

# NATIONAL Assessment Centre Services (wef 1 Jan 05)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 20/10/21         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/C1121010772/13 | SAS e-filing                             |                       |         |
| Veh No: 9BK 6137T         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 17/10/21 2000      | 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: SCB 4615J 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

|                           |   |                      |                      |
|---------------------------|---|----------------------|----------------------|
| NA2104274                 | Invoice Preparation Checklist                   | Amr (\$)<br>1st Bill | Amr (\$)<br>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) FT: 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:-                   |                      |                      |
|                           | 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: Idac 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              | 20/10/2021 09:46 (SGT) |
| Date of Accident                | 17/10/2021 20:00 (SGT) |
| Exact Location of Accident      | Sims Ave E, Singapore  |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBK6137T |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                                |
|--------------------------|--------------------------------|
| Is company?              | Yes                            |
| Name Of Registered Owner | SENG KEE COFFEE SHOP PTE. LTD. |
| Company Reg No           | 2XXXXX321M                     |
| Email Address            | gohbohboon@gmail.com           |
| Mobile Phone No          | (Phone) +65-91426262           |
| Alternative Phone No     | +65-91426262                   |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Hiace                     |
| 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   | Commercial vehicle        |
| Transmission   | Manual                    |
| CC   | 2982                      |

#### INSURANCE COMPANY

|                           |   |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                                 |
| Fleet Policy              | No  |
| Policy Number             | DMCVSNW00115302101                            |
| Cover Note Number         | -   |

#### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | GOH BOON LEONG |
| NRIC No        | SXXXX021A      |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 03/02/1963              |
| Occupation   | Outdoor                 |
| Date Of Driving Pass   | 16/07/2003              |
| Driving experience   | 18 YEARS AND 3 MONTHS   |
| Gender   | Male                    |
| Mobile Number  | (Phone) +65-84118003    |
| Alt. Phone Number  | -                       |
| Email Address  | gohbohboon@gmail.com    |
| Address  | BLK 491D TAMPINES ST 45 |
| Address complement   | #07-226                 |
| Postcode   | 523491                  |
| Is the driver the policyholder?                              | No                      |
| If No, Relationship of the Driver with the Insured           | Employee                |
| 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 - Change/cross lane |
| Weather Conditions | AFTER RAIN                    |
| Road Surface       | Wet                           |

#### 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                       | Bedok Division Headquarters          |
| Police Station Phone No                   | (Phone) +65-18002440000              |
| Alt. Police Station Phone No              | (Fax) +65-64443009                   |
| Police Station Address                    | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No                                   |
| If yes, against whom?                     | -                                    |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20211019/7052

#### 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 | SLB4615J    |
| 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)     | - |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                |
|---|----------------|
| Name of injured person                              | GOH BOON LEONG |
| Gender  | Male           |
| Phone No  | -              |
| Address   | -              |
| Address Complement                                  | -              |
| Post Code   | -              |
| Approximate Age Years Old                           | -              |
| Injuries Sustained                                  | SLIGHT         |
| Injured person in which vehicle?                    | GBK6137T       |
| Were seat belts worn?                               | Yes            |
| Was this injured conveyed to hospital by ambulance? | No             |

