

NATIONAL ASSOCIATION OF CERTIFIED SERVicers

Date In: 25/10/2021 17:39	Job description: SAS e-tilting	Date & Time Completed:	Done by:
Ref No: N/A/C/22010926	Event type (e.g. theft, fire, flood)		
Vehicle: 22/10/2021 05:29	1-Motor Claim Type		
	1-Motor W/O (Within 30 days TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Repair Report		
	Assessment Report by Max/Hand to Owner/VV/123		

(1) Reporting Only

TP Insurer

Preferred Wksp / HQ Address Wksp / QW:	Toll	Fax
TP Handled/Type	Y/N	NO () / Non-NO ()
Owner / Driver ()	Toll	
Policy No ()	Period ()	Cover Type ()
Confirmed by ()	Date	Time
Insured/Driver Liability ()	% (Note: Est. 50% (W/O) N: 0-20% P: 21-79% P: 80-100%)	
Year of Registration ()	Warranty Y/N ()	
Excess (\$)	Lossing: \$1,000 () / \$2,000 ()	

() Will-in Claimant / Customer's information solely confidential & solely NO for of report

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

Drive-In () / Towed-In () / Invoiced Y/N () / NO () / Towing Co ()

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

2) QO Check / Post Repair Inspection ()

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

Injury:

Driver/Owner	1) All Additional Work Done ()	NO ()
Contract No	2) All Out of Pocket Expenses ()	YES ()
Damaged Person	3) Towing Fee ()	YES ()
	4) PT Follow-up/Repair Work ()	YES ()
	5) PT Follow-up/Repair Work ()	YES ()
	6) PT Follow-up/Repair Work ()	YES ()
	7) PT Follow-up/Repair Work ()	YES ()
	8) PT Follow-up/Repair Work ()	YES ()
	9) PT Follow-up/Repair Work ()	YES ()
	10) PT Follow-up/Repair Work ()	YES ()
	11) PT Follow-up/Repair Work ()	YES ()
	12) PT Follow-up/Repair Work ()	YES ()
	13) PT Follow-up/Repair Work ()	YES ()
	14) PT Follow-up/Repair Work ()	YES ()
	15) PT Follow-up/Repair Work ()	YES ()
	16) PT Follow-up/Repair Work ()	YES ()
	17) PT Follow-up/Repair Work ()	YES ()
	18) PT Follow-up/Repair Work ()	YES ()
	19) PT Follow-up/Repair Work ()	YES ()
	20) PT Follow-up/Repair Work ()	YES ()

QO Checked by (Engin-Chicago)

For Owner
Per Owner

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 25/10/2021 17:39 (SGT)
Date of Accident 22/10/2021 05:29 (SGT)
Exact Location of Accident Lor 1 Geylang, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB5672B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN LAK SENG
NRIC No SXXXX301I
Email Address chanlakseng@gmail.com
Mobile Phone No (Phone) +65-96329960
Alternative Phone No +65-96329960

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNW00009742100
Cover Note Number -

DRIVER

Name of Driver CHAN LAK SENG
NRIC No SXXXX301I

Date Of Birth	03/06/1961
Occupation	Indoor
Date Of Driving Pass	02/01/1977
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96329960
Alt. Phone Number	+65-96329960
Email Address	chanlakseng@gmail.com
Address	BLK 109 PASIR RIS STREET 11 #09-593
Address complement	-
Postcode	510109
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	Side Swipe
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211022/7014

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK9399J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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	CHAN LAK SENG
Gender	Male
Phone No	(Phone) +65-96329960
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNB5672B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN


IMPORTANT NOTICE

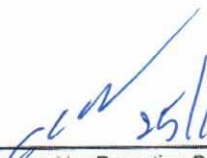
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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:

