

NATIONAL ASSESSMENT CENTER EMPLOYERS

SMG8180003

Date: 12/1/2021 15:45
Ref No: N/A8077201156914
Veh No: SMG8180003
COA: 09/11/2021 13:K

Job description	Drive & Drive Completed	Done by
SAS calling		
E-mail (yours/their/both)		
Motor Claim Form		
Motor W/O (Winder/other TP (U/I))		
Photo Uploaded		
Assessment Survey Report		
Mail Report by Mail/Hand to Owner/Driver		

(1) TP Reporting Only

TP Insurer

Preferred Wkly/HO Appoin Wkly/OW

TP Insurer/Type () Vch No: SKD8372Y, MO: / / Non-INO: /
Owner/Driver () Toll
Policy No: () Period: () Cover Type: ()

Continued by: () Date: / /
Insured/Driver License () % (Not-est slow (WO) N/A-20%, P1 21-75%, P2 80-100%)
Year of Registration ()
Licence ()
Loading \$1,000 () / \$2,000 ()

() Walk-in Customer / Customer's Information solely confidential & solely NO for of report
() Total Loss Case / to e-mail Insurer URGENTLY
Driver-In () / Towed-In () / Involves VNS () / NO () / Towed to ()

1) Apply for Transport Allowance () / Courtesy Car ()
2) QQ Check/Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$5000) ()

Insured

N/A8077201156914

Driver/Owner	1) All Additional Expenses ()	
Continued No	2) BA/Driver Allowance (\$1000) ()	
Continued Portion	3) Toll/Traveling ()	
QC Checked by (Bing-Yin-Chen)	4) PT/Traveling with Survey ()	
	5) PT/Traveling with Survey (Repair) ()	
	6) PT/Traveling with Survey (NO Survey) ()	
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	100) PT/Traveling with Survey ()	

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 12/11/2021 15:45 (SGT)
Date of Accident 09/11/2021 13:15 (SGT)
Exact Location of Accident Marigold Dr, Singapore
Additional Location Information THOMSON PLAZA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8774G
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner TOH AIK POON
NRIC No SXXXX991B
Email Address citizenpower555@gmail.com
Mobile Phone No (Phone) +65-83831792
Alternative Phone No +65-97498018

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
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 1991

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00010382102
Cover Note Number -

DRIVER

Name of Driver TOH AIK POON
NRIC No SXXXX991B

Date Of Birth	09/10/1955
Occupation	Indoor
Date Of Driving Pass	05/04/1976
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83831792
Alt. Phone Number	+65-97498018
Email Address	citizenpower555@gmail.com
Address	BLK 468C ADMIRALTY DRIVE #14-13
Address complement	-
Postcode	753468
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 on 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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TZE CHENG YEE
Gender	Female

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 SKETCH AND POLICE REPORT T/20211111/726

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	SKD8372Y
Vehicle Manufacturer	Renault

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	White
Name of Driver	Private car
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	TOH AIK POON
Gender	Male
Phone No	(Phone) +65-83831792
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG8774G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TZE CHENG YEE
Gender	Female
Phone No	(Phone) +65-97498018
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMG8774G
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 :

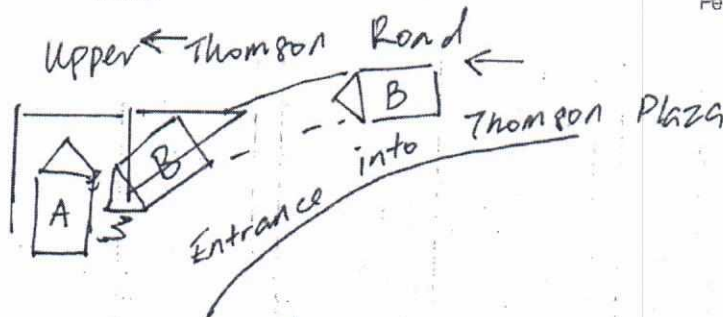
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) SMG 8774G

B) SKD 8312Y

Thomson Plaza

Describe Circumstances of the Accident

On the above date and time, I was travelling in my vehicle with my worker. I was waiting and give way to the on coming vehicle on my right. suddenly a white color car bearing plate number SKD 8372 Y mount on to the road divider and head on to the side of my car, my right portion of my car was badly damage

Police Report 1/2021/1111/7026

Declaration

We declare the foregoing particulars are true in every respect.

24.

Policyholder's Signature / Date & Time

24,

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

12/11/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMG87746

MAKE & MODEL: MERC E250

AUTO / MANUAL

DATE OF ACCIDENT

09 / 11 / 2021

C.C. 1.8

TIME OF ACCIDENT

1.15

AM / PM

LOCATION OF ACCIDENT

THOMSON PLAZA - Upper Thomson Rd

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT ☒ PRIVATE USE ☐ PRIVATE HIRE

NAME OF OWNER

TOH AIK POON

EMAIL

CITIZENPOWER555@gmail.com

Office:

MOBILE: 83831792

NRIC

S1131991B

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY

YES / NO ?

