

NATIONAL Assessment Centre Services

Date In: 08/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CIT/21006512/13	SAS e-filing		
Veh No: SLZ778ST	E-mail (w/ 0hrs, Max. 2hrs)		
D.O.A: 07/06/21 0710	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: SKT2284Z	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

NA2103099	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100), INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments :-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	10) N11: TP (Non INC) against INC \$20		
	11) N12: Idac Mobile \$30		
	12) N12: Idac Mobile \$30		
	13) N12: Idac Mobile \$30		
	14) N12: Idac Mobile \$30		
	15) N12: Idac Mobile \$30		
	16) N12: Idac Mobile \$30		
	17) N12: Idac Mobile \$30		
	18) N12: Idac Mobile \$30		
	19) N12: Idac Mobile \$30		
	20) N12: Idac Mobile \$30		

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	08/06/2021 17:41 (SGT)
Date of Accident	07/06/2021 07:10 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7785T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH BOK LIM
NRIC No	SXXXX115J
Email Address	BOKLIMGOH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-81286694
Alternative Phone No	+65-81286694

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - 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	DMHCSNW00008042000
Cover Note Number	-

DRIVER

Name of Driver	GOH BOK LIM
NRIC No	SXXXX115J

Date Of Birth	30/10/1968
Occupation	Outdoor
Date Of Driving Pass	18/07/1991
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81286694
Alt. Phone Number	+65-81286694
Email Address	BOKLIMGOH@YAHOO.COM.SG
Address	BLK 132B CANBERRA VIEW
Address complement	#05-03
Postcode	752132
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	9
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210607/2042

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	SKT2284Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ1265C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	UNKNOWN
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number	UNKNOWN
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	GOH BOK LIM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLZ7785T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLZ7785T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

Gph 08/06/21
Policyholder's Signature / Date & Time

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

Sym 08/06/21
Witnessed by Reporting Centre Personnel

Sketch Plan

A	SLZ 7785T	
B	EKT 2184Z	
C	5MQ 1265E	
D	UNKNOWN	
E	UNKNOWN	
F	UNKNOWN	
G	UNKNOWN	
H	UNKNOWN	
I	UNKNOWN	

Describe Circumstances of the Accident

Pls refer to the police report: T/20210607/2042

Declaration

We declare the foregoing particulars are true in every respect.

Qph 08/06/21
Policyholder's Signature / Date &
Time

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

Shym 08/06/21
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210607/2042

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20210607/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2021 12:55	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: GOH BOK LIM	Address: APT BLK 132B CANBERRA VIEW #05-53 SINGAPORE 752132		
ID Type / ID No.: NRIC NO / S6871115J	Contact No.: Home/Office: 81286694 Mobile:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 30/10/1968	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: Manufacturing engineering technician (general)	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/06/2021 07:10	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ7785T	Car	HONDA	Shuttle		Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210607/2042

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Report No. T/20210607/2042

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Vehicle Owner			
Name	GOH BOK LIM	ID No.	S6871115J
Related Vehicle	NIL	Contact No.	81286694
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/06/2021 at around 0710 hours, I was involved in a traffic accident with multiple vehicles. The accident took place at KJE around Choa Chu Kang area. I am a Grab Driver, and was driving a passenger which I am unsure of his particulars. My car has stopped, and my car boot area was hit by a Mazda with license plate SKT2284Z. After which, my car jerked and I accidentally accelerated, hitting the boot area of a Black Toyota license plate SMQ1265C. I am unable to provide both drivers particulars as I was conveyed to Ng Teng Fong Hospital by the ambulance at the scene with my passenger.

I was given a 3 day MC. Traffic Police was also at the scene. However, I did not manage to get the case number from them. I am making this report for my insurance purposes as well.



**SINGAPORE
POLICE FORCE**



T/20210607/2042

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Report No. T/20210607/2042

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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 /

SC2 WEE CHENG KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Signature Of Informant:

Date/Time:

07/06/2021 12:55

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Motor Hire Car

M2406L/B

N SN

AN0420A

Cov. Type C

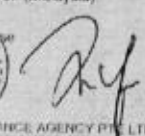
CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1966
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

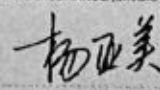
CERTIFICATE No.	DMHCSNW000B042000	Engine No.	L15B5461748
		Cha. No.	GK81201485
1. Index Mark and Registration Number of Vehicle	SLZ7780T	AUTOSAFE	*****
2. Name of Policy Holder	GOH BOK LIM		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/11/2020 (14.16.48)	Excess Sect I	\$51,250.00
		Excess Sect. I (Outside Singapore)	\$52,500.00
		Excess Sect. II	\$51,250.00
4. Date of Expiry of Insurance	15/11/2021	Excess Sect II (Outside Singapore)	\$52,500.00
		EX ON WINDSCREEN	\$5100.00
<p>5. Persons or Classes of Persons entitled to drive*</p> <p>As per Named Driver(s) stated below</p> <p>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.</p> <p>GCH BOK LIM</p>			
<p>6. Limitations as to use*</p> <p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing</p> <p>(2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>			
<p>HIRE PURCHASE CO. - HONG LEONG FINANCE LTD</p> <p>* 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</p>			

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)



Issued By: 
CHINA TAIPING INSURANCE AGENCY PTE. LTD.
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


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