK KOON		Address: 30 MOUNT VERNON ROAD #06-02 SINGAPORE 368055		
ID Type / ID No.: NRIC NO / S7131925C		Contact No.: Home/Office:	Mobile: 91885278	
Nationality: SINGAPORE CITIZEN		Email: aikoonloh@gmail.com		
Sex: Male	Age: 48	Date of Birth: 11/08/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Administration manager		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2020 01:20	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD106M	Car	RENAULT		Red	Slightly Damaged	1
SMS5834Z	Car	AUDI	R8			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS5834Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000831 92000	09/07/2020	08/07/2021



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

Report No. T/20200709/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHD106M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LOH AIK KOON	ID No.	S7131925C
Related Vehicle	SMS5834Z (Car)	Contact No.	91885278
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SMS5834Z) TRAVELING ALONG CTE TOWARDS SLE ON FORTH LANE OF A 4-LANES, EXPRESSWAY. SOMEWHERE AFTER BUKIT TIMAH ROAD EXIT, VEHICLE B (SHD106M) DROVE OUT FROM THE SLIP ROAD AND SUDDENLY FILTER TO MY LANE. AS A RESULT, THE FRONT RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE WAS STOPPED AT THE WHITE LINE AND VEHICLE B SKIDDED ONE ROUND. I THEN MOVED MY VEHICLE TO THE



**SINGAPORE
POLICE FORCE**



T/20200709/7013

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

3 of 3

Report No. T/20200709/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Authentication Stamp

NP168

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

Date/Time:
09/07/2020 16:31

Classification Of Case:

Motor Private Car

MX1/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)

N SN

AN0357A

Cov. Type C

CERTIFICATE No. DMPCSNW00083192000

Engine No.: CND001640

Cha. No.: WUAZZZ420BN002899

1. Index Mark and Registration
Number of Vehicle

SMS5834Z

2. Name of Policy Holder

LOH AIK KOON

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

09/07/2020
(12:13:05)

Excess Sect I . \$S3,000.00
Excess Sect. I (Outside Singapore) \$S6,000.00
EX ON WINDSCREEN . \$S500.00

4. Date of Expiry of Insurance

08/07/2021

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.

LOH AIK KOON &

KHOO PHAIK SUAN SUSAN DRIVING ONLY

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.

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: INSUREPAC ASSOCIATES PTE LTD
Authorised Officer



Authorised Signatory