

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA 2008078**

Date In: 11/10/12-14:19	Job description	Date & Time Completed	Done by
Ref No: NA157220010987124	SAS e-filing		
Veh No: 5J057106	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/10/12 09:50	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: HC 1882D	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

NA 2205486	Invoice Preparation Checklist	Am't (\$) Est 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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile 30		
at 2 / 3:	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	12/10/2020 14:19
Date Of Accident	10/10/2020 09:50
Exact Location Of Accident	PIE TWDS CHANGI BEFORE WHITLEY EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD5710L
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	2XXXXX540Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00005692000
Cover Note Number	

Driver

Name of Driver	ONG CHEE HEONG
NRIC No	SXXXX672B
Date Of Birth	25/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83888053
Fax Number	
Contact Number	OFFICE-83888053
Email Address	NOEMAIL

Address	BLK 138 RIVERVALE STREET #07-754
Postcode	540138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : GORDAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20201011/7018.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1882D
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO THIAM SENG
NRIC/Passport Number	SXXXX557C

Contact Number	85818012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB635M
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM SAY AUN
NRIC/Passport Number	SXXXX882C
Contact Number	93212468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG CHEE HEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJD5710L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GORDAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJD5710L
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.

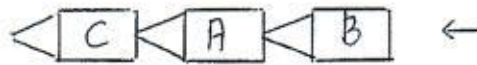
Policyholder's
Date & Time:

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

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

SKETCH PLAN

PIE Towards Changi Before Whitley Exit
(Extreme Left).



- (A) SJ D5710L
- (B) SHC1882D
- (C) SHB635M.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi before Whitley exit at the extreme left lane. when vehicle C stop. I also stopped in time and my vehicle was stationary. suddenly vehicle B came from behind and hit onto the rear portion of my vehicle. The impact is great and causing my vehicle move forward and hit onto vehicle C.

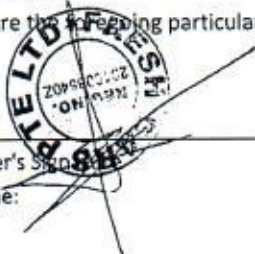
Whole accident was captured by vehicle built-in video recorder. It was a three vehicles chain collision

Please refer to the Police Report No: F/20201011/7018

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:

Signature

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

Signature

Date of Accident : 10/10/2020 Accident Time: 09:50hrs (24-HR-FORMAT)
 Accident Place : PTE Towards Changi Before Whitley Exit
 Vehicle Reg. No (Car plate No.) : SJD510L Vehicle Make/Model: Toyota Wisk
 Insurance Company : China Taping Policy No. DMHCSNA0005692000
 Name of Registered Owner : Company / Individual FRESH CAPS P/L
 ID of Registered Owner : Co Reg No. 2016085402 Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: -
 DRIVER'S Name : Ong Chee Heong DRIVER'S NRIC No: 96840672B
 DRIVER'S Date of Birth : 25/10/1968 DRIVER'S License Pass Date 12/9/1986
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver
 DRIVER'S Address : 111 Bk 138 Rivervale St #07-754 C6) 560/38
 DRIVER'S Contact No./ Alt No. : 1) 8388 8053 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance
 Number of Passengers (including Driver): 1 driver, 1 passenger (Male)
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera? YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>(B) SHC 1882D</u>	Vehicle Reg No: <u>(C) SHB 635M</u>
Vehicle Make/Model: <u>TOYOTA PRIUS</u>	Vehicle Make Model: <u>TOYOTA PRIUS</u>
Name DRIVER: <u>Teo Thiam Seng</u>	Name DRIVER: <u>Sim SAY AVN</u>
IC No. DRIVER: <u>S1605557C</u>	IC No. DRIVER: <u>S1693882C</u>
DRIVER'S Contact & add: <u>8581 8012</u>	DRIVER'S Contact & add: <u>93212468</u>
Injured Person <u>(1) Driver: Ong Chee Heong / 96840672B</u> <u>(2) Passenger: Gordon C Male</u> <u>H/P: 9799 5014</u>	



**SINGAPORE
POLICE FORCE**



F/20201011/7018

1 of 2

POLICE REPORT (NP299)

Report No. F/20201011/7018

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 11/10/2020 11:39	Vide Report No.	Station Diary No.
Name Of Informant ONG CHEE HEONG	Address 138 RIVERVALE STREET #07-754 SINGAPORE 540138	
ID Type / ID No. NRIC NO / S6840672B	Contact No. Home/Office:	Mobile: 83888053
Nationality SINGAPORE CITIZEN	Email Address ONGSAM68@YAHOO.COM	
Occupation Grab driver	Sex Male	Age 51
Institution/School Name	Date of Birth 25/10/1968	Race Chinese
	Language English	
Date/Time Of Incident 10/10/2020 09:50 - 10/10/2020 10:30	Location Of Incident 138 RIVERVALE STREET #07-754 SINGAPORE 540138	

Brief details.

At the above date and time, I was fetching a passenger from Bukit Panjang to Funan Centre. I was travelling at PIE towards Changi (near Stevens road exit) in lane 3. Due to moderate traffic, a SMRT taxi (SHB635M) in front of me slow down and stop. I reacted accordingly and slow down and had come to a stop. Within seconds, I was hit from behind by a Comfort Taxi (SHC1882D) and that impact caused me to move forward and hit the SMRT taxi. Fortunately no one was hurt.

Subjects Involved

Victim

Signature Of Officer Recording The Report

Not applicable

Signature Of Interpreter

Not applicable

Signature Of Informant

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

Date/Time

11/10/2020 11:39

Classification Of Case

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20201011/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201011/7018

Person Name	ONG CHEE HEONG		
ID Type	NRIC NO	ID No	S6840672B
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Grab driver	Address	138 RIVERVALE STREET #07-754 SINGAPORE 540138
Mobile No	83888053	Is Informant A Victim?	Yes
Person Name	ONG CHEE HEONG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

11/10/2020 11:39

Classification Of Case:



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/8

N SN

AN0588A

Cov. Type:C

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.

DMHCSNA00005892000

Engine No.: 22R1677230

Chs. No.: JTDGG20W50J007420

1. Index Mark and Registration

SJD5710L

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

FRESH CARS PTE LTD

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

07/09/2020

Excess Sect. I.

\$S2,000.00

Excess Sect. I (Outside Singapore)

\$S4,000.00

Excess Sect. II

\$S1,500.00

4. Date of Expiry of Insurance

06/09/2021

Excess Sect. II (Outside Singapore).

\$S3,000.00

EX ON WINDSCREEN.

\$S100.00

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.

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. : DBS BANK 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.

Issued By: Chng Pei Wen Adeline
Authorised Officer

.....
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com