

# NATIONAL Assessment Centre Services

Date In: 28/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT121011054/13	SAS e-filing		
Veh No: SMP35774	E-mail (within 8hrs, AIC 2hrs)		
DOA: 27/10/21 1815	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: SMW8083H	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

NA2104307	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) RT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments :-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OP*		
Cat. 2/3:	*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 \$0		
	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	28/10/2021 16:06 (SGT)
Date of Accident	27/10/2021 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3577U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Company Reg No	2XXXXX521C
Email Address	fiona@layauto.com
Mobile Phone No	(Phone) +65-87973443
Alternative Phone No	+65-87973443

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNA00002632101
Cover Note Number	-

### DRIVER

Name of Driver	KANG KIAN SIN
NRIC No	SXXXX048J

Date Of Birth	27/11/1971
Occupation	Outdoor
Date Of Driving Pass	24/02/1992
Driving experience	29 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91835796
Alt. Phone Number	-
Email Address	fiona@layauto.com
Address	BLK 33 TEBAN GARDENS ROAD
Address complement	#07-267
Postcode	600033
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PASSENGER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211028/2038

#### 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	FRONT ONLY WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW8083H
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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	SKD186X
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 3

Vehicle Registration Number	SHC6842L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	KANG KIAN SIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, NECK & ARM
Injured person in which vehicle?	SMP3577U
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

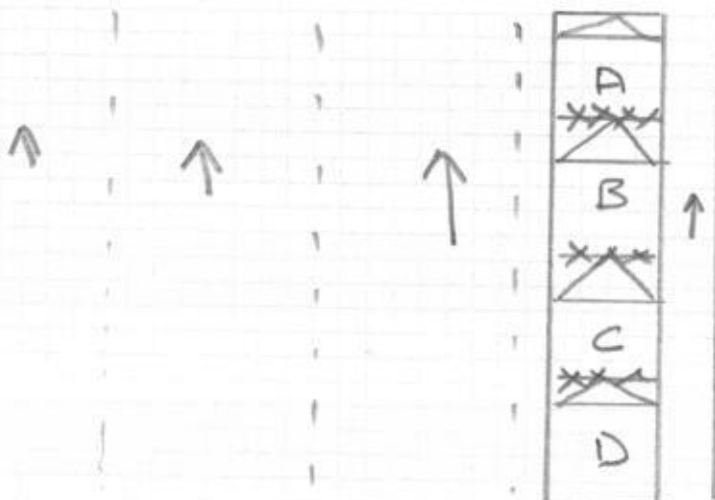
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

2/ym 28/10/21

### Sketch Plan

A) SMP 3577U  
B) SMW 80831-1  
C) SKD 186X  
D) SHC 6842L



With Police Report. 8/2021/028/2038

I/We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20211028/2038

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 4

Report No. T/20211028/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2021 12:35		Vide Report No.:		Station Diary No.: 44
<b>Informant's Particulars</b>				
Name of Informant: KANG KIAN SIN		Address: APT BLK 33 TEBAN GARDENS ROAD #07-267 SINGAPORE 600033		
ID Type / ID No.: NRIC NO / S7143048J		Contact No.: Home/Office: Mobile: 91835796		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 27/11/1971	Type of Informant: Driver	
Race: Chinese		Language:	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: 27/10/2021 18:15	Type of Location: Roundabout
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6842L	Car	KIA				0
SKD186X	Car	MERCEDES BENZ				0
SMP3577U	Car	TOYOTA	NOAH HYBRID 1.8X CVT		Seriously Damaged	1
SMW8083H	Car	TOYOTA				0



Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KANG KIAN SIN	ID No.	S7143048J
Related Vehicle	SMP3577U (Car)	Contact No.	91835796
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/10/2021	Date Discharge	27/10/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>			
Name	HENG GOUT KUAN	ID No.	S1164404Z
Related Vehicle	SMW8083H (Car)	Contact No.	93369561
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 27/10/2021 at about 1815hrs, I was driving my vehicle bearing registration plate number SMP3577U along PIE towards Changi heading towards Bedok. Just before the bridge at Eunos, I was travelling on lane 1 and traffic was heavy. I noticed the vehicle in front had brake abruptly and I also conducted an emergency brake. Shortly after, I felt an impact on my rear. I went to make a check and discovered that it was a chain collision of four vehicle including mine. The sequence of the vehicle involved as follows:

- 1) SMP3577U
- 2) SMW8083H
- 3) SKD186X
- 4) SHC6842L

At the point of time, I have a passenger onboard with me. No one was injured at the scene. We exchange particular and took photograph and left the scene. My vehicle sustained damages at the rear bumper. After I reached home, I felt some pain at my back, neck and arm. I then went to National University Hospital for a check and was given 7 days MC from 28/10/2021 to 03/11/2021. I wish to state that my vehicle only have in-car camera facing the front only. I am lodging this report as I was given MC from the hospital. I also wish to state that due to the MC I had a lost in income.



**SINGAPORE  
POLICE FORCE**



T/20211028/2038

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211028/2038

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20211028/2038

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20211028/2038

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  
D /  
Sgt 1 ANG BINGLUN, BRENDON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151 ✓

Signature Of Informant:

Date/Time:  
28/10/2021 12:35

Classification Of Case:

Authentication Stamp  
NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: 27 10 2021 (DD/MM/YYYY) TIME: 18 15 (HH:MM)

LOCATION: PIE

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SMP 3577U  
 b) INSURANCE COMPANY: China  
 c) POLICY NUMBER: DMHCSN4A00002632101  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Noah Hybrid  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Rental Grab  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: Lay Auto Leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/PIN/PASSPORT: 201310521C CONTACT: 8973443  
 c) ADDRESS: 21 Toh Guan Road Center 660860

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

## DRIVER

a) NAME: Kang Kian Sin (MALE / FEMALE)  
 b) NRIC/PIN/PASSPORT: S7143048J CONTACT: 91835796  
 c) ADDRESS: Blk 33 #07-67 Teban Gardens Road Singapore 600033

\* d) DATE OF BIRTH: 27 / 11 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hier

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: Jurong East

## 8. THIRD PARTY VEHICLE

1) a) VEHICLE NUMBER: SMW 8083H MODEL:

b) DRIVER'S NAME:

c) NRIC/PIN/PASSPORT: CONTACT:

2) THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKD 186Y MODEL:

b) DRIVER'S NAME:

c) NRIC/PIN/PASSPORT: CONTACT:

3) SHC 6842L

Email: fiona@layauto.com

VIDE.O =

Motor Hire Car

MZ406L/B

R SN

AN0606A

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.

DMHCSNA00002632101

Engine No.: 2ZR0E21424

Cha. No.: ZWR800401229

1. Index Mark and Registration  
Number of Vehicle

SMP3577U

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

LAY AUTO LEASING PTE LTD

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

16/03/2021  
(00:00:00)

4. Date of Expiry of Insurance

15/03/2022

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.

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.: SWEE SENG CREDIT PTE LTD AS HP OWNER


\* 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: Zhong YueQiang  
Authorised Officer

  
Authorised Signatory