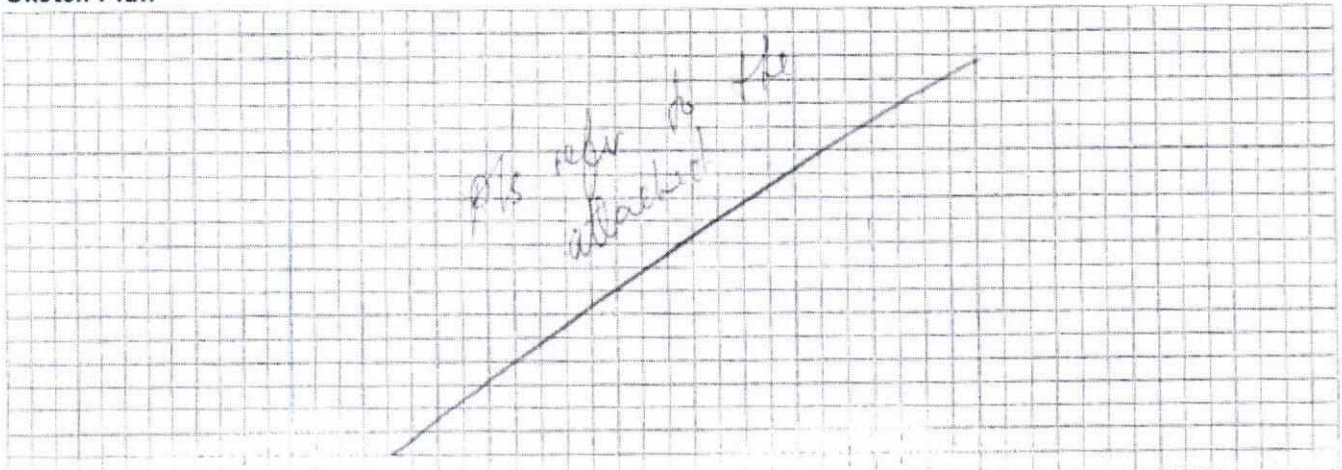
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Google Maps Lor 1 Geylang

