NATIONAL Assessment Coure	Services		
Date In 27/05/20	Job description Tane & Tane Completed	Done	: by
Kel No NA/CTI 21006143/13	SAS e-filing		
Vol. 140 5M78295	E-mail (within Shine Alex Alex Phrs)	-	
DOA 25/05/21 1500	i-Motor Claim Form		
OD (IP) ' Peporting Only	i-Motor W/O (Within OE 2hrs TP 4hrs)		100
Ob (1) Teporang 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:		
	SHB 4714M INC ( )/ Non-INC ( )		
Owner / Driver: (	Tel.	)	
Policy No: ( ) Perio	and the second s	/_	
Confirmed by : (	Date: Time:		
	ote-Est. Status (WO): N: 0-20%; P 21-79%. F: 50-160%	/o]	
	arranty: YES ( ) / NO ( ) 0 ( ) / \$2,000 ( )		
General Remarks:-	0 ( )/ \$2,000 ( )		
1) Apply for Transport Allowance ( ) / Cor 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	urtesy Car ( )		
Injury:	00) ( )		
Date/Time Actions			
NA2102970	Invoice Preparation Checklist	Anit (\$) 1st Bill	Ant (3)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Foe \$40/\$45		******
	5) FT : Follow-Through Survey (Resurvey) \$30		
Contact No:	For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$15		
Damaged Portion:	7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services		
QC Checked by (Engr-In-Charge):	OD*  *N5; Courtesy Car / Tpt Allowance \$3		
	• NG; Repair Co-ordination S10 • N7; Post Repair Espection \$25	-	
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		-
2at_1;	TP (N11) : TP (N+a INC) against INC   \$20 9) N12 : Idae Mobile   30	)]	MARK LANGE - 4
at. 2 / 3;	Invoice dated Fee Charges		



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/05/2021 10:15 (SGT) 25/05/2021 15:00 (SGT) Balestier Rd, Singapore JUNC OF MCNAIR RD Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**SMT829S** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TEE CHIN HOCK

SXXXX693C

TSHPETER@YAHOO.COM.SG

(Phone) +65-97569822

+65-97569822

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Noah

Private hire

No - Claiming third party

Private hire

Auto

1797

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd.

Comprehensive

No

DMHCSNW00002452100

DRIVER

Name of Driver NRIC No

TEE CHIN HOCK SXXXX693C

Accident report SN09215R0001

Page 1 of 19

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210525/2103

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

02/10/1967

06/02/2007

+65-97569822

Chain Collision

Clear

Dry

No

Yes

No

1

No

No

Yes

3

14 YEARS AND 3 MONTHS

TSHPETER@YAHOO.COM.SG

BLK 601 JURONG WEST ST 62

(Phone) +65-97569822

Outdoor

Male

#04-173

640601

Yes

No

Yes

SD CARD WITH TRAFFIC POLICE

Jurong West Neighbourhood Police Centre

700 Corporation Road Singapore 649818

(Phone) +65-18002689999

(Fax) +65-62672438

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

SHB4724M

Accident report SN09215R0001

Page 2 of 19

Vehicle Category	<b>+</b>
Name of Driver	Taxi
Contact Number	-50
Address	-
Address complement	
Postcode	5 <b>7</b> 57
Insurance Company Name	30
Nature Of Damage	
Details of property damaged in accident	- 5
No. Of Passenger (Including Driver)	
or r descriger (including Driver)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLP8814P 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	TEE CHIN HOCK
Address	TEE OTHING HOUR
Address Complement	_
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMT829S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

Signature:

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd via email / fax.

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Witnessed by Reporting Centre Personnel

(A) 9m7 829 S.

(B) 94B 4794m.

(C) 9LP 8814 P.

Ballatur Road.

