

NATIONAL Assessment Centre Services. (Part 1 Jobs) SH 092134005

Date In: 18/13/21 12:13	Job description	Date & Time Completed	Done by
Ref No: NAJCTZ 210035381h4	SAS e-filing		
Veh No: SMN 5165Y	E-mail (within 2hrs, A/C 2hrs)		
IPFA: 17/13/21 13:30	I-Motor Claim Form		
OT: (1) Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLZ 8720Z	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reporter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

NA 2102353	Invoice Itemization Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30): 30
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)
Damaged Portion:	3) TP: Towing Fee: \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey: \$120
	5) FT: Follow-Through Survey (Resurvey): \$30
	For claimant's use only (INC Only) (over 10 Jan 2003)
	6) TR: Re-inspection: \$75
	7) NI: Ideal DA + SMRT Survey: \$140
	8) NTUC Additional Services:
	ND: Courtesy Car / Tpt Allowance: \$3
	NG: Repair Co-ordination: \$10
	NI: Post Repair Inspection: \$25
	NN: DV / Collect Excess Coordination: \$3
	TP (N11): TP (Non INC) against INC: \$20
	N11: Ideal 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	18/03/2021 12:13 (SGT)
Date of Accident	17/03/2021 13:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5165Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ADVANCE CR PTE LTD
Company Reg No	2XXXXX997M
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(Phone) +65-91555526
Alternative Phone No	+65-91555526

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMHCSNA00001932000
Cover Note Number	-

DRIVER

Name of Driver	LIM YONG KEE
NRIC No	SXXXX020H
Date Of Birth	30/12/1957
Occupation	Outdoor

Date Of Driving Pass	25/06/2004
Driving experience	16 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96225267
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 132 CASHEW RD #08-181
Address complement	-
Postcode	670132
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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?	No
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	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210317/2103

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ8720Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA7717K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM YONG KEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN5165Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GRAB PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN5165Y
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 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: 17/03/2021



Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/03/21

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

SKETCH PLAN

A - SMN5165Y
 C - SMA7717K
 B - SLZ8720Z

AVE 1
 NO KID
 EXIT
 CTE TOWARDS TIE/SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20210317/2103.

DECLARATION

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

Policyholder's Signature

Date & Time: 17/03/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/03/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210317/2103

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210317/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 19:00		Vide Report No.: E/20210317/0084		Station Diary No.: 111	
Informant's Particulars					
Name of Informant: LIM YONG KEE			Address: APT BLK 132 CASHEW ROAD #08-181 SINGAPORE 670132		
ID Type / ID No.: NRIC NO / S1238020H			Contact No.: Home/Office: Mobile: 96225267		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 30/12/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRER			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: 17/03/2021 13:30	Type of Location: EXPRESSWAY EXIT
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ8720Z		TOYOTA	PRIUS PLUS			1
SMA7717K	Car	TOYOTA	SIENTA	Brown		1
SMN5165Y		HONDA	FREED	Silver		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210317/2103

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210317/2103

CONTINUATION OF REPORT

Driver			
Name	KER CHUAN CHYE	ID No.	S1387298H
Related Vehicle	SLZ8720Z	Contact No.	98186439
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
Driver			
Name	GOH AIK HOCK	ID No.	S1307340F
Related Vehicle	SMA7717K (Car)	Contact No.	91187717
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
Driver			
Name	LIM YONG KEE	ID No.	S1238020H
Related Vehicle	SMN5165Y	Contact No.	96225267
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 17/03/21, at about 1330hrs, I was travelling along CTE (TPE/SLE). While I was exiting Ang Mo Kio Avenue 1, the vehicle in front of me made an emergency brake. I followed suit as well. While stationary, all of a sudden, I felt an impact from the back. As a result of the impact, my vehicle lunged forward and I collided with the front vehicle. After the accident, all of the drivers alighted from the vehicle to exchange particulars and take photo of the damages. Traffic police and ambulance was called in as well. My passenger was conveyed to hospital. My vehicle was also towed to the workshop.

My vehicle have a front vehicle camera. The SD card for my vehicle was taken by traffic police. After the accident, I felt discomfort. As such, I consulted a medical practitioner and was given 5 days medical certificate.



**SINGAPORE
POLICE FORCE**



T/20210317/2103

3 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210317/2103

CONTINUATION OF REPORT

I would like to add that at the point of accident, I was driving for 'Grab' and was fulfilling a trip.



**SINGAPORE
POLICE FORCE**



T/20210317/2103

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210317/2103

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 3 JONATHAN LIM XIONG HAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/03/2021 19:00

Officer In Charge Of Case:

TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type F

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.

DMHCSNA00001932000

Engine No.: LEB5630322

Cha. No.: GB71091410

1. Index Mark and Registration
Number of Vehicle

SMN5165Y

2. Name of Policy Holder

ADVANCE CR PTE. LTD.

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

25/03/2020

4. Date of Expiry of Insurance

24/03/2021

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. : CING DIEN CREDIT 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: Gan Li Jia Jesca

Authorised Officer



Authorised Signatory

Date of Accident: 17/03/2021 Accident Time: 1330 (24-HR-FORMAT)
Accident Place: CTE TOWARDS SLE/TPE, ANG MO KIO AVE 1 EXIT
Vehicle Reg. No (Car plate No.): SMN 5165 Y Vehicle Make/Model: HONDA FREED HYBRID
Insurance Company: Ching Taiping Policy No: DMHCSNA 00001932000
Name of Registered Owner: Company Individual ADVANCE CR PTE LTD
ID of Registered Owner: Co Reg No: 201320997M Owner's NRIC No: _____
Co Contact No: 91555526 Owner's Contact No: _____
DRIVER'S Name: LIM YONG KEE DRIVER'S NRIC No: S1238020H
DRIVER'S Date of Birth: 30/12/1957 DRIVER'S License Pass Date: 25/06/2004
Relationship bet. Owner & Driver: Spouse Parents Children Sibling Employee Others: Driver
DRIVER'S Address: BLK 132 CASHEW ROAD #08-181, S(670132)
DRIVER'S Contact No./ Alt No.: 1) 96225267 2) 96983007
DRIVER'S Occupation: INDOOR OUTDOOR (eg. working inside or outside of an ofc)
Email Address: peijie@expresscar.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): 1M, 1F
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

B Other Party Driver's Particulars (if any)
Vehicle Reg No: SLZ 8720 Z Vehicle Reg No: C SMA 7717K
Vehicle Make/Model: Toyota Prius Plus Vehicle Make/Model: _____
Name DRIVER: _____ Name DRIVER: _____
IC No. DRIVER: _____ IC No. DRIVER: _____
DRIVER'S Contact & add: 9818 6439 DRIVER'S Contact & add: _____

passenger conveyed by ambulance