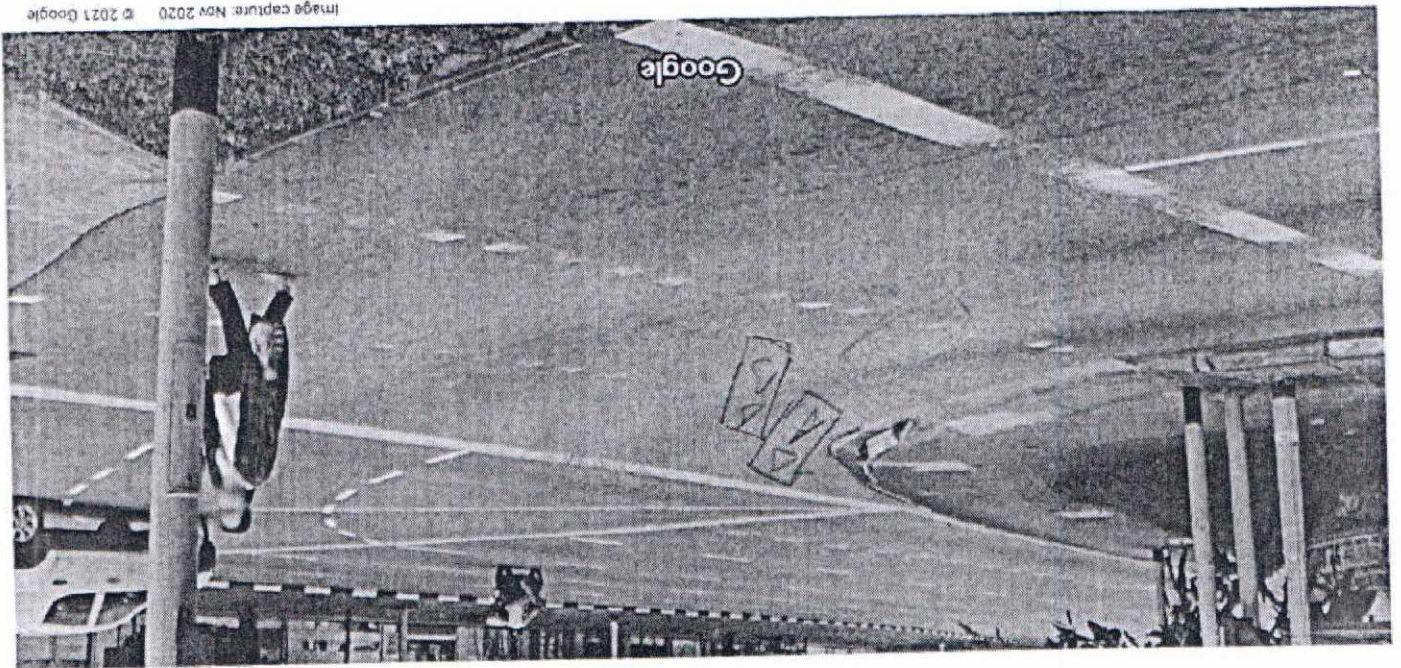


Image capture: Nov 2020 © 2021 Google

A-SN856728
B-G8K93995




25/10/2021

Describe Circumstances of the Accident

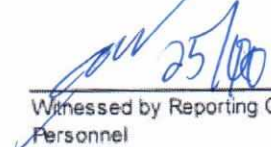
Pls refer to the police report: 1/2021/1023/7014

Declaration

We declare the foregoing particulars are true in every respect.


22/10/21
Policyholder's Signature / Date &
Time

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


25/10/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 10 / 21 (DD/MM/YYYY), TIME: 05 : 29 (HH:MM)

LOCATION: LOR 1, CECIL ANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNB572B
b) INSURANCE COMPANY: CHINA TAIPING
c) POLICY NUMBER: DMHCSNW00009762100
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VIOS (A)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE RIDE
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: CHAN LAK SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1473301E CONTACT: 96329960
c) ADDRESS: BLK 109 PASIR RIS ST 11
H09-593 C510109

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 02 / 06 / 1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02 / 01 / 1977

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

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: 9BK93998 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 passengers
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = chanlakseng@gmail.com

fax =

VIDEO = yes, with workshop



**SINGAPORE
POLICE FORCE**



T/20211022/7014

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211022/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2021 14:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHAN LAK SENG			Address: 109 PASIR RIS STREET 11 #09-593 SINGAPORE 510109		
ID Type / ID No.: NRIC NO / S14733011			Contact No.: Home/Office: Mobile: 96329960		
Nationality: SINGAPORE CITIZEN			Email: CHANLAKSENG@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 03/06/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2021 05:29	Type of Location: T-Junction
Location: LORONG 1 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK9399J	Van	NISSAN		Grey	Slightly Damaged	0
SNB5672B	Car	TOYOTA	VIOS	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211022/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211022/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN LAK SENG	ID No.	S1473301I
Related Vehicle	SNB5672B (Car)	Contact No.	96329960
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	22/10/2021	Date	22/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the 22 october 2021, at 0529hrs i was stationary at the T- junction of lorong 1 geylang and sims avenue on the extreme left lane of 3 lanes. upon the traffic light turns green i made a move to engage a left turn into sims avenue.

While i was making a turn a van from my right(GBK939J, Nissan) suddenly bang my vehicle causing me to jammed brake. i then stop and discover there were scratches and damages to my front bumper near to the front wheel. I took some photos and exchange number however i did not took the driver particular. I did not call for assistance however i felt pain on the neck causing me difficulty to turn my head. i decided to see a doctor at Mount Avernia Hospital. i was then issued with 3 days of Medical Certificate. My vehicle number is SNB5672B(TOYOTA VIOS). I have in car camera and there is a footage



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211022/7014

3 of 3

Report No. T/20211022/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

This report is lodged at Pasir Ris NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
22/10/2021 14:54

Classification Of Case:



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 Hire Car

MZ406L/B

E SN

AN0574A

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.

DMHCSNW00009742100

Engine No.: 2NRX433214

Cha. No.: MR2B23F3801171653

1. Index Mark and Registration
Number of Vehicle

SNB5672B

AUTOSAFE

2. Name of Policy Holder

CHAN LAK SENG

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

06/09/2021
(09:50:36)

4. Date of Expiry of Insurance

04/10/2022

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN. S\$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.

CHAN LAK SENG

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.: HONG LEONG FINANCE 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 Xin Yi Josephine
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