

NATIONAL Assessment Centre Services, [Print Name] SV0821860006

Date In: <u>16/08/2021</u> <u>16:13</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NBA/FCI210085701</u>	SAS e-Milling		
Veh No: <u>SLK 8601M</u>	E-mail (by date time, A/C time)		
D.O.A: <u>15/08/2021</u> <u>12:48</u>	1-Motor Claim Form		
	1-Motor W/O (Within 00 hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Ins/Handle Owner/Whom		

OT (TP) Reporting Only

TP Insurer:

Preferred Wreck / INC Assign / Wreck / OW: ()

TP Ref: () Veh No: SHD 6095X INC () / Non-INC ()

Owner / Drivers ()

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 Refor of repair.

() 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: ()

()

()

()

NBA103586

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Sub: 2/2

1) All Accident Reporting (50)	UND (10)
2) DA / Damage Assessment (\$100)	\$100.00
3) TP / Towing Fee	\$120
4) PT / Follow Through Survey	\$30
5) PT / Follow Through Survey (Resurvey)	\$30
6) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$75
7) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$160
8) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
9) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
10) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
11) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
12) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
13) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
14) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
15) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
16) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
17) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
18) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
19) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30
20) PT / Follow Through Survey (Resurvey) (over 10 hrs 200)	\$30

Fee Charged

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	16/08/2021 16:13 (SGT)
Date of Accident	15/08/2021 12:45 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8601M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAO JIA XIN AMY
NRIC No	SXXXX707A
Email Address	jiaxin9159@gmail.com
Mobile Phone No	(Phone) +65-81267067
Alternative Phone No	+65-81267067

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097069MVPC/3
Cover Note Number	-

DRIVER

Name of Driver	CAO JIA XIN AMY
NRIC No	SXXXX707A

Date Of Birth	10/02/1985
Occupation	Indoor
Date Of Driving Pass	30/07/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81267067
Alt. Phone Number	+65-81267067
Email Address	jiaxin9159@gmail.com
Address	BLK 11 UPPER BOON KENG ROAD #07-919
Address complement	-
Postcode	380011
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	Collision - Change/cross lane
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 vehicle 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	KOO CHEE PENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kim Seng Neighbourhood Police Post (e-Kiosk)
Police Station Address	5 Beo Crescent Singapore 169981
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210815/2037

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	SHD6095X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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

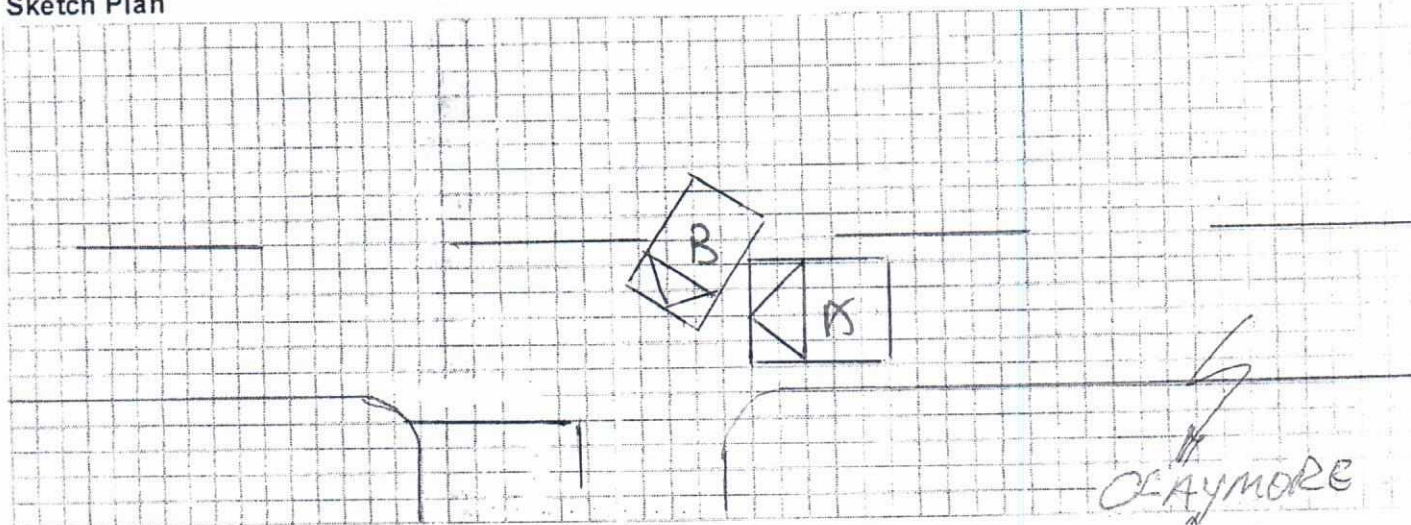
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Arif
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) SLK 8601M

B) SHD 6095X

CLAYMORE
DRIVE

CLAYMORE
ROAD

Describe Circumstances of the Accident

I had picked up my friend and drove off.
A taxi from outer lane turn left and
collided to my car.

POLICE REPORT 7/20210815/2037

Declaration

We declare the foregoing particulars are true in every respect.

黃佳豪 AM

Policyholder's Signature / Date &
Time

黃佳豪 AM

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

Witnessed by Reporting Centre
Personnel

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
Date of Accident 15 08 21 12:45
Exact Location of Accident ORCHARD RD
Additional Location Information
Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLK 8601M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

CAO JIA XIN AMY.