Describe Circumstances of the Accident
on 25/05/2021 at @ 1500 We, I was travelling
in any vehicle (2MT 8293) along Bulesties Road towards the
direction of Serangoon Road on the centre lane. While approaching the
superfice of Makhen Road House to D Il I
CILL I DI THE GRIDES OOX.
La Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
involving 3 cars.
1 3 703
V

## Declaration

IWe 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

olyn 27/05/21

Personnel





1 of 3

Report No. T/20210525/2103

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

#### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 25/05/2021 19:08		Vide Report No.: A/20210525/0075	Station Diary No.: 139	
Informa	int's Partic	ulars			
Name o	f Informant: IIN HOCK		Address: APT BLK 601 JURONG WES SINGAPORE 640601	ST STREET 62 #04-173	
	/ ID No.: O / S17906	93C	Contact No.: Home/Office:	Mobile: 97569822	
National SINGAP	ity: ORE CITIZ	EN .	Email:	Modific. 31000022	
Sex: Male	Age: 53	Date of Birth: 02/10/1967	Type of Informant: Vehicle Owner		
Race: Chinese		1	Language:	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2021 15:00	Type of Location T-Junction
Location:			20,00,2021,10,00	
BALESTIER	ROAD			
		1		
Weather: Ro		Road Surface:	Į.	Road Speed Limit:
Clear		DIY		
Clear Traffic Flow:		Traffic Control: Traffic Light - Wor		raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB4724M						0
SLP8814P						0
SMT829S	1					0





2 of 3

Report No. T/20210525/2103

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Perso	n Involved			MES JA		NEW YORK STREET
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	Cross	sing: NA
Vehicle Owner						
Name	TEE CHIN HOCK		ID No	),	S1790693C	
Related Vehicle	SMT829S			Conta	act No.	97569822
Hospital/Clinic	NIL			Class Drivin Licena Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 25/005/2021 at about 1500hrs, I was driving V1) SMT829S along Balestier Road towards Lavender Road. I had stopped before a yellow box as there was heavy traffic in front. i then noticed that the vehicles ahead was moving off. Before my vehicle could move off, i felt an impact from the rear. After the impact, i noticed that there was two other vehicle bearing registration plate V2)SHB4724M behind V1 and V3) SLP8814P behind V2. As we was exchanging particulars and taking photos of the incident, Ambulance and Traffic police came to scene and my In car camera SD card was handed over to the traffic police. I then noticed V2's driver had boarded the ambulance however I did not noticed if he had suffered any injuries or not.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20210525/2103

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: J / Sgt 2 NG WEI LIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2021 19:08
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
SI THABAGESH JEYATHESH Contact No.: 65476178	SN 126
Authentication Stamp NP168 Signatur Singapore Po	

DATE OF ACCIDENT	MAKE & MODEL : TOYOTA NOOL AUTO/MANUAL
CONTROL PROGRAM SANCTON CONTROL CONTRO	25/05/2021. *C.C: 1797CC.
TIME OF ACCIDENT	1500 AM (PM)
LOCATION OF ACCIDENT	Balestier Road junction McNair Road.
	ENT EMPLOYMENT PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	TEE CHIN HOCK.
EMAIL: psh tshpeter @ yah	00 · Com · 99 Office: MOBILE: 97.56 9822
NRIC P	\$ 1790693C.
CLAIM TYPE	
FLEET POLICY:	OD / THIRD PARTY / REPORTING ONLY YES (NO ?)
INSURANCE CO.	
TYPE OF COVERAGE	
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Theft
William William Committee of the Committ	DM 4C3NW 0000 0 2452100 .
NAME OF DRIVER NRIC	AS ABOVE / IF NO:
	2/=
DATE OF BIRTH	02/10/1967.
ANY PASSENGER	YES (NO:)
NAME OF PASSENGER	
GENDER OF PASSENG	
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	0610212007.
GENDER	Male. / Female
CONTACT NO.	Mobile: Office: Home:
EMAIL:	tshpeter @ yahoo . com . sq .
ADDRESS	BLIS 601 Jurong West St 62 \$ 04-173 (8) 640601
DOES DRIVER OWN OTHER VEHICLES'	NO / If yes : Reg No: INSURER:
RELATIONSHIP	Employee / If No: Owner .
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No (If yes : Who?
CONTACT NO.	
POLICE REPORT	No If yes: Where?
NOTICE OF INTENDED PROSECUTION (	GIVEN? NO/IF YES: WHO?
VEHICLE B NO.	SHB 4724 M Any Passenger: # 01 (Not sure)
NAME	
CONTACT NO.	
VEHICLE C NO.	34 P 8814 P 'Any Passenger: 01 (Not sure).
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO. ANY WITNESS	Any Passenger :
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES IND with Traffic Police.
WAS THERE ANY AUDIO RECORDED	? YES INO with Traffic Police.
SCENE ACCIDENT PHOTOS TAKEN?	YES /NO
**WORKSHOP:	Twincas.
281 620	
Have you been approach by unknown pe	erson soliciting (s) /
offering accident claims assistance?	YES (NO )



