

NATIONAL Assessment Centre Services.

Date Inc: 27/08/2021 17:37	Job description	Date & Time Completed	Done by
Ref No: NA/CT22008978/4	SAS e-filing		
Veh No: SMF 7565	E-mail (within 2hrs, A/C 2hrs)		
TPA: 26/08/2021 12:45	I-Motor Claim Form		
TP: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SH 42829	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.
() 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: ()
Defective: ()

NA2102280	Invoice Itemization
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: 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) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OD:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repair Co-ordination \$10
	*NJ: Post Repair Inspection \$25
	*NI: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-n INC) against INC \$20
	9) NI2: Ideal Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	27/03/2021 17:37 (SGT)
Date of Accident	26/03/2021 17:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE PAYA LEBAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF756S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERTEC LIMOUSINE PTE LTD
Company Reg No	2XXXXX332H
Email Address	supertecclimo@gmail.com
Mobile Phone No	(Phone) +65-96998181
Alternative Phone No	+65-98986812

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002832100
Cover Note Number	-

DRIVER

Name of Driver	PHANG LEONG HING
NRIC No	SXXXX9651

Date Of Birth	16/03/1979
Occupation	Outdoor
Date Of Driving Pass	31/08/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98986812
Alt. Phone Number	-
Email Address	superteclimo@gmail.com
Address	2 CHOA CHU KANG CLOSE #08-01
Address complement	-
Postcode	688238
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 - Head to Rear
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?	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH4282S
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Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JANYCE KEE SIU JIA
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	PHANG LEONG HING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMF756S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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

27/03/21 @ 1300pm

Witnessed by Reporting Centre Personnel

27/03/2021

Sketch Plan

At roundabout the before Rupa when road

A = SWH 7565
B = SWH 42825

Describe Circumstances of the Accident

ref to police report: 9/20210326/7072

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

PROFI AUTOMOTIVE

10 KAKI BUKIT ROAD 2 #01-05, FIRST EAST CENTRE. SINGAPORE 417868

TEL: 94335558 EMAIL: profi.automotive@asia.com

Date of Accident : 26.03.2021 Accident Time: 1745hrs (24 HR Format)

Accident Place : Pte towards Tuas before Paya Lebar Exit

Vehicle Number : SMF756S Make/Model: Toyota Noah

Insurance Co. : CN Taiping Policy No. : DMHLSNA00002832100

Owner/Company Name & IC No. : Supertec Limousine Pte Ltd , 200911332H

Owner/Company Tel No. : 96998181

Driver Name and IC No. : Phang Leong Hing

Driver Date of Birth : 16.03.1979 License Pass Date: 31.08.2018

Driver Address : 2 Choa Chu Kang Grove #08-01 5688238

Driver Contact No : 99986812 Driver Occupation: Indoor | Outdoor

Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: Driver

Email Address : SUPERTECLIMO@gmail.com

Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET

Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance

Number of Passenger (Including Driver) : 2 Vehicle Usage Purpose : Private Use | Work Purpose (F) PAX

Was there any Video Capture by Car Camera Yes | No

Any Injury (State, if Yes) : Neck, shoulders, chest & lower back

Details of Other Vehicle

Vehicle No. : <u>SLH4282S</u>	Vehicle No. : _____
Make/Model : <u>Toyota</u>	Make/Model : _____
Driver Name : <u>Janyce Kee Sin Jia</u>	Driver Name : _____
Driver Contact No. : _____	Driver Contact No. : _____

* NEW - Passenger Name & Gender :



SINGAPORE POLICE FORCE



G/20210326/7072

1 of 2

POLICE REPORT (NP299)

Report No. G/20210326/7072

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 26/03/2021 21:26	Vide Report No.		Station Diary No.	
Name Of Informant PHANG LEONG HING	Address 2 CHOA CHU KANG GROVE #08-01 SINGAPORE 688238			
ID Type / ID No. NRIC NO / S7969965I	Contact No. Home/Office:		Mobile: 98986812	
Nationality MALAYSIAN	Email Address xtreme.multi@gmail.com			
Occupation Self Employed	Sex Male	Age 42	Date of Birth 16/03/1979	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/03/2021 17:45	Location Of Incident PAN ISLAND EXPRESSWAY			

Brief details.

On the above mentioned date and time, I was driving my vehicle SMF756S along PIE(Tuas) before Paya Lebar with 1 passenger on board.

I had gradually come to a stop due to traffic conditions when suddenly, I felt a massive impact from the rear causing my vehicle to surge forwards.

Fortunately, my vehicle was able to come to a stop without colliding into the vehicle in front.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 21:26
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210326/7072

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210326/7072

I alighted to realise that SLH4282S had crashed into my vehicle's rear.

After exchanging particulars with the driver of SLH4282S, I proceeded to drop off my passenger at Paya Lebar.

Initially, I only knocked my left knee against the dashboard when my body was flung forwards.

However, I started feeling soreness over neck, shoulders, chest and lower back areas after a while.

I went to a nearby clinic, Unihealth Clinic Bedok, for treatment and was given 5 days MC.

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:
26/03/2021 21:26

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/B

N SN

AN0695A

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. DMHCSNA00002832100

Engine No.: ZZR0C00290

Cha. No.: ZWR800332875

1. Index Mark and Registration
Number of Vehicle

SMF756S

AUTOSAFE

2. Name of Policy Holder

SUPERTEC LIMOUSINE PTE LTD

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

21/03/2021
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$1,500.00

Excess Sect. II (Outside Singapore) S\$3,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

20/03/2022

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.

* 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: Lim Lee Choo
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