

NATIONAL Assessment Centre Services

| | | | |
|-------------------------------------|--|-----------------------|---------|
| Date In: 10/12/2021 | Job description | Date & Time Completed | Done by |
| Ref No: NA / CTI 21012536/r3 | SAS e-filing | | |
| Veh No: SJE 241B | E-mail (within Max. AP: 2hrs) | | |
| D.O.A: 01/12/2021 17:30 | 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: UNKNOWN | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|---|-------------|----------|
| | | Est Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP : Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| at 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| at 2/3: | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q11* | | |
| | *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 \$10 | | |
| | 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 | 10/12/2021 17:33 (SGT) |
| Date of Accident | 01/12/2021 17:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | KENSINGTON PARK ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJE241B |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | GOH SWEE GEK |
| NRIC No | SXXXX278E |
| Email Address | shawngoh1@gmail.com |
| Mobile Phone No | (Phone) +65-91478688 |
| Alternative Phone No | +65-91478688 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Subaru |
| Model | Impreza |
| 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 - Reporting only |
| Vehicle Category | Private car |
| Transmission | Manual |
| CC | 1597 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00059652100 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------|
| Name of Driver | GOH SHAWN |
| NRIC No | TXXXX678A |

| | |
|--|-----------------------|
| Date Of Birth | 09/04/2000 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/03/2020 |
| Driving experience | 1 YEAR AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86606288 |
| Alt. Phone Number | - |
| Email Address | shawngoh1@gmail.com |
| Address | BLK 29 FERNSVALE ROAD |
| Address complement | #10-36 |
| Postcode | 797416 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Punggol Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18006049999 |
| Alt. Police Station Phone No | (Fax) +65-64468015 |
| Police Station Address | Blk 21A Tebing Lane Singapore 828837 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211209/2007

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 | UNKNOWN |
| 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) -

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

Rm 10/12/21

Witnessed by Reporting Centre
Personnel

Sketch Plan

As per attached.

DETAIL OF ACCIDENT

PLEASE EXPLAIN CLEARLY THE CIRCUMSTANCES UNDER WHICH THE ACCIDENT TOOK PLACE.

SKETCH:



As per Police Report. T/2021/209/2007

NOTE:- Every communication you receive in connection with this matter should be forwarded to the Company without delay.

DATA PRIVACY STATEMENT

In accordance with the Personal Data Protection Act 2012, I consent to the collection, use, disclosure of and/or process of my personal data (whether contained in the Claim Form or otherwise obtained) by China Taiping Insurance (Singapore) Pte Ltd, its affiliates and service providers (within or outside Singapore), for the purpose relating to the evaluation of the claim and to provide advice and information relating to the claim to me by Short Message Service (SMS), Multimedia Messaging Service (MMS) and fax messages (notwithstanding the registration of my telephone or mobile number in the Singapore's Do Not Call Registry)

Yes, I have read and agreed to the above Data Privacy Statement.

Signature of Claimant

Name:
NRIC/FIN/Passport No

9/12/2021

Date

Insured Signature

Driver Signature

FOR OFFICE USE ONLY

NAMED DRIVERS:-

- a. _____
- b. _____
- c. _____
- d. _____

ENDORSEMENTS:-

- a. _____
- b. _____
- c. _____

PERIOD OF INSURANCE:-

FROM: _____ TO: _____

EXCESS:-

- a. Section I :-
- Section II :-
- b. Unnamed Driver :-
- TOTAL =
- NO CLAIM BONUS =



**SINGAPORE
POLICE FORCE**



T/20211209/2007

1 of 3

Report No. T/20211209/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/12/2021 03:31

Vide Report No.:

Station Diary No.:
14

Informant's Particulars

Name of Informant:
GOH SHAWN

Address:
APT BLK 29 FERVALE ROAD #10-36 SINGAPORE 797416

ID Type / ID No.:
NRIC NO / T0011678A

Contact No.:
Home/Office: Mobile: 86606288

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 21
Date of Birth: 09/04/2000

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
VALET

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:

Non-Injury
Hit and Run

Drink Drive:
No

Date/Time of Accident:
01/12/2021 17:30

Type of Location:
exit of round about

Location:

KENSINGTON PARK ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:

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 |
|-------------|------|--------|-------------|-------|------------------|-----------------|
| SJE241B | Car | SUBARU | IMPREZA 5MT | Grey | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20211209/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20211209/2007

CONTINUATION OF REPORT

Brief Details.

On the 01/12/2021 at about 5.30pm while I was driving my vehicle SJE241B I was going through Kesington Park Road round about and when I was about to exit towards Farleigh Ave I felt an impact from the rear left portion of my vehicle. I then took a look and noticed a blue taxi with unknown plate number which has collided into my vehicle. I then proceeded to stop at the side after further down as it was congested. I noticed the taxi followed me thinking that the driver will stop. However I then noticed the driver drove past and did not stop.

On the 07/12/2021 when I sent my vehicle for repair the workshop advised me to lodge a police report as it was a hit and run. On the 09/12/2021 I proceeded to lodge a report. That is all.



