

NATIONAL Assessment Centre Services

Date In: 17/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT521003513/13	SAS e-filing		
Veh No: SGW 73K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/03/21 1555	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: WC52254	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

NA2102377	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bil
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: 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:-		
	9) N12: Idac Mobile 30		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5		
Contact No:	*N6: Repair Co-ordination \$10		
Damaged Portion:	*N7: Post Repair Inspection \$25		
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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 Submission	17/03/2021 18:58 (SGT)
Date of Accident	13/03/2021 15:55 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY B4 BRADDEL RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW73K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH IRENE
NRIC No	SXXXX119E
Email Address	IRENE@BCCLAW.COM.SG
Mobile Phone No	(Phone) +65-93397656
Alternative Phone No	+65-93397656

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M135
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00187332001
Cover Note Number	-

DRIVER

Name of Driver	LOH IRENE
NRIC No	SXXXX119E
Date Of Birth	23/08/1973
Occupation	Indoor

Date Of Driving Pass	06/07/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93397656
Alt. Phone Number	+65-93397656
Email Address	IRENE@BCCLAW.COM.SG
Address	14 FORT ROAD
Address complement	-
Postcode	439075
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210314/2025

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	WC5225Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMADOSS BALADHANDAYYUTHAPANI
Passport No/FIN	GXXXX146K

Contact Number	(Phone) +65-85919797
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGY9680M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HAN JILIANG
NRIC No	SXXXX949A
Contact Number	(Phone) +65-96997198
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH IRENE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SGW73K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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.

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

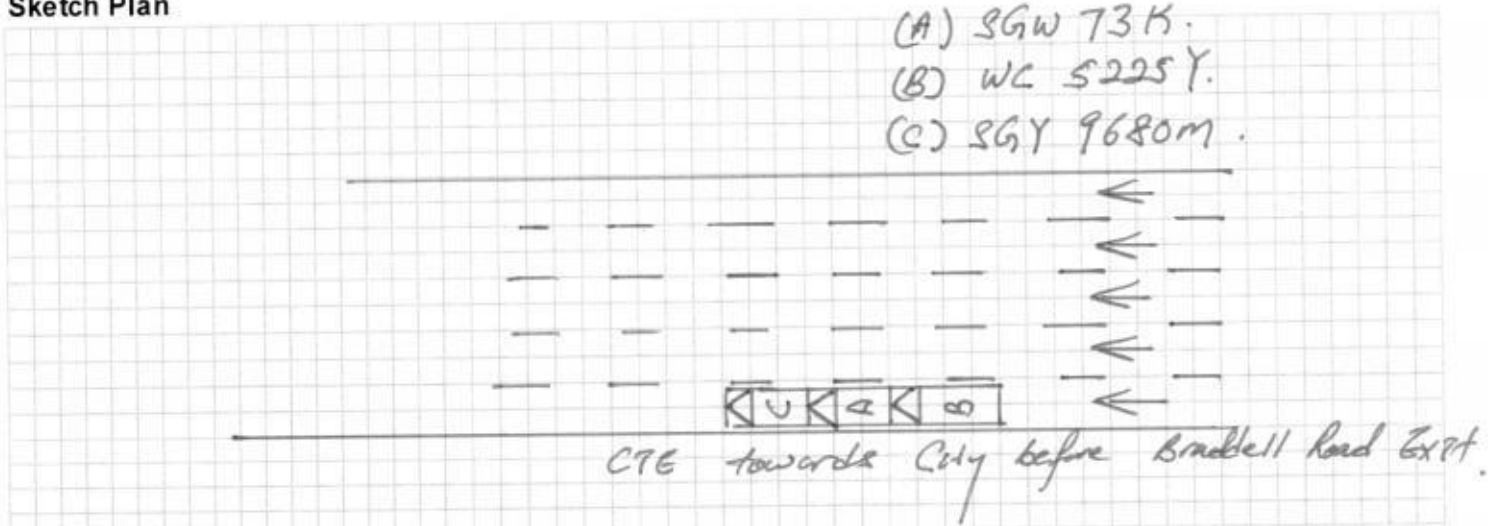
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Please refer to Police Report
No: T/20210314/2025

Declaration

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

 17/03/21

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210314/2025

1 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20210314/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 11:32	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: LOH IRENE			Address: 14 FORT ROAD SINGAPORE 439075		
ID Type / ID No.: NRIC NO / S7331119E			Contact No.: Home/Office: Mobile: 93397656		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 23/08/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2021 15:55	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining	Road Surface: Wet	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW73K	Car	BMW	M135	Orange	Totally Damaged	0
SGY9680M	Car	TOYOTA	Camry 2.0	Silver	Slightly Damaged	2
WC5225Y	Lorry	SCANIA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210314/2025

