

# NATIONAL ASSESSMENT Center Services

10/11/2021 **SA0921A40005**

|  |   |                                     |         |
|--|---|-------------------------------------|---------|
| Date In: <b>4/10/21 16:16</b>                          | Job description                               | Date & Time Completed               | Done by |
| Ref No: <b>XBA/CT12101019/T1</b>                       | SAS calling                                   | <input checked="" type="checkbox"/> |         |
| Veh No: <b>SMQ 9430P</b>                               | Terminal (Signal Unit, AIS Unit)              |                                     |         |
| D.O.A: <b>02/03/21 14:50</b>                           | 1-Motor Signal Verin                          |                                     |         |
| (1) <input checked="" type="checkbox"/> Reporting Only | 1-Motor W/O (With/Out Unit, TP Unit)          |                                     |         |
| TP Insurer:  | 1-Photo Uploaded                              |                                     |         |
|  | Assessment/Survey Report                      |                                     |         |
|  | Asst Report by <b>TPX/Handle Owner/Willen</b> |                                     |         |

Preferred Wksp / INO Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Insured/Owner: ( ) Veh No: **SB468541** INO: ( ) / Non-INO: ( )

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 ( )

Deductible: \$ ( ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Write-In Customer: Customer's information strictly confidential & strictly NO Referral of Repetition

( ) Total Loss Case: To e-mail Insurer URGENTLY

Drive-In: ( ) / Towed-In: ( ) Invoice: VRS ( ) / NO ( ) Towage Cost: ( )

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

2) QO Check/Post Repair Inspection ( )

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

Injury: ( )

( )

( )

( )

**NA2104034**

|                                  |  |     |
|----------------------------------|--|-----|
| Driver/Owner                     | 1) All Accident Insurance (500)              |     |
| Contract No:                     | 2) BA Battery Allowance (\$100)              | 100 |
| Damaged Portion:                 | 3) Fuel Allowance                            | 150 |
| QC Checked by (Engin-In-Charge): | 4) PT Follow Through Survey                  | 150 |
|                                  | 5) PT Follow Through Survey (Resurvey)       | 150 |
|                                  | 6) Vehicle Repair Allowance (Only with 1000) | 150 |
|                                  | 7) Tire Replacement                          | 150 |
|                                  | 8) Tire & BA + SMR Survey                    | 150 |
|                                  | 9) NO Additional Services                    |     |
|                                  | 10) ON                                       |     |
|                                  | 11) No Courtesy Car / Tel Allowance          | 150 |
|                                  | 12) No Post Repair Inspection                | 150 |
|                                  | 13) No Post Repair Inspection                | 150 |
|                                  | 14) No DV / Colours / License / Registration | 150 |
|                                  | 15) TP (H) / TP (N) / INO / Insurance        | 150 |
|                                  | 16) No 1000 Allowance                        |     |
|                                  | 17) Invoice dated                            |     |
|                                  | 18) Invoice dated                            |     |

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              | 04/10/2021 16:16 (SGT)  |
| Date of Accident                | 02/10/2021 14:50 (SGT)  |
| Exact Location of Accident      | Singapore               |
| Additional Location Information | ENTRANCE KPE (TAMPINES) |
| Country/State of Loss           | Singapore               |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMQ9430P |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | TODDS PARTNERS PTE LTD |
| Company Reg No           | 2XXXXXX177E            |
| Email Address            | THENZG@GMAIL.COM       |
| Mobile Phone No          | (Phone) +65-97867493   |
| Alternative Phone No     | (Office) +65-97867493  |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezel                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| 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             | DMHCSNA00004242101                            |
| Cover Note Number         | -   |

#### DRIVER

|                |                 |
|----------------|-----------------|
| Name of Driver | LIM KIM WEE JET |
| NRIC No        | SXXXX113I       |

|  |                      |
|--|----------------------|
| Date Of Birth  | 06/04/1993           |
| Occupation   | Outdoor              |
| Date Of Driving Pass   | 05/04/2013           |
| Driving experience   | 8 YEARS AND 6 MONTHS |
| Gender   | Male                 |
| Mobile Number  | (Phone) +65-97867493 |
| Alt. Phone Number  | -                    |
| Email Address  | THENZG@GMAIL.COM     |
| Address  | BLK 8 HOLLAND AVE    |
| Address complement   | #11-16               |
| Postcode   | 271008               |
| 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   | 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   | 4   |
| 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   | UNKNOWN |
| Gender | Male    |

