

NATIONAL Assessment Centre Services

Form 1-2005

Date In: 05/04/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTE21004252/13	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SKH48020	i-Motor Claim Form		
D.O.A: 21/03/21 2230	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	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: EUP8106 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$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		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	05/04/2021 09:44 (SGT)
Date of Accident	21/03/2021 22:30 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	SENGKANG EAST WAY JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4802D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SD PROGRESS PRIVATE LIMITED
Company Reg No	2XXXXX152Z
Email Address	DESMONDWONG@SD-PROGRESS.COM
Mobile Phone No	(Phone) +65-93372373
Alternative Phone No	+65-93372373

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00004442000
Cover Note Number	-

DRIVER

Name of Driver	NOEL WALTER MARSH
NRIC No	SXXXX896H

Date Of Birth	14/12/1969
Occupation	Outdoor
Date Of Driving Pass	22/02/2006
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97851492
Alt. Phone Number	-
Email Address	NOEL_MARSH15@YAHOO.COM.SG
Address	BLK 141 RIVERVALE STREET
Address complement	#09-790
Postcode	540141
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED POLICE REPORT: F/20210323/7033 & F/20210324/7045

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	EU8810G
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 willful 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.

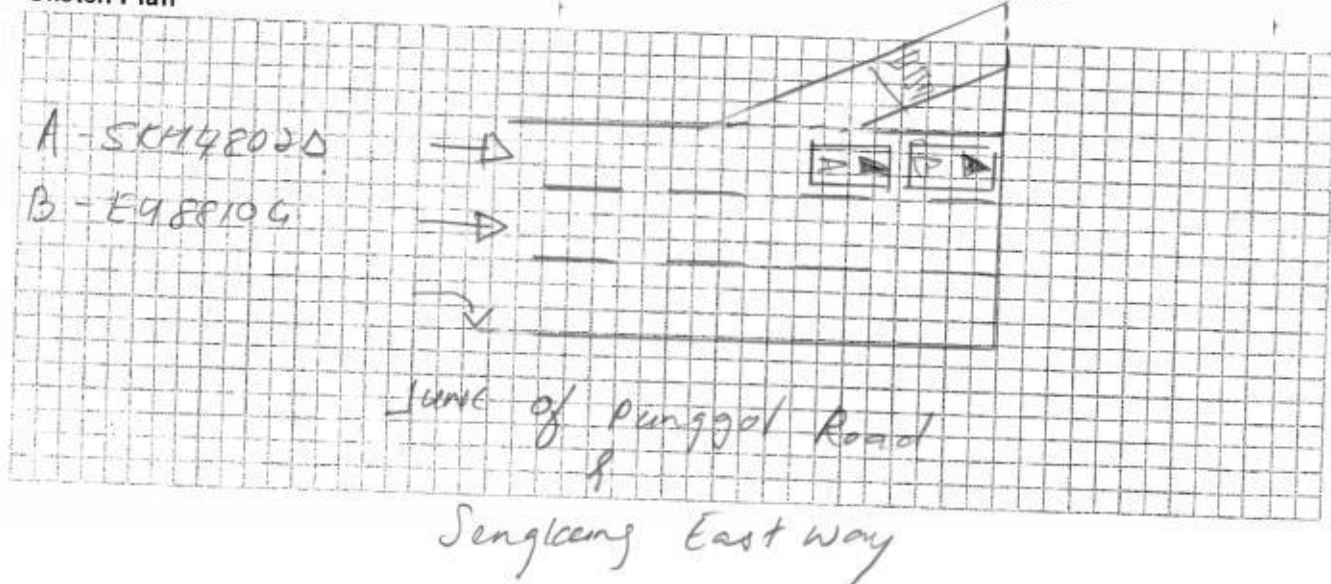


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to the police report: F/20210324/7045
: F/20210323/7033

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



F/20210323/7033

1 of 2

POLICE REPORT (NP299)

Report No. F/20210323/7033

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 23/03/2021 14:06	Vide Report No.	Station Diary No.
Name Of Informant NOEL WALTER MARSH	Address 141 RIVERVALE STREET #09-790 SINGAPORE 540141	
ID Type / ID No. NRIC NO / S6977896H	Contact No. Home/Office: Mobile: 97851492	
Nationality SINGAPORE CITIZEN	Email Address NOEL PATSY MARSH@YAHOO.CO.UK	
Occupation Ship charterer	Sex Male	Age 51
Institution/School Name	Date of Birth 14/12/1969	Race Eurasian
Date/Time Of Incident 21/03/2021 22:20 - 21/03/2021 22:30	Location Of Incident 141 RIVERVALE STREET #09-790 SINGAPORE 540141	

Brief details.

