

NATIONAL Assessment Centre Services. [url: Jan'08] 5408218K0001

Date In: 20/08/2021 14:21	Job description	Date & Time Completed	Done by
Ref No: N3810712008763/4	SAS e-Milling		
Veh No: SJA 20178	E-mail (by date sheet, AIO sheet)		
D.O.A: 19/08/2021 15:48	1-Motor Claim Form		
OID TP Reporting Only	1-Motor W/O (with date sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Witness		

Preferred Wreck / INC Assign Wreck / QW: () Tel: () Fax: ()

TP Print/gulper: () Veh No: SJC 8635.8 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: YRS () / 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: VRS () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

()

()

()

X/A2103628

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

And: ()

Call: ()

12/12

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

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	20/08/2021 14:21 (SGT)
Date of Accident	19/08/2021 15:45 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	CARPAR OF BLK 133 AND BLK 134
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	FIELDER
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	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 9 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	Collision - Head on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
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?	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	SHC8635E
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH AH SOON
Gender	Male
Phone No	(Phone) +65-97647072
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLA2017S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

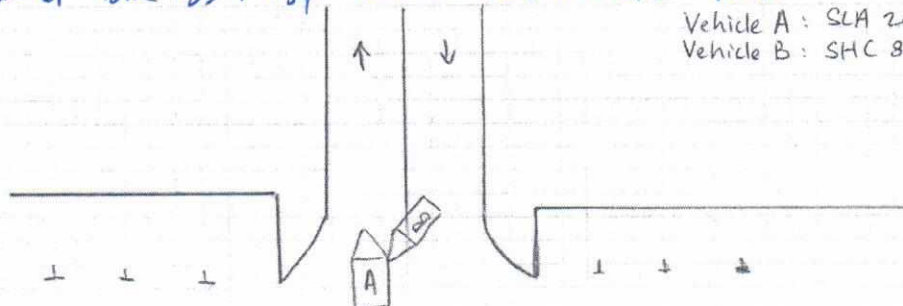
Driver's Signature (If driver is not the policyholder) / Date & Time

20/08/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

CARPARK OF BLK 133 & 134 BEAK RUSARUDIR ROAD

Vehicle A : SLA 2017S
Vehicle B : SHC 8635 E



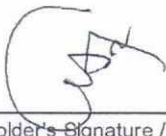
T T

Describe Circumstances of the Accident

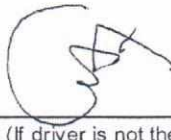
On the stated time and date, I just come out from lot number 48 at the Carpark of Blk 133 & 134 Bedok Reservoir Rd and was travelling towards the exit. Vehicle B (SHC 8635 E) came from the entrance, suddenly turn right and collided onto the front right hand portion of my vehicle (SLA 2017S).

Declaration

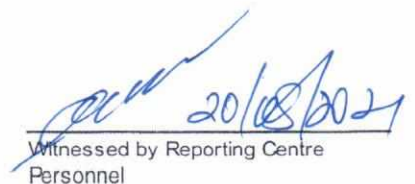
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



20/08/2021
Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19/ 8 / 2021 (dd/mm/yy) Time of Accident: 15 : 45 (24-HR-FORMAT)
Vehicle No.: SLA 2017 S Vehicle Make & Model: Toyota Fielder
*Transmission : ☐ Manual ☐ Auto *C.c.: 1.6
Exact location of Accident: Carpark of Blk 133 & 134 Bedok Reservoir Rd
Policyholder's Name: Toh Ah Soon NRIC/FIN/REG No.: S 7021656F
*Policyholder's email address : TONYSOON288@gmail.com
Driver's Name: Toh Ah Soon NRIC/FIN/REG No.: S 7021656F
*Driver's email address : TONYSOON28@gmail.com
Driver's Contact No.: 9764 7072 Company Contact No (If any): _____
Date of birth: 28/6/1970 Driving Pass Date: 9/11/1990
Driver's Address: Blk 117B Jalan Teateram #12-515 (S) 322117
Insurance Company: China Taiping
Policy No.: DMHCSNW 00001322100 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: 1 person

*Passanger Name: _____ Gender: Male / Female

*Passanger Name: _____ 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's Name: Toh Ah Soon

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: SHL 8635 E

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.: 2NR849848
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.	SS\$1,500.00
Excess Sect. I (Outside Singapore)	SS\$3,000.00
Excess Sect. II	SS\$1,500.00
Excess Sect. II (Outside Singapore).	SS\$3,000.00
EX ON WINDSCREEN.	SS\$100.00

4. Date of Expiry of Insurance

23/02/2022

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.

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 3 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

Issued By:

ITRUST PTE LTD

Authorised Officer

TEL: 6488 0883 FAX: 6286 0295
EMAIL: itrust@singnet.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

杨亚美

Authorised Signatory