

# NATIONAL Assessment Centre Services.

Print 1 Jan 2008

SN09215V000A

Date In: 31/05/2021 16:59	Job description	Date & Time Completed	Done by
Ref No: N30/C77210062604	SAS e-filing		
Veh No: SCA 2017S	E-mail (8 Julia 2hrs, AIC 2hrs)		
D.O.A: 28/05/2021 14:05	I-Motor Claim Form		
OD: TP 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/VKSN		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMQ 9627P	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 repairer.
( ) 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: \_\_\_\_\_

Date/Time:	Author:

Driver/Owner:	1) Alt: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
Additional Comments:	5) PT: Follow-Through Survey (Resurvey)	\$75
	For claiming against INC Only (over 10 Jan 2008)	\$160
	6) TR: Re-inspection	
	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$3
	TP (NI): TP (over INC) against INC	\$20
	9) NI: Idao Mobile	\$0
	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	31/05/2021 16:59 (SGT)
Date of Accident	28/05/2021 14:05 (SGT)
Exact Location of Accident	Shenton Ln, Singapore
Additional Location Information	TOWARDS UNION STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2017S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH AH SOON
NRIC No	SXXXX656F
Email Address	tonysoon28@gmail.com
Mobile Phone No	(Phone) +65-97647072
Alternative Phone No	+65-97647072

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00001322100
Cover Note Number	-

#### DRIVER

Name of Driver	TOH AH SOON
NRIC No	SXXXX656F

Date Of Birth	28/06/1970
Occupation	Outdoor
Date Of Driving Pass	09/11/1990
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97647072
Alt. Phone Number	+65-97647072
Email Address	tonysoon28@gmail.com
Address	BLK 117B JALAN TENTERAM #12-515
Address complement	-
Postcode	322117
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	GRAP PASSENGER
Gender	Male

#### PASSENGER 2

Name	GRAP PASSENGER
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ9627P
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

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### 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' 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 & Time

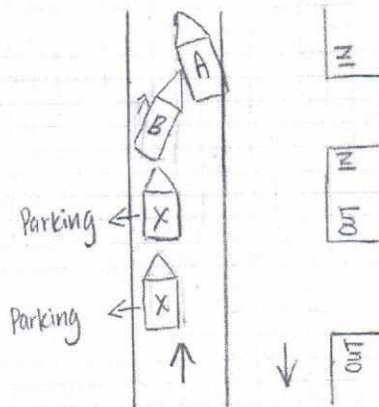
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

31/05/2021

Sketch Plan

SKETCH PLAN ROAD TOWARDS UNION STREET



Vehicle A: 6LA2017S  
Vehicle B: 5MQ9627P

On 28 May 2021 at around 14:05pm, I was travelling straight along Shenton Lane towards Union Street. Vehicle B (SMQ9627P) was parked on the side of the road, suddenly moved out and collided onto left side of my vehicle.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28 / 05 / 2021 (dd/mm/yy) Time of Accident: 14 : 05 (24-HR-FORMAT)  
Vehicle No.: SLA2017S Vehicle Make & Model: Tyt Fielder  
\*Transmission : ☐ Manual ☐ Auto \*C.c.: 1-6  
Exact location of Accident: Along Shenton Lane twds Union Street  
Policyholder's Name: Toh Ah Soon NRIC/FIN/REG No.: S7021656F  
\*Policyholder's email address : tonysoon28@gmail.com  
Driver's Name: Toh Ah Soon NRIC/FIN/REG No.: S7021656F  
\*Driver's email address : tonysoon28@gmail.com  
Driver's Contact No.: 9764 7072 Company Contact No (If any): -  
Date of birth: 28 June 1970 Driving Pass Date: 09 Nov 1990  
Driver's Address: Apt B1K 117B Jalan Tenteram #12-515 Singapore 322117  
Insurance Company: China Taiping  
Policy No.: DMHCSNW00001322100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please CIRCLE one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -  
What do you wish to claim? (Please TICK one only)  
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other -  
Occupation (nature job) ☐ Indoor / ☒ Outdoor \*No. of Passengers / Including Driver): 3 person  
\*Passanger Name: Grab Passenger Gender: Male / Female  
\*Passanger Name: Grab Passenger Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -  
Was there any video captured by your car Car camera? ☐ Yes / ☒ No  
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: -  
Injuries Sustain : - Injured Person in Which Vehicle: -  
Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: -

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: 6MBQ9627P  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Motor Hire Car

MZ406L/B

N SN

AN0101A

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.	DMHCSNW00001322100	Engine No.: 2NR8499848	
		Cha. No.: NRE1618001067	
1. Index Mark and Registration Number of Vehicle	SLA2017S	AUTOSAFE	=====
2. Name of Policy Holder	TOH AH SOON		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/02/2021 (00:00:00)	Excess Sect. I.	\$\$1,500.00
		Excess Sect. I (Outside Singapore)	\$\$3,000.00
		Excess Sect. II	\$\$1,500.00
4. Date of Expiry of Insurance	23/02/2022	Excess Sect. II (Outside Singapore).	\$\$3,000.00
		EX ON WINDSCREEN.	\$\$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.			
TOH AH SOON		CHIN SWEE KWAN	
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.: CHUAN LEE ENTERPRISES 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

ITRUST PTE LTD  
212 HOUGANG ST21  
#02-349  
SINGAPORE 530212

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ITRUST PTE LTD  
Authorised Officer  
TEL: 6488 0883 FAX: 6286 0295  
EMAIL: itrust@singnet.com.sg



Authorised Signatory