My car was stop at a traffic junction along Ponggol Road & Sengkang East Way as the traffic light was red. When the light turn green the car in front of me proceed to move off and I also proceed to move. Suddenly he jammed his brake n stopped, I too jammed my brake and stopped too, there was no impact. After that he drove off. i was still at the traffic light stopped there for a few seconds and I proceed to drive off. And when i was driving off, I noticed the car which was in front of me was stopped at a bus stop that was about 150 meters away from the traffic junction with his hazard light flashing. When I was driving towards the bus stop and I saw the driver came out of his car. So I proceed to the bus stop and stopped behind his car. He accused me of knocking the back part of his car. I observed the other persons car

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

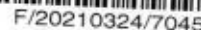
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

23/03/2021 14:06

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

Report No. F/20210324/7045

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 24/03/2021 18:18	Vide Report No.	Station Diary No.
Name Of Informant NOEL WALTER MARSH	Address 141 RIVERVALE STREET #09-790 SINGAPORE 540141	
ID Type / ID No. NRIC NO / S6977896H	Contact No. Home/Office:	Mobile: 97851492
Nationality SINGAPORE CITIZEN	Email Address noel_marsh15@yahoo.com.sg	
Occupation Ship charterer	Sex Male	Age 51
Institution/School Name	Date of Birth 14/12/1969	Race Eurasian
Date/Time Of Incident 21/03/2021 22:20 - 21/03/2021 22:30	Language English	
Brief details.	Location Of Incident PUNGGOL ROAD	

Brief details.

(Car A - EU8810G) - Driver in front of me
Name : Elvin Lim Chong Guan
NRIC : S8123850B

(Car B -SKH4802D) - My Car
Name : Noel Walter Marsh
NRIC : S6977896H

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: 24/03/2021 18:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210324/7045

My Car B (Car B -SKH4802D) was stop at the junction along Ponggol Road & Sengkang East Way behind another Car A (Car A - EU8810G) as the Traffic light was Red. When the light turn Green the (Car A - EU8810G) in front proceed to move off & I (Car B - SKH4802D) proceed to move off too. Suddenly the driver in (Car A - EU8810G) jammed on his brakes and stopped, I (Car B - SKH4802D) too jammed my brakes to stop, there was no Impact. After few seconds the driver in (Car A - EU8810G) drove off. I (Car B - SKH4802D) was still stopped at the traffic light for few seconds longer and I proceed to drive off. When I (Car B -SKH4802D) was driving off, I noticed (Car A - EU8810G) was stopped at a bus stop about 150 meters away from the traffic junction with his hazard light on. When I (Car B -SKH4802D) was approaching towards the bus stop, I saw the driver (Car A - EU8810G) came out of his car. So I (Car B - SKH4802D) drove to the bus stop & stopped behind (Car A - EU8810G). The driver (Car A - EU8810G) accused me (Car B -SKH4802D) of knocking his car. I observe the back part of (Car A - EU8810G) there was no damage.

I proceed to take Pictures as evidence of (Car A - EU8810G) , My (Car B -SKH4802D) & his Particulars. As I was taking Pictures the driver (Car A - EU8810G) pointed to a dent near the number plate above the bumper and i looked closely. I mentioned to the driver (Car A - EU8810G) the damage looked like its from a Vertical object, damage his car and there was no other damage. The (Car A - EU8810G) driver continue saying I (Car B -SKH4802D) hit his car. As there was no damage to my car (Car B -SKH4802D) & his car (Car A - EU8810G). I (Car B -SKH4802D) decide to keep it brief & told him (Car A - EU8810G), I will report to the relevant authorities & drove off.

Upon looking at my Pictures taken, there was no damage to my (Car B -SKH4802D) & (Car A - EU8810G). I decided to lodge a Police Report. Fearing of an Insurance Scam.

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:

24/03/2021 18:18

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 1/4/21 (DD/MM/YYYY), TIME: 22:30 (HH:MM)

LOCATION: JUNC OF PONGUOL RD & SENGKANG EAST WAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH48020
b) INSURANCE COMPANY: CHINA TRAPING
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ALTIS (A) 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SD PROGRESS PRIVATE LIMITED (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 985 93372373
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NOEL WALTER MARSH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6977896H CONTACT: _____
c) ADDRESS: BK 141 RIVERVALE STREET
#09-790 (540/41)

* d) DATE OF BIRTH: 14/12/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/02/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKH EUB8106 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

desmondwong@sd-progress.com

Email = noel-marsh15@yahoo.com.sg

fax =

VIDEO = NO

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



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

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)

MZ406L/B

N SN

BR0067A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00004442000

Engine No.: 1ZRX233082

Cha. No.:MR053REE104150694

1. Index Mark and Registration
Number of Vehicle

SKH4802D

AUTOSAFE
=====

2. Name of Policy Holder

SD PROGRESS PRIVATE LIMITED

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

13/07/2020

4. Date of Expiry of Insurance

12/07/2021

Excess Sect. I .	SS\$1,500.00
Excess Sect. I (Outside Singapore)	SS\$2,500.00
Excess Sect. II	SS\$1,500.00
Excess Sect. II (Outside Singapore).	SS\$2,500.00
EX ON WINDSCREEN .	SS\$100.00

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. : TAN WEI CREDIT PTE 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: Gan Li Jia Jesca
Authorised Officer

杨亚美

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