#### 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 CIRCUMSTANCES OF ACCIDENT

#### 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 | SJU685U     |
| Vehicle Manufacturer        | Toyota      |
| Vehicle Model               | ALTIS       |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |

|   |                      |
|---|----------------------|
| Name of Driver                          | TOH CHYE SING RICHIE |
| Contact Number                          | 606F                 |
| Address                                 | (Phone) +65-98151218 |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | 1                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number             | SLN4063B             |
| Vehicle Manufacturer                    | Honda                |
| Vehicle Model                           | Vezei                |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | ONG SHAO KAI         |
| Contact Number                          | 471E                 |
| Address                                 | (Phone) +65-81683731 |
| 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             | SLV4389U             |
| Vehicle Manufacturer                    | Suzuki               |
| Vehicle Model                           | Vitara               |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | LEE HUI YI           |
| Contact Number                          | (Phone) +65-91991911 |
| 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



Handwritten sketch plan area with labels A, B, C, D and arrows indicating directions. The sketch shows a horizontal line with four boxes labeled A, B, C, and D from right to left. Arrows point towards these boxes from the left. There are also handwritten letters 'A', 'B', 'C', 'D' and numbers '1', '2', '3' scattered around the sketch area.

A) SMQ 9430P

D) SLV 4389U

B) SJU 685U

C) SLN 4063B

Describe Circumstances of the Accident

I was driving in the centre lane just before entrance of KPE at Tampine.

A white Honda in front of me slowed down and halt I followed to slow and halt just before moving off again I felt impact from the rear. SSU 685U had bang onto the rear of my car. Another car SLN 4063B & SLV 4389U were also involved.

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

Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: 2/10/21 (DD/MM/YYYY), TIME: 14:50 (HH:MM)

LOCATION: ENTRANCE KPE (TAMPINES)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMQ 9430P  
 b) INSURANCE COMPANY: China Ins  
 c) POLICY NUMBER: DMKCSNA000424201  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA VEZEL  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK / Employment  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Todd's partners Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201533172E CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.8 IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LIM KIM WEE JET (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S93121137 CONTACT: 97867493  
 c) ADDRESS: B 8 HOLLAND AVE  
# 11-16 271008

\* d) DATE OF BIRTH: 06/04/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05 04 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: STU685U MODEL: 7/ALFA  
 b) DRIVER'S NAME: TOH CHYE SING  
 c) NRIC/FIN/PASSPORT: 606F CONTACT: 98151218

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLN 4063B MODEL: H/VEZEL  
 e) DRIVER'S NAME: ONG SNAO KAI CONTACT: 81683731  
 f) NRIC/FIN/PASSPORT: 471E

SLV 4389U  
LEE HUI YI

Chai =

VIDEO

G/VITAKA  
91991911

285H

thenzg@a

\* No of passengers  
 (including driver)

02

Passenger  
 mark.

\* No of passenger  
 (including driver)

make ( )

\* No of passenger  
 (including driver)

( )

10





Motor Hire Car

MZ406L/B

R SN

AN0478A

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.

DMHCSNA00004242101

Engine No.: L15B4030316

Cha. No.: RU11110312

1. Index Mark and Registration  
Number of Vehicle

3MQ9430P

2. Name of Policy Holder

TODDS PARTNERS PTE LTD

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

01/05/2021  
(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. I (Outside Singapore) S\$4,000.00

Excess Sect. II S\$2,000.00

Excess Sect. II (Outside Singapore) S\$4,000.00

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

30/04/2022

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.

ANY AUTHORISED HIRER/DRIVER

ANY EMPLOYEE OF THE COMPANY

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.

\* Limitations rendered inoperative by Section 9 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

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 20208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com