**SINGAPORE
POLICE FORCE**



T/20211209/2007

3 of 3

Report No. T/20211209/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

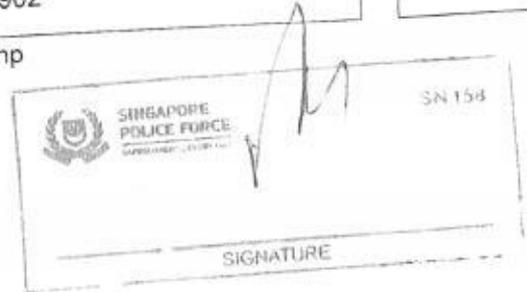
Sketch Plan

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 F / Sr Staff Sgt RAIDY FARIZ B AHMAD | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 09/12/2021 03:31 |
| Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902 | Classification Of Case: |

Authentication Stamp
NP168



MOTOR ACCIDENT ADVICE FORM

(Applicable to Windscreen Claim)

| | | | |
|---|---|----------------------------|---------------------|
| Agency | | Claim No | |
| 1) PARTICULARS OF INSURED | | | |
| Name | Goh Swee Gek | Policy No | DMP(SNW00054652100) |
| Address | Blk 29 Fernvale Road #10-36 S (797416) | Contact Nos (H) (HP) | 9147 8688 |
| Occupation | Self-Employed | Registration No | SJE 241 B |
| Year Model | Impreza 5MT | C.C./Tonnage | 1.6 (1597cc) |
| Make | Subaru | Amount Insured | |
| 2) ACCIDENT INFORMATION | | | |
| Date of Accident | 1/12/2021 | Time | 1730 |
| Place | Kensington Park Road | Approximate Speed | |
| Name of Police Station Reported To | Punggol N.P.C | | |
| 3) PARTICULARS OF DRIVER | | | |
| Name of Person driving your vehicle | Goh Shawn | Age | 21 |
| Address | 29 Fernvale Road #10-36 S(797416) | | |
| Licence No | T0011678A | Date of Expiry | NIL |
| Relationship to owner | Mother | | |
| If Assured was not driving, does driver own a motor vehicle? If so, please state: | | Contact Nos | |
| Your Car No | Name of Insurance Co | Occupation of Driver | (H) |
| NIL | | Vakt | (HP) 8660 6288 |
| 4) DETAILS OF DAMAGE TO YOUR VEHICLE | | | |
| Rear Left Bumper & Tyre Rim | | | |
| 5) DAMAGES TO THIRD PARTY PROPERTY | | | |
| a. Registration Number(s) and details of damage to the other vehicle(s) involved | | | |
| b. Any other property | | | |
| 6) INJURY TO PERSONS | | | |
| Name | Address | Extend of Injury | |
| | | | |
| 7) WITNESS | | | |
| Passenger's Name | Address | Other Witness Name | Address |
| | | | |
| 8) Have you obtained an estimate for repair? If so, give name of repairers and amount of estimate. | | | |
| No liability attaches this Company UNLESS the vehicle is inspected after accident and the estimate for the cost repairs approved. | | | |

* No video

shawn goh | shawngoh1@gmail.com

Our Ref. : SNM21D207040/SJE241B/C01

Date : 06 DEC 2021

via Ordinary & Registered Mail

GOH SWEE GEK
29 FERVALE ROAD
#10-36 HIGH PARK RESIDENCES
SINGAPORE 797416

Dear Policyholder

RE: ACCIDENT INVOLVING OUR VEHICLE NO.SJE241B ON 01 DEC 2121 ALONG KENSINGTON PARK ROAD

We refer to the abovementioned accident.

Please be advised that the third party vehicle, SJE241B, is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us IMMEDIATELY through **LKK Auto Consultants Pte Ltd** or any of our authorized workshops. You may log onto our website www.sg.cntaiping.com for location of the respective workshops.

We regret to advice that we and / or **LKK Auto Consultants Pte Ltd** will not be handling the third party property claim and your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly
Claims Department

(This is a computer generated letter and no signature is required)

cc. LKK Auto Consultants Pte Ltd
Attn : Cecilia Chong
Ref : CC3/CTI21012289/Vgs3
Contact No : 62563561
via email : admin-a@lkkauto.com

AN0695A TECK WEI CREDIT PTE LTD

Motor Private Car

MX1F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

E SN

AN0695A

Gov. Type C

CERTIFICATE No.: DMPCSNW00059652100

Engine No.: EJ16D133967

Chs. No.: JF1GD6KJ37G072018

1. Index Mark and Registration
Number of Vehicle

SJE241B

AUTOSAFE

2. Name of Policy Holder

GOH SWEE GEK

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

20/03/2021
(00:00:00)

Named Drivers Ex Sect: 1 S\$500.00

Additional Ex. Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

Ex Sect. 1 - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/04/2022

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 S\$500 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.: TECK WEI 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: Lim Lee Choo

Authorised Officer



Authorised Signatory