S8578707A

81267067

jiaxing9159@gmail.com

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
ALTIS

PRIVATE

NO.
PRIVATE

AUTO
1.6

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

FIRST CAPITAL
COMPRE

D-21097069M VPC

DRIVER

Name of Driver

NRIC No

AS INSURED

10 02 85
Date Of Birth
Occupation SELF EMPLOYED
Date Of Driving Pass 30 07 2012
Driving experience
Gender FEMALE
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder? YES
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 SIDE TO FRONT
Weather Conditions CLEAR
Road Surface DRY

OTHER INFORMATION

Was any foreign vehicle involved in the accident? NO
Number of vehicles involved in the accident 02
Was anybody injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? YES
Number of Passengers (Including Driver) 02
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? NO

PASSENGER 1

Name KOO CHEE PENG
Gender MALE

DETAILS OF POLICE ACTION

Was the accident reported to the police? YES
Was notice of intended Prosecution given? NO
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH

ATTACHMENT(S)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO WORKING
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD 6095X
Vehicle Manufacturer TOYOTA PRIUS
Vehicle Model
Vehicle Variant TAXI
Vehicle Colour MAROON
Vehicle Category TAXI

Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

LIANG CHIA
SZ537848B



SINGAPORE POLICE FORCE



T/20210815/2037

1 of 3

Report No. T/20210815/2037

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2021 15:11	Vide Report No.:	Station Diary No.: 22
Informant's Particulars		
Name of Informant: CAO JIA XIN AMY	Address: APT BLK 11 UPPER BOON KENG ROAD #07-919 SINGAPORE 380011	
ID Type / ID No.: NRIC NO / S8578707A	Contact No.: Home/Office:	Mobile: 81267067
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Female	Age: 36	Date of Birth: 10/02/1985
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Private tutor (academic)	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/08/2021 12:45	Type of Location: T-Junction
Location: ORCHARD ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6095X	Car	TOYOTA	PRIUS	Maroon	Slightly Damaged	1
SLK8601M	Car	TOYOTA	COROLLA ALTIS 1.6 CVT	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210815/2037

2 of 3

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Report No. T/20210815/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8601M	FIRST CAPITAL INSURANCE LIMITED	D-21097069MVPC	02/02/2021	01/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Liang Chia	ID No.	S2537848B	
Related Vehicle	SHD6095X (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	CAO JIA XIN AMY	ID No.	S8578707A	
Related Vehicle	SLK8601M (Car)	Contact No.	81267067	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 15/08/2021, at about 1245hrs, I was driving along Orchard Road to Delfi Orchard as I wanted to fetch my friend, who was at the road side. I stopped along the road side on the left, and fetched him. As I was about to move off, a maroon coloured taxi (Reg. No.: SHD6095X) came in from the second lane, and wanted to turn into Claymore Drive. I could not react in time, and my front right bumper collided into his rear left side. We did not sustain any injuries. We alighted and exchanged our IC numbers, took some photos of the accident, and decide to settle the matter through our insurance instead. My car has a dash camera recording the incident.



**SINGAPORE
POLICE FORCE**



T/20210815/2037

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

3 of 3

Report No. T/20210815/2037

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:

E /

Sgt 2 WESLEY TEO YAO WEN

Signature Of Informant:

曹佳鑫

Signature Of Interpreter:

Not applicable

Date/Time:

15/08/2021 15:11

Officer In Charge Of Case:

TP / GIA /

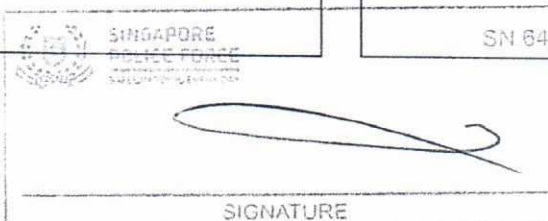
SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



RENEWAL CERTIFICATE

Agency : B0188 Policy No : D-21097069MVPC/3
Cover Note/Ref. No : Replacing CI No : D-20095030MVPC
Type of Policy : PRIVATE MOTOR CAR INSURANCE

Insured : CAO JIA XIN AMY
Address : 11 UPPER BOON KENG ROAD
#07-919
SINGAPORE 380011
Occupation : PRIVATE TUTOR

Period of Insurance : 02 FEBRUARY 2021 until midnight on 01 FEBRUARY 2022

Registration No : SLK8601M Tonnage/CC : 1598
Year of Manufacture : 2016 Seaters : 4
Year of Registration: 2017 Chassis No : MR053REH104559230
Make/Body Type : TOYOTA COROLLA ALTIS 1.6 Engine No. : 1ZRY336420
CVT SALOON Cover Type : COMPREHENSIVE
Insured Estimated : MARKET VALUE AT THE TIME
Value OF LOSS
Financial : DBS BANK LTD
Institution
Named Drivers : CAO JIA XIN AMY

The policy is subject to endorsements/clauses : 15, 2, 25, 57, 72, 82I, 89C,
ANCD, E28, E29, E33, E45,
E48J, E6, PDP And SLEC

Premium : SGD1,013.03
GST 7 % : 70.91 NCD 40.00% : SGD675.35
Total Due : SGD1,083.94

Excess :
SGD500.00 SECTION I FOR INSURED
SGD700.00 SECTION I FOR UNNAMED DRIVER
SSGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE