

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

810821530004

Date In: 11/05/2021 16:49	Job description	Date & Time Completed	Done by:
Ref No: 210281005738/4	SAS e-filing		
Veh No: 864 1062P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/05/2021 11:05	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: 864 1062P	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

NA21028100	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idno Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
Pat. 1:			
Pat. 2 / 3:			

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	11/05/2021 16:49 (SGT)
Date of Accident	10/05/2021 11:05 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TURNING RIGHT INTO LAVENDER STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1062P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-81802030
Alternative Phone No	+65-81802030

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00004332101
Cover Note Number	-

DRIVER

Name of Driver	LIM SOO HENG
NRIC No	SXXXX202D

Date Of Birth	31/10/1959
Occupation	Outdoor
Date Of Driving Pass	18/05/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-81802030
Alt. Phone Number	-
Email Address	xinyaauto@singnet.com.sg
Address	BLK 131 JALAN BUKIT MERAH #04-1571
Address complement	-
Postcode	160131
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210510/2137 AND T/20210511/2041

ATTACHMENT(S)

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

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.

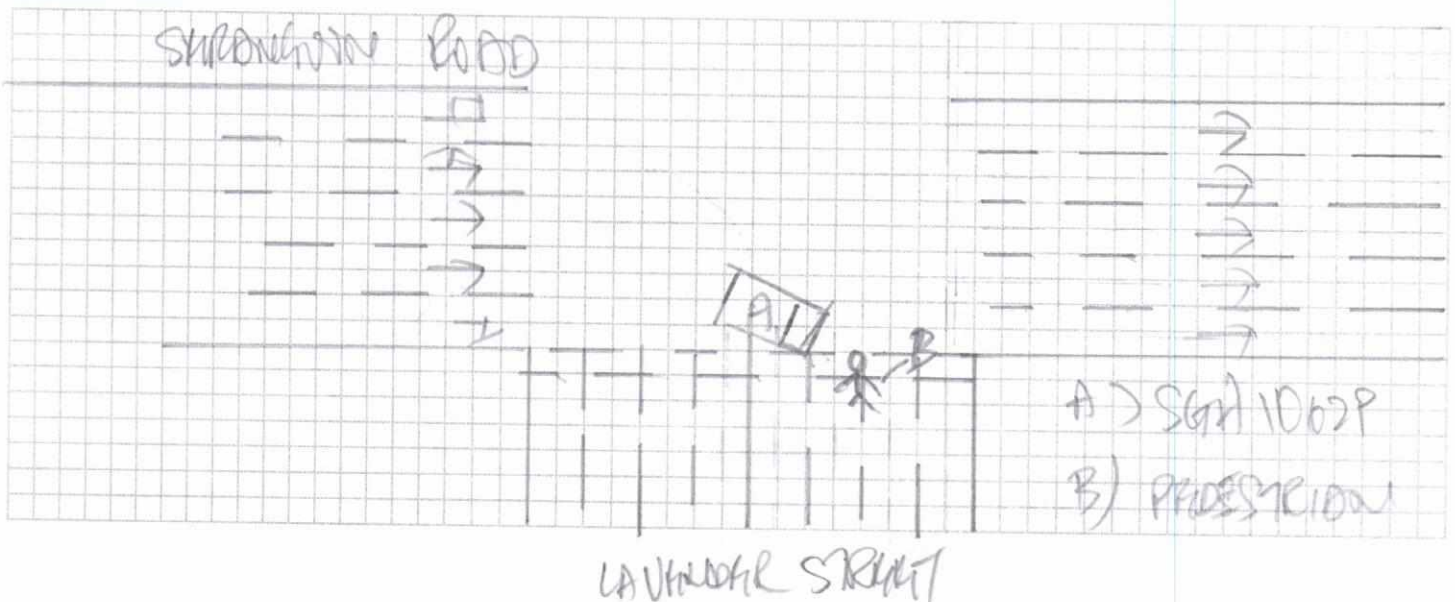


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT. 7/20210510/2137 & 7/20210511/2041

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 11/05/2021
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210510/2137

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20210510/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2021 21:32	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: LIM SOO HENG			Address: APT BLK 131 JALAN BUKIT MERAH #04-1571 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S1356202D			Contact No.: Home/Office: Mobile: 81802030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 31/10/1959	Type of Informant: Driver		
Race: Chinese			Language: Hokkien		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 10/05/2021 11:05	Type of Location: X-Junction
Location: SERANGOON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH1062P	Car				No Damage	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20210510/2137

2 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20210510/2137

CONTINUATION OF REPORT

Driver				
Name	LIM SOO HENG		ID No.	S1356202D
Related Vehicle	SGH1062P (Car)		Contact No.	81802030
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,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 10/05/2021 around 1100hrs, I was driving vehicle (V1 SGH1062P) along Serangoon Road on the first lane from the right. I was slowly turning into Boon Keng Road. The sun was very glaring, and I was blinded. I felt a small impact at the front.

I realised that V1 had knocked onto a male victim. The male victim did not fall down after I collided onto him. I got down to make a check with victim and he inform that he was alright and do not need any medical attention.

I inform that I would bring him to the hospital but he rejected. I offered to give victim SGD \$100 and he could go and look for doctor on his own. However victim kept refusing to accept and left.



**SINGAPORE
POLICE FORCE**



T/20210510/2137

3 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20210510/2137

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:

A /

Sgt 2 WAYNE LIM CHEE KIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

10/05/2021 21:32

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210511/2041

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 2

Report No. T/20210511/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2021 13:46	Vide Report No.: T/20210510/2137	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LIM SOO HENG		Address: APT BLK 131 JALAN BUKIT MERAH #04-1571 SINGAPORE 160131	
ID Type / ID No.: NRIC NO / S1356202D		Contact No.: Home/Office: Mobile: 81802030	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 31/10/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2021 00:00	Type of Location:
Location: LAVENDER STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Brief Details.

Vide report T/20210510/2137, I would like to state that I was actually slowly turning into Lavender st and not Boon keng road. That is all.



**SINGAPORE
POLICE FORCE**



T/20210511/2041

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 2

Report No. T/20210511/2041

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:

A /

Sgt 2 POH YONG SHENG, MATTHEW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/05/2021 13:46

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



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

MZ40BL/B

R SN

AN0478A

Cov. Type:T

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.

DMHCSNA00004332101

Engine No.: 1Z22593687

Cha. No.: ZNE100310331

1. Index Mark and Registration
Number of Vehicle

SGH1062P

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

01/05/2021
(00:00:00)

Excess Sect. II

S\$2,000.00

Excess Sect. II (Outside Singapore)

S\$4,000.00

4. Date of Expiry of Insurance

30/04/2022

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.

ANY EMPLOYEE OF THE COMPANY

ANY AUTHORISED HIRER/DRIVER

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