

NATIONAL Assessment Centre Services

Ref: 1 Jan 05 UN29 N100000

Date In: 13/1/14	Job description	Date & Time Completed	Done by
Ref No: 441672-1000642/24	SAS e-filing		
Veh No: JMCX192	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/1/14-19:05	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: JMH2837K

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

Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Est. 1:

Est. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*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

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 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 Submission	13/01/2021 17:19 (SGT)
Date of Accident	08/01/2021 19:05 (SGT)
Exact Location of Accident	New Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3819R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FRESH CARS PTE LTD
Company Reg No	2XXXXX540Z
Email Address	ongone@gmail.com
Mobile Phone No	(Phone) +65-89999999
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00005972000
Cover Note Number	-

DRIVER

Name of Driver	ONG TEE HIN
NRIC No	SXXXX084Z
Date Of Birth	30/01/1951
Occupation	Outdoor

Date Of Driving Pass	28/02/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98712332
Alt. Phone Number	-
Email Address	ongone@gmail.com
Address	BLK 157 BISHAN STREET 13
Address complement	#14-104
Postcode	570157
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210111/2082.

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	SMH2857K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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: 01/01/2018 12:00 PM

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

I was travelling straight along New Bridge Road.

Suddenly vehicle B cut into my lane and hit onto the front left portion of my vehicle

Please refer to the Police Report No: T/20210111/2082

DECLARATION

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

Policyholder's Signature
Date & Time: (HBA) J/AWEI

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

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

Date of Accident : 08/01/2021 Accident Time: 19:05 hrs (24-HR-FORMAT)
 Accident Place : NEW BRIDGE RD.
 Vehicle Reg. No (Car plate No.) : SMC3819R Vehicle Make/Model: TOYOTA AX1015XA
 Insurance Company : China Taiping Policy No. DMHCSNA1000597200
 Name of Registered Owner : Company / Individual FREED CARP P/L
 ID of Registered Owner : Co Reg No. 2016085462 Owner's NRIC No: -
 : Co Contact No: - Owner's Contact No: -
 DRIVER'S Name : Gng Tee Hin. DRIVER'S NRIC No: 801650842
 DRIVER'S Date of Birth : 30/1/1951 DRIVER'S License Pass Date 28/2/1979
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other Hiter
 DRIVER'S Address : APT BLK 157 Bishan St B #14-104 CS) 570157
 DRIVER'S Contact No./ Alt No. : 1) 98712332 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : atec_automotive@yahoo.com.sg
 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 (female)
 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) SMH2857K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: <u>HIT And Run</u>	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE
POLICE FORCE**



1/20210111/2082

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No: 1/20210111/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
11/01/2021 14 51

Vide Report No.

Station Diary No
35

Informant's Particulars

Name of Informant: ONG TEE HIN			Address: APT BLK 157 BISHAN STREET 13 #14-104 SINGAPORE 570157		
ID Type / ID No.: NRIC NO / S0165084Z			Contact No.: Home/Office: Mobile: 98712332		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 30/01/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2021 19:05	Type of Location Straight Road
Location: NEW BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC3819R	Car	TOYOTA	COROLLA AXIO 1.5X A	Blue	Slightly Damaged	1
SMH2857K	Car	NISSAN	SYLPHY 1.6 CVT	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210111/2082

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No 1800-5529999

Report No T/20210111/2082

CONTINUATION OF REPORT

Driver			
Name	ONG TEE HIN	ID No.	S0165084Z
Related Vehicle	SMC3819R (Car)	Contact No.	98712332
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 08/01/2021 at 1909hrs, I was driving my vehicle SMC3819R along New Bridge Road, heading towards Merchant Road when suddenly a vehicle, SMH2857K, cut into my lane and hit onto the front left portion of my vehicle. I then stopped, however the other driver drove into Merchant Road. I then followed him, thinking that he might stop there to talk about the accident, however he did not stop and continued driving off. I wish to state that no one was injured during that point of time and no government property was damaged.



SINGAPORE
POLICE FORCE



12/02/2021 14:51

Police Station Of Origin
Bishan N P C
20 Bishan Street 23 SINGAPORE 579757
Tel No 1800-5529999

Report No 12/02/2021 14:51

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
E /
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
11/01/2021 14 51

Officer In Charge Of Case
TP / HRT /

Classification Of Case

S. TAN JEOK LENG	
SINGAPORE POLICE FORCE	
NP168	SN 061
Authentication Stamp	
SIGNATURE	



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/B

E SN

AN0586A

Cov. Type:T

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00005972000

Engine No.: 1NZD209766

Cha. No.: NZE1416098724

1. Index Mark and Registration
Number of Vehicle

SMC3819R

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

28/09/2020

Excess Sect. II SS1,500.00

Excess Sect. II (Outside Singapore). SS3,000.00

4. Date of Expiry of Insurance

06/09/2021

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.

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

* 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: Zheng YueQiang
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