

# NATIONAL Assessment Centre Services, *SN0921A7000C*

Date In: <i>17/5/20</i>	Job description:	Date & Time Completed:	Done by:
Ref No: <i>NB4/CT/210/071717</i>	SAS e-Milling		
Van No: <i>SGR 1586A</i>	2-wheel (5/16" tire, 1.50" dia)		
UOA: <i>17/5/20 p210</i>	1-Motor 60mm V-pin		
	1-Motor W/O (Villiers 60mm, 77" dia)		
	1-Photo Uploaded		
	Assessment/Service Report		
	Asset Report by <i>Box/Hand to Owner/Villiers</i>		

(1) *TP* / Reporting Only

TP Insurer:

Preferred Wksp / INO Assgn Wksp / OW:

TP Handled/Type:

Van No:

*SGR 44865*

INC:

/ Non-INC:

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

(%) [Note: Est. Stacks (WO): N: 0-20%, P: 21-79%, P: 80-100%]

Year of Registration:

Warranty: YES / NO

Excess (\$):

Loading: \$1,000 / \$2,000

( ) Write-In Chycomar / Customer's Information strictly Confidential & strictly NO Refor of reputation

( ) Total Loss Case / to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Invoiced: YES / NO / Towing Co:

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

2) QO Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$9,000) ( )

Injury:

*NA2104/26*

Driver/Owner:

Complaint No:

Damaged Portion:

QC Checked by (Engin-In-Charge):

1) All Accident Work Done (QO):	INC (H)
2) DA Damage Assessment (\$1000)	\$1000
3) Towing Fee	\$120
4) PFI Follow Through Survey	\$30
5) PFI Follow Through Survey (Recovery)	\$30
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100) PFI Follow Through Survey (Recovery)	\$30

Invoice dated

Per Client



## 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	18/10/2021 17:53 (SGT)
Date of Accident	17/10/2021 12:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS SLE AFTER JALAN BAHAGIA EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE1586A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH EE RONG
NRIC No	SXXXX683A
Email Address	justin.toh@live.com
Mobile Phone No	(Phone) +65-83993383
Alternative Phone No	+65-83993383

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00011112100
Cover Note Number	-

#### DRIVER

Name of Driver	TOH EE RONG
NRIC No	SXXXX683A

Date Of Birth	08/05/1994
Occupation	Outdoor
Date Of Driving Pass	04/07/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83993383
Alt. Phone Number	+65-83993383
Email Address	justin.toh@live.com
Address	BLK 424 HOUGANG AVENUE 6 #06-82
Address complement	-
Postcode	530424
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 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?	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	AUDREY
Gender	Female

#### 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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK4456B
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
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) .....	-



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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



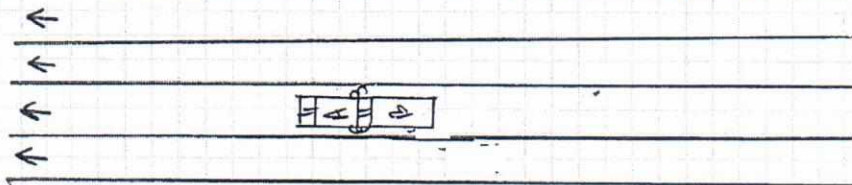
Driver's Signature (If driver is not the policyholder) / Date & Time

 18/10/2022

Witnessed by Reporting Centre Personnel

**Sketch Plan**

C14/SUC AFMR JORDAN BATHAGNA FOX17



A : JJE1586A

B : SGK4456B.

**Describe Circumstances of the Accident**

I was travelling home from town with my girlfriend all of a sudden I felt an huge impact from the rear of my vehicle, and I alight and check and the driver behind alight too, we then move off and I realise the damage was quite bad that was advice to make an accident report for claims for my vehicle repairs.

**Declaration**

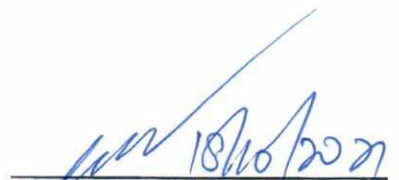
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



Date of Accident : 17/10/21 Accident Time: 12 10 HRS (24-HR-FORMAT)  
Accident Place : CTE/SLE after JALAN BAHAGIAN EXIT.  
Vehicle Reg. No (Car plate No.) : SJE 1586A Vehicle Make/Model: HONDA CIVIC 2.0.  
Insurance Company : LIANG TAI PING Policy No. DMPLEBW00011112100  
Name of Registered Owner : Company Individual TOH EE RONG  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S9415683A  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 83943383  
DRIVER'S Name : TOH EE RONG DRIVER'S NRIC No: S9415683A  
DRIVER'S Date of Birth : 08/05/1994 DRIVER'S License Pass Date 04/07/2017  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other owner  
DRIVER'S Address : BLK 424 HOUSHANG AVE B #06-02. S530424.  
DRIVER'S Contact No./ Alt No. : 1) 83943383 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : JUSTIN\_TOH@LIVE.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): 2 Name & Gender; TOH EE RONG MALE / RUSSEY FEMALE  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes (name of the injured person) \_\_\_\_\_

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>86K4456B</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>HYUNDAI AVANTE</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Motor Private Car

MX1F

E SN

BR0069A

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. DMPCSNW00011112100

Engine No.: K20Z23501244

Cha. No.:JHMF26408S201243

1. Index Mark and Registration  
Number of Vehicle

SJE1586A

AUTOSAFE  
=====

2. Name of Policy Holder

TOH EE RONG

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

06/04/2021  
(00:00:00)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

15/04/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

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:\*

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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MONEymax LEASING 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: Yeo Kok Wei Joel  
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