INSURANCE CO.

CHINA TAIPING

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

DMPCSN W 000 1038 2102

NAME OF DRIVER

AS ABOVE / IF NO.

NRIC

S122710117

DATE OF BIRTH

09 / 10 / 1955

ANY PASSENGER

☒ YES / NO :

NAME OF PASSENGER

TZE CHENG YEE

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

05 / 04 / 1976

GENDER

☒ Male / Female

CONTACT NO.

Mobile:

Office:

Home:

EMAIL

ADDRESS

BLK 468C ADMIRALTY DRIVE #14-13

DOES DRIVER OWN OTHER VEHICLES?

☒ NO / If yes, Reg No.

INSURER

RELATIONSHIP

Employee / ☒ If No. Self

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes, Who? 1) DRIVER 2) TZE CHENG YEE (F)

CONTACT NO.

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES, WHO?

VEHICLE B NO.

SKP8372Y

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / ☒ NO

WAS THERE ANY AUDIO RECORDED?

YES / ☒ NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / ☒ NO

**WORKSHOP:

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / ☒ NO



SINGAPORE POLICE FORCE

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



T/20211111/7026

1 of 3

Report No. T/20211111/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/11/2021 16:55

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: TOH AIK POON			Address: 468C ADMIRALTY DRIVE #14-13 SINGAPORE 753468		
ID Type / ID No.: NRIC NO / S1131991B			Contact No.: Home/Office: Mobile: 83831792		
Nationality: SINGAPORE CITIZEN			Email: samuelyl1313@gmail.com		
Sex: Male	Age: 66	Date of Birth: 09/10/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2021 13:15	Type of Location: Shopping centre slip road
Location: MARIGOLD DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKD8372Y	Car	RENAULT		White		0
SMG8774G	Car	MERCEDES BENZ	E250 CGI A	Silver		0

Details of Vehicle Insurance



**SINGAPORE
POLICE FORCE**

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



T/20211111/7026

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Report No. T/20211111/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG8774G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000103 82102	09/01/2021	08/01/2022

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TZE CHENG YEE	ID No.	S1227101H
Related Vehicle	SMG8774G (Car)	Contact No.	97498018
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	TOH AIK POON	ID No.	S1131991B
Related Vehicle	SMG8774G (Car)	Contact No.	83831792
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/11/2021	Date	09/11/2021
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

On the above date and time, I was travelling in my vehicle with my worker. I was waiting and give way to the on coming vehicle on my right, suddenly a white car bearing car plate SKD 8372Y mount on the road divider and head on to the side of my car, my right portion of my car was badly damaged. Afterwards i and my worker went to consult a doctor @ Yong clinic & surgery, was given 7 days mc and my worker was given 5 days mc.



**SINGAPORE
POLICE FORCE**

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



T/20211111/7026

3 of 3

Report No. T/20211111/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

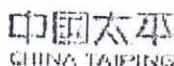
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

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

Date/Time:
11/11/2021 16:55

Classification Of Case:



中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE CO. (SINGAPORE) LTD.

Author's Present Address

2211

42 504

0591126

Gov 189542

CERTIFICATE OF INSURANCE

[illegible]

CERTIFICATE No. DMPGSHW00310302102 Engine No.: ZYD0201008361
Clm. No.: WSD2170202A1002700

1. **Name, Mark and Representation** SMC877MG AUTOSAVE

2. **Name of Policy Holder** TAN KAU POON

3. **Expiry date of the Commencement of Insurance for the purposes of the Regulations** 09/01/2021 (00:00.00) **Vehicle Details Ex Sect. I** US\$1,750.00
Additional Ex Clms than Named Drivers:

4. **Date of Entry of Insurance** 09/01/2022 **Ex Sect. I - Age <= 25** \$3,000.00
Ex Sect. I - Age >= 26 \$500.00
*** Age as on date of incident**
EX OR WINDSCREEN, \$5100.00

5. **Persons at Risk of Persons entitled to drive***
(i) The Policyholder,
(ii) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the persons driving in pursuant 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.
This policy does not cover use for hire or reward/tuition during test track/pneumatics, racing/hill climb, 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.
Excesses which are applicable for losses occurring outside Singapore (Construction Total Loss Only) will be doubled. Own Glass Weave of Excess for the first \$51,000 will apply in the Insured and Named Driver in the event of Own Damage Claim of our Approved Workshops for each Policy Year.

HIRE PURCHASE CO., LAKE VIEW CREDIT PTE LTD AS H.P.O OWNER
* This clause rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 100) and Section 24 of the Road Transport Act 1987 (Amendment), and shall be included under motor insurance.

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 use coupon

114 QUINTA TALLERES INSURANCE (DOMINICAN) PTE. LTD.

Island Ely:

LAKE-VIEW USED CARS & BOATS

Аннотация

Authorized Signatory

China Tulip Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2002063041)
 #3 Anson Road #36-00 Springleaf Tower Singapore 079903

611363

622 1033

www.scisearch.com