## 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.

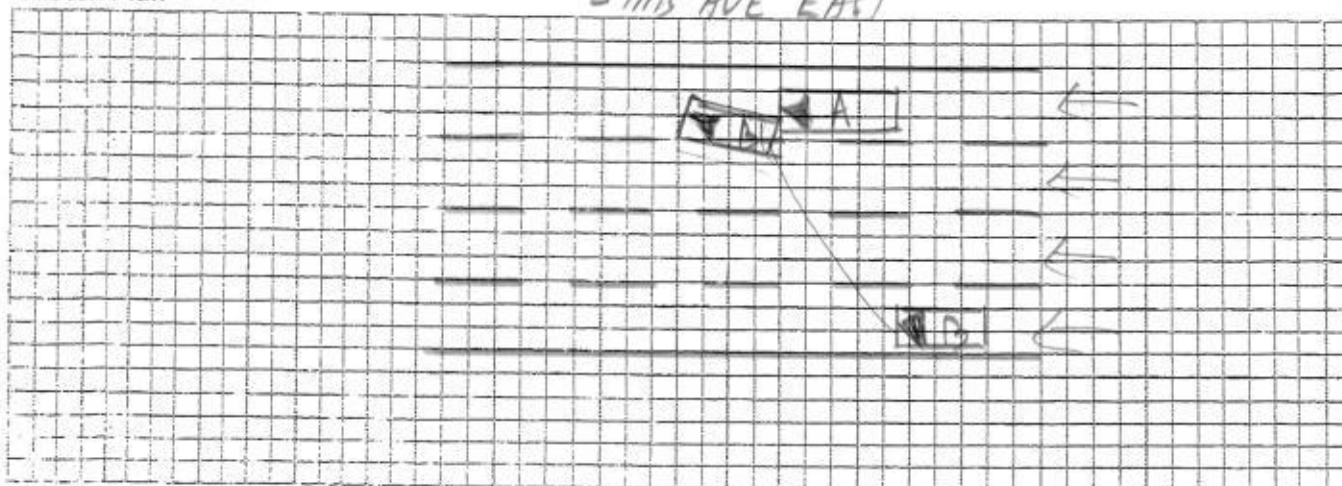


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - 9BK6137T

B - 5LB4615J

**Describe Circumstances of the Accident**

*Pls refer to the police report - G/2021/019/7052*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*19/10/21*

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

*2/ym 20/10/21*

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



G/20211019/7052

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20211019/7052

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

|   |  |                     |                             |                 |
|---|--|---------------------|-----------------------------|-----------------|
| Date/Time Report Made<br>19/10/2021 16:15 | Vide Report No.  | Station Diary No.   |                             |                 |
| Name Of Informant<br>GOH BOON LEONG       | Address<br>491D TAMPINES STREET 45 #07-226 SINGAPORE<br>523491 |                     |                             |                 |
| ID Type / ID No.<br>NRIC NO / S1581021A   | Contact No.<br>Home/Office:                                    | Mobile:<br>84118003 |                             |                 |
| Nationality<br>SINGAPORE CITIZEN          | Email Address<br>gohbohboon@gmail.com                          |                     |                             |                 |
| Occupation<br>Driver                      | Sex<br>Male  | Age<br>58           | Date of Birth<br>03/02/1963 | Race<br>Chinese |
| Institution/School Name                   | Language<br>English  |                     |                             |                 |
| Date/Time Of Incident<br>17/10/2021 20:00 | Location Of Incident<br>SIMS AVENUE EAST                       |                     |                             |                 |

**Brief details.**

On the stated date and time, I was driving my vehicle along GBK6137T along Sims Ave East towards Bedok direction.

I was travelling straight along the extreme right lane when suddenly, SLB4615J abruptly swerved into my vehicle's path just before the junction Kampong Eunus.

SLB4615J had wanted to turn into Kampong Eunus.

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>19/10/2021 16:15   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20211019/7052

I immediately jammed on my brakes but still could not avoid collided into the rear right portion of said vehicle.

My left knee knocked into the underside of my dashboard as a result as my body lurched forward only to be restrained by my seat belt.

Initially, only my knee was painful due to the knock. However, the next morning, I woke up with soreness over my neck and shoulders as well.

As such, I proceeded to my family doctor at C&K Family Clinic for treatment and was given 3 days MC from 18/01/21 to 20/01/21.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
19/10/2021 16:15

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/10/21 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: SIMS AVE EAST

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 6137T  
 b) INSURANCE COMPANY: CHINA TAIPING  
 c) POLICY NUMBER: DMCVSNW00115302101  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: TOYOTA MIAZZ  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: SENG KEE COFFEE SHOP (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91426262  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: GOH BOON LEONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1581021A CONTACT: 84118003  
 c) ADDRESS: BLE 491D TAMPINES ST 45  
#07-226 (523491)

\*d) DATE OF BIRTH: 03/02/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/07/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAIN STOP

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: SLB 4615J MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 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)  
( )

60h  
 Email = gohboon@gmail.com

fax =

whp/so = N/O



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

R SN

AN0622A

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.

DMCVSNW00115302101

Engine No.: 1KDB048917

Cha. No.: JTFHT02P609990501

1. Index Mark and Registration  
Number of Vehicle

GBK6137T

AUTOSAFE  
=====

2. Name of Policy Holder

SENG KEE COFFEE SHOP PTE LTD

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

29/09/2021  
(00:00:00)

Excess Sect I : S\$500.00  
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

28/09/2022

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

Any person who is driving on the Policyholder's order or with their 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: THINK ONE CREDIT 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:

SAFE INSURED PTE LTD  
Authorised Officer



*杨亚美*

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

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