

NATIONAL Assessment Centre Services

Date In: 23/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTIS1009932/13	SAS e-filing		
Veh No: 5LR58589	E-mail (within 3hrs: 3M: 2hrs)		
D.O.A: 22/09/21 2250	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: 5LM4741H	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

NA2104024	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) iT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT:		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$30		
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charged	
Auditors' Comments :-	Invoice dated:	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	23/09/2021 16:59 (SGT)
Date of Accident	22/09/2021 22:50 (SGT)
Exact Location of Accident	Bali Ln, Singapore
Additional Location Information	CARPARK LOT NO 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5858Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH ZHEN WEI, KENDRICK
NRIC No	SXXXX648H
Email Address	kendrickhy@gmail.com
Mobile Phone No	(Phone) +65-98245940
Alternative Phone No	+65-98245940

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M4
Variant	-
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	2979

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00063882100
Cover Note Number	-

DRIVER

Name of Driver	TOH ZHEN WEI, KENDRICK
NRIC No	SXXXX648H

Date Of Birth	09/11/1988
Occupation	Indoor
Date Of Driving Pass	04/09/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98245940
Alt. Phone Number	+65-98245940
Email Address	kendrickhy@gmail.com
Address	BLK 676B YISHUN RING RD
Address complement	#12-1922
Postcode	762676
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	Collided into Parked Vehicle
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)	0
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210923/2011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4741H
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 2

Vehicle Registration Number	FBQ4417S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 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. 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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEHICLE A: SLR 5858 Y

VEHICLE B: SLM 4741 H

VEHICLE C: FBQ 4417 S

REFER TO POLICE REPORT ATTACHED .

T/20210923/2011 .

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210923/2011

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No: T/20210923/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2021 02:55	Vide Report No.: A/20210922/0136	Station Diary No.: 21
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: TOH ZHEN WEI, KENDRICK			Address: APT BLK 676B YISHUN RING ROAD #12-1922 SINGAPORE 762676	
ID Type / ID No.: NRIC NO / S8844648H			Contact No.: Home/Office: Mobile: 98245340	
Nationality: SINGAPORE CITIZEN			Email: kendrickHY@gmail.com	
Sex: Male	Age: 32	Date of Birth: 09/11/1988	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2021 22:50	Type of Location: Straight Road
Location: BALI LANE				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4417S	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
SLM4741H	Car	KIA		Black	Slightly Damaged	1
SLR5858Y	Car	BMW	M4 COUPE COMPETITION PKG LED NAV HUD	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210923/2011

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210923/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR5858Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD	DMPCSNW000638 82100	25/03/2021	24/03/2022

Brief Details.

On 22/09/2021 at 1920hrs, I had parked my car (SLR 5858Y) at carpark lot 4 along Bali Lane. At 2250hrs, I had went back to my car to leave the location. I was sitting in my car when suddenly, a Chinese lady went to the rear of my car and kicked the boot of my car. I left my car and had an argument with the Chinese lady when suddenly a black Kia Car (SLM 4741H) attempted to drive out of Bali Lane and made a 3-point turn at the narrow road. When the black Kia car attempted to leave the mid-section of the road, the driver side swiped front left bumper of my car. The driver then left the vehicle and tried to grab hold of the lady whom I had dispute with.

Then, a Chinese guy namely Bock Haw Yi (Hp: 97275567), left from one of the shops and assisted the driver to park the black KIA car. Whilst doing so, Bock Haw Yi accidentally reversed into a motorcycle (FBQ4417S) which was parked nearby my vehicle. He alighted from the Kia Car and took a look at the incident he had caused. Subsequently, the owner of the Black Kia car and the Chinese lady left the scene. I then called for the police to attend to the incident.

Police had attended to me at the incident location and was told to come down to lodge a police report before reporting for the appointment with IO at TP HQ.



**SINGAPORE
POLICE FORCE**



T/20210923/2011

3 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

Report No. T/20210923/2011

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

A /

Sgt 2 ABDUL RAIHAN BIN
RAZAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/09/2021 02:55

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI

Contact No : 65476904

Classification Of Case:



**SINGAPORE
POLICE FORCE**

SIGNATURE

Date of Accident : 22/4/2021 Accident Time: 2250 HRS. (24-HR-Format)
 Accident Place : BALI LANE LOT 4 (PARKING LOT)
 Vehicle No. (Car Plate No.) : SLR 5858 Y Make/Model: BMW M4
 Insurance Company : CHINA TAIPING Policy No: DMPD 3NW 00063882100
 Owner or Company Name / IC No. : TOH ZHEN WEI, KENDRICK (S8844648 H)
 Owner or Company Contact No. : 9824 5940 Owner's Hp Company Tel
 DRIVER'S Name / IC No. : TOH ZHEN WEI, KENDRICK (S8844648 H)
 DRIVER'S Date Of Birth : 9/11/1988 DRIVER'S License Pass Date 4/9/2009
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: OWNER
 DRIVER'S Address : BLK 676 B GISHUN RING ROAD #12 - 1922 (S) 962676
 DRIVER'S Contact No. / Alt No. : 1) 9824 5940 2)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : KENDRICKHY@GMAIL.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 0
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: SLM 4741 H.	Vehicle. No: _____
Vehicle Make \Model: KIA (BLACK COLOUR)	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW – Passenger's name & gender:

Motor Private Car

MX1/B

E SN

AN0714A

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.

DMPCSNW00063682100

Engine No.: 06819560S55B30A

Cha. No.: WBS3R92050K344814

1. Index Mark and Registration

SLR5858Y

Number of Vehicle

2. Name of Policy Holder

TOH ZHEN WEI, KENDRICK

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

29/03/2021
(00:00:00)

Named Drivers Ex Sect. I

\$2,000.00

Excess Sect. I (Outside Singapore)

\$4,000.00

EX ON WINDSCREEN

\$100.00

4. Date of Expiry of Insurance

24/03/2022

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 ZHEN WEI, KENDRICK

TEY JIA MIN

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

HIRE PURCHASE CO.: AMS MOTORS 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: Lim Lee Choo

Authorised Officer



Authorised Signatory