## 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

AN0688A Cov. Type:C

CERTIFICATE OF INSURANCE otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNW00002452100

Engine No.: 2ZR2G23612 Cha. No: ZWR800425901

Index Mark and Registration

SMT829S

Number of Vehicle

AUTOSAFE

2 Name of Policy Holder

TEE CHIN HOCK

3 Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment (00:00:00)

26/03/2021

Excess Sect I

\$\$1,250.00

Excess Sect. I (Outside Singapore)

S\$2,500.00 Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

25/03/2022

Excess Sect.II (Outside Singapore).

\$\$2,500.00

EX ON WINDSCREEN

S\$100.00

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.

TEE CHIN HOCK

6 Limitations as to use:"

Use for the carriage of passengers or goods in connection with the Policyholder's business.
 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.: TECK WEI CREDIT PTE LTD.

\* 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: THIS MARKETING INSURANCE AGENCY Authorised Officer

Authorised Signatory

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

Q63896111

₱6222 1033

www.sg.cntaiping.com

## Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.:

SMT829S

Vehicle Type:

Z11 - Private Hire (Chauffeur) Station

Wagon/Jeep/Land Rover

Vehicle Attachment 1:

Vehicle Attachment 2:

Vehicle Make:

TOYOTA

Chassis No.:

ZWR800425901

No Attachment

Motor No.: Propellant.

319L03984 Petrol-Electric

1797 cc

1610 kg

26 Mar 2020

Black

2019

Yes

0

Engine Capacity:

Maximum Power Output: 100.0 kW ( 134 bhp )

Unladen Weight:

Primary Colour:

First Registration Date:

Manufacturing Year: PARF Eligibility:

No. of Transfers:

Actual ARF Paid:

Owner Particulars

\$29,095.00

Owner Name: Owner ID Type:

Owner ID:

Singapore NRIC \$1790693C HDB/HUDC

TEE CHIN HOCK

Registered Address Type:

Registered Block/House No.: 601

Registered Street Name:

JURONG WEST STREET 62 # 04 - 173

Registered Unit No.:

640601

Registered Building Name: -

Registered Postal Code:

COE No. / Expiry Date:

COE Bid Category:

2020040103001073M / 25 Mar 2030 B - Car above 1600cc or 97kW (130bhp)

QP Paid

\$30,012.00

Transaction Details

Business Transaction Ref. No.:

20200326153510236913

Business Transaction Date: 26 Mar 2020

Business Transaction Time: 15:35:10

Message

The above vehicle has been successfully registered.

Please note that \$49,814,00 will be deducted from your GIRO account.

Vehicle Scheme:

Normal

Vehicle Attachment 3:

Vehicle Model:

NOAH HYBRID 1.8X CVT

Engine No.:

2ZR2G23612

Trailer Chassis No.:

Passenger Capacity:

Power Rating:

60.0 kW

6

Maximum Laden Weight:

Secondary Colour:

1995 kg

Original Registration Date: 26 Mar 2020

Open Market Value: \$33,639.00

\$14,547.00

Minimum PARF Benefit: Rate:

Additional Registration Fee First \$20,000.00 (100%), next \$13,639.00

(140%)

OK.

Save as PDF