

**NATIONAL Assessment Centre Services**

Date In: 07/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTID 1009405/13	SAS e-filing		
Veh No: SLE8382B	E-mail (within 5hrs. A/C 2hrs)		
DOA: 05/09/21 1210	i-Motor Claim Form		
OD: <input checked="" type="radio"/> 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/Wksp		

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

TP Particulars: Veh No: SMK 6805T 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idse DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idse Mobile 30		
	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	07/09/2021 15:50 (SGT)
Date of Accident	05/09/2021 12:10 (SGT)
Exact Location of Accident	Queen St, Singapore
Additional Location Information	JUNCTION OF BRAS BASAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8382B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VOULEZ CARS
Company Reg No	5XXX846X
Email Address	leonard.augustine1@gmail.com
Mobile Phone No	(Phone) +65-87878855
Alternative Phone No	+65-87878855

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00006392000
Cover Note Number	-

#### DRIVER

Name of Driver	LEONARD S/O SIMON AUGUSTINE
NRIC No	SXXX034E

Date Of Birth	02/05/1957
Occupation	Outdoor
Date Of Driving Pass	18/04/1983
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91553057
Alt. Phone Number	-
Email Address	leonard.augustine1@gmail.com
Address	BLK 489 JURONG WEST AVE 1
Address complement	#02-39
Postcode	640489
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 to Rear
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?	Yes
Police Station Name	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210906/2135

#### 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	SMK6805T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAN JUN KAI(CHEN JUNKAI)
NRIC No	SXXXX626Z
Contact Number	(Phone) +65-87930837
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	LEONARD S/O SIMON AUGUSTINE
Gender	Male
Phone No	(Phone) +65-91553057
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLE8382B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

## 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.



Policyholder's Signature / Date & Time

*Laurynt* 7/9/2021

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

*Alvin* 07/09/21

Witnessed by Reporting Centre Personnel

### Sketch Plan

JUNC OF QUEEN ST & BRAS BASAH RD

A - SLE8382B  
B - SMK6805T



**Describe Circumstances of the Accident**

*Pls refer to the police report: T/20210906/2135*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Lucy...* 7/9/2021  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 07/09/21  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20210906/2135

1 of 4

Report No. T/20210906/2135

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
06/09/2021 20:24

Video Report No.:

Station Diary No.:  
28

### Informant's Particulars

Name of Informant:  
LEONARD S/O SIMON AUGUSTINE

Address:  
APT BLK 489 JURONG WEST AVENUE 1 #02-39  
SINGAPORE 640489

ID Type / ID No.:  
NRIC NO / S2166034E

Contact No.:  
Home/Office: Mobile: 91553057

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male  
Age: 64  
Date of Birth: 02/05/1957

Type of Informant:  
Driver

Institution / School Name:

Race:  
Indian

Language:  
English

Occupation:  
GRAB Driver

Driving Licence Information:  
Class: 3,4,5

Date of Expiry:

### General Information of the Accident

Type of Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
05/09/2021 12:10

Type of Location:  
T-Junction

Location:

BRAS BASAH ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Traffic Light - Working

Traffic Volume:  
Light

Type of Collision:  
Moving Vehicle Against - Others

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE8382B	Car				Slightly Damaged	0
SMK6805T	Car				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210906/2135

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

4 of 4

Report No. T/20210906/2135

**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 3 LIU WENQIN, MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
06/09/2021 20:24

Classification Of Case:

SN 125

Singapore Police Force



Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

**CONTINUATION OF REPORT**

Driver			
Name	LEONARD S/O SIMON AUGUSTINE	ID No.	S2166034E
Related Vehicle	SLE8382B (Car)	Contact No.	91553057
Hospital/Clinic	InSync Medical	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Jun Kai	ID No.	S8725626Z
Related Vehicle	SMK6805T (Car)	Contact No.	87930837
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

**Brief Details.**

On 05/09/2021, at about 1210hrs, I had an accident along Queen St, junction with Bras Basah. There were cars in front of me as the traffic light was red. As I was stationary at the junction, a car collided with me from the rear.

I had back and shoulder pain, and a headache. I sought medical attention at InSync Medical and received 3 days MC.

My car suffered damage to the tail lights and bumper.

Details of the other driver as are follows:

Tan Jun Kai (Chen Junkai)

S8725626Z

Male / Chinese

HP: 87930837

Vehicle: SMK6805T

No passengers were in either of our cars. No cyclist or pedestrians were involved. No government property was damaged. No foreign vehicles were involved. No police or ambulance attended to the incident.



**SINGAPORE  
POLICE FORCE**



T/20210906/2135

3 of 4

Report No. T/20210906/2135

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

**CONTINUATION OF REPORT**

# ACCIDENT STATEMENT

ACCIDENT DATE: (05/09/21) (DD/MM/YYYY), TIME: (12:10) (HH:MM)

LOCATION: BRAS BASAH ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE8382B  
b) INSURANCE COMPANY: CHINA TAIPIING  
c) POLICY NUMBER: AMHCSNA00006392000  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA AXIO (A.) 1500  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: VOULEZ CARS (MALE / FEMALE) 87878851  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87930837  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LEONARD S/O SIMON AUGUSTINE (MALE / FEMALE) NE  
b) NRIC/FIN/PASSPORT: 52166034E CONTACT: 91553057  
c) ADDRESS: BLK 489 JURONG WEST AVE 1  
#02-39 (640489)

\*d) DATE OF BIRTH: (02/05/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) NE

f) YEARS OF DRIVING EXPERIENCE: 18/04/1983

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_  
6. WAS ANYBODY INJURED (YES / NO) \_\_\_\_\_  
7. a) REPORTED TO POLICE (YES / NO) \_\_\_\_\_  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMK6P05T MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87930837

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\*No of passenger  
(including driver)  
(1)

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

email = leonard.augustine1@gmail.com

fax =

video =

Motor Hire Car

MZ406L/B

E SN

BR0007A

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.	DMHCSNA00006392000	Engine No.: 1NZR407891	
		Cha. No.: NKE1657134721	
1. Index Mark and Registration Number of Vehicle	SLE8382B	AUTOSAFE	=====
2. Name of Policy Holder	VOULEZ CARS		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	25/09/2020 (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
4. Date of Expiry of Insurance	24/09/2021	Excess Sect. II (Outside Singapore)	SS\$3,000.00
		EX ON WINDSCREEN	SS\$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.

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.: TAI THONG LEE TDG (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: Tan Jia Hwei  
Authorised Officer



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