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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20210314/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW73K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001873 32001	30/12/2020	29/12/2021

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LOH IRENE	ID No.	S7331119E
Related Vehicle	SGW73K (Car)	Contact No.	93397656
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2021	Date Discharge	13/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Driver

Name	Han Jiliang	ID No.	S2661949A
Related Vehicle	SGY9680M (Car)	Contact No.	96997198
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	Ramados Baladhandayyuthapani	ID No.	G6848146K
Related Vehicle	WC5225Y (Lorry)	Contact No.	85919797
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	NIL



**SINGAPORE
POLICE FORCE**



T/20210314/2025

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20210314/2025

CONTINUATION OF REPORT

Brief Details.

On 13/02/2021 I was driving along Central Expressway heading towards Pan Island Expressway (Changi Airport). I was driving on the most left lane on the straight road. It was raining and the road was wet. I was going at about 50km/h. At about 1555hrs, a lorry bearing plate number WC5225Y had collided with mine from the rear pushing my car forward causing the front of my car colliding onto the rear of another Silver Toyota Camry 2.0 bearing plate number SGY9680M. I wish to inform that when I confronted the lorry driver, he informed me that my car was too low and thus caused the collision.

I was then conveyed to TTSH as I felt pain at the back of my head and neck area felt uncomfortable. I was discharged on the same day and given 4 days Medical Leave. The front of my car was damaged and rear bumper was completely damaged. Police who attended to my case assisted to tow my car away.

 SINGAPORE
POLICE FORCE


SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210314/2025

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Report No. T/20210314/2025

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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:
G /
Sgt 1 NOORSHARFIRAH BINTE MOHAMED
JUMADI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/03/2021 11:32

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

VEHICLE NO:	SGW 73 K.		MAKE & MODEL:	BMW M135		AUTO / MANUAL
DATE OF ACCIDENT:	13 / 03 / 2021		CC:	3.0		
TIME OF ACCIDENT:	1555 HRS					
LOCATION OF ACCIDENT:	CTE towards City before Braddell Road Exit.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE					
NAME OF OWNER:	LOH IRENE					
TEL NO:	H/P: 9339 7656		OFFICE:	HOME:		
NRIC:	S7331119E.					
ADDRESS:	14 Fort Road Singapore 439075.					
EMAIL:	irene@bcca.law.com.sg					
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY					
FLEET POLICY:	(YES) / NO?					
INSURANCE COMPANY:	China Taiping.					
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPCSNW00187332001					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:			ANY PASSENGER:	N-A		
DATE OF BIRTH:	23 / 08 / 1973		LICENCE PASSED DATE:	06 / 07 / 1998		
OCCUPATION:	OUTDOOR / (INDOOR)					
GENDER:	MALE / (FEMALE)					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		(INSURER)			
RELATIONSHIP:	Owner.					
WEATHER CONDITION:	CLEAR / (RAINING) / OTHERS:					
ROAD SURFACE:	DRY / (WET) / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	LOH IRENE (H/P: 9339 7656)					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	WC 5225 Y.		ANY PASSENGERS:	Not sure.		
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:	SGY 9680 M		ANY PASSENGERS:	Not sure.		
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N-A.		WITNESS CONTACT:	N-A.		
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)					
WAS THERE ANY AUDIO RECORDED?	YES / (NO)					
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO					
ACCIDENT PORTION:	Front and Rear Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / (NO)
WORKSHOP PARTICULAR:	H/P: Twincar.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



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

Motor Private Car

MX1E

R SN

AN0472A

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.	DMPCSNW00187332001	Engine No. 04456636N55830A	
		Chassis No. WBA1872030J778627	
1. Index Mark and Registration Number of Vehicle	SGW73K		
2. Name of Policy Holder	COH IRENE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment	30/12/2020 (00 00 00)	Named Drivers Ex Sect. I	S\$1,500.00
4. Date of Expiry of Insurance	29/12/2021	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	S\$100.00
5. Persons or Classes of Persons entitled to drive*			
(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. : 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
CCL INSURANCE AGENCY PTE LTD

BLK 5006 TAMPINES ST 93
#01-15B SINGAPORE 528840
TEL 6344 9990 FAX 6342 9088 / 6344 7554

Issued By **CCL INSURANCE AGENCY PTE LTD**
Authorised Officer

For **CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.**

Signature

Authorised Signatory

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

Accident

6222 1033

6222 1033

www.sg.cntaiping.com

Hotline: 96214 666
24 Hours / 7 Days