

NATIONAL Assessment Centre Services

Date In: 28/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT321013222/13	SAS e-filing		
Veh No: SJT55124	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 28/12/21 1030	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: SMK1225A	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

NA2104859	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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) 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:-			
QC Checked by (Engr-In-Charge):	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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 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. 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	28/12/2021 14:31 (SGT)
Date of Accident	28/12/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI)B4 JLN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5512H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEEKTOP PTE LTD
Company Reg No	2XXXXX868E
Email Address	henghui37@gmail.com
Mobile Phone No	(Phone) +65-92270221
Alternative Phone No	+65-92270221

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00001502100
Cover Note Number	-

DRIVER

Name of Driver	LOKE MUN JUN
NRIC No	SXXXX044Z

Date Of Birth	26/03/1982
Occupation	Outdoor
Date Of Driving Pass	04/12/2013
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-87718772
Alt. Phone Number	-
Email Address	henghui37@gmail.com
Address	BLK 468C FERVALE LINK
Address complement	#09-559
Postcode	793468
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	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	SMK1225A
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	SMW2374H
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	LOKE MUN JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJT5512H
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

afym 28/12/21

Sketch Plan

Describe Circumstances of the Accident

On the 28/12/2021 @ about 10.30am, along PIE (Changi).
I was travelling on Lane 2 of the above mentioned
expressway before the ~~junction~~ Jalan Eunos Exit.
When my front vehicles slowed down and stopped due
to heavy traffic, hence I followed suit. Suddenly, I
felt a huge impact from the rear, and the impact
pushed my vehicle (A) forward to hit into the
car in front of me. When I alighted, I
realised it was Vehicle (B) who collided into
the rear portion of my vehicle (A). It was a
chain collision of 3 cars in total.

Declaration

We declare the foregoing particulars are true in every respect.



Policy holder's Signature / Date &
Time

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

Lyn 28/12/21

Witnessed by Reporting Centre
Personnel

VEHICLE NO: SJT 5512H

MAKE & MODEL: Toyota Vios (AUTO) MANUAL

DATE OF ACCIDENT	28.12.2021	*CC1, 500
TIME OF ACCIDENT	10.30 AM / PM	
LOCATION OF ACCIDENT	PSE (Changi) before Jln Eunos Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	Seektap Pte. Ltd.	
EMAIL: henghui37@gmail.com	Office:	MOBILE 92270221
NRIC	*201937868E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft	
POLICY NO.	DMH(SNA00001502100	
NAME OF DRIVER	AS ABOVE / IF NO, Loke Mun Jun	
NRIC	582100472	
DATE OF BIRTH	26.10.1982	
ANY PASSENGER	YES / NO: /	
NAME OF PASSENGER	unknown	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	04.12.2013	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 8771 8772 Office:	Home:
EMAIL:		
ADDRESS	Blk 468C Fernvale Link #09-559 S(793468)	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, <u>Misc</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, <u>Who?</u> Loke Mun Jun	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SMK1225A	Any Passenger: unknown
NAME		
CONTACT NO.		
VEHICLE C NO.	SMW2374H	Any Passenger: unknown
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:T

CERTIFICATE OF INSURANCEMotor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMHCSNA00001502100

Engine No.: 1NZX974793

Cha. No.: MR053HY9305131508

1. Index Mark and Registration
Number of Vehicle

SJT5512H

2. Name of Policy Holder

SEEKTOP PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment12/02/2021
(00:00:00)

Excess Sect. II

S\$1,500.00

Excess Sect.II (Outside Singapore).

S\$3,000.00

4. Date of Expiry of Insurance

11/02/2022

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.

* 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:

Gan Li Jia Jesca

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

SEEKTOP PTE LTD

NO: 10 KAKI BUKIT ROAD 2 #01-32, SINGAPORE (417868) Tel: 86856789

This vehicle leasing agreement is made on the 19 JAN 2021

Agreement No. 202119 01001

VEHICLE LEASING AGREEMENT

BETWEEN

SEEKTOP PTE LTD (ROC NO: 201937868E)

of known Address NO: 10 KAKI BUKIT ROAD 2 #01-32

SINGAPORE (417868) Tel: 86856789 (Hereinafter referred to as "the Lessor")
AND

LOKE MUN JUN

S8210044Z HP: 93374164

BLK 468C FERNVALE LINK #09-559 S(793468)

VEHICLE

Make & Model	TOYOTA VIOS	Color	WHITE
ORD Date	19 OCT 2009	Plate No:	SJT5512H
Chasis	Vocational:		

Terms and conditions:

1. Scope of Agreement

This Vehicle Leasing Agreement ("Agreement") shall be binding upon the lessees wholly and/or all of the Lessees' agents, drivers, employees, representatives etc. even if replacement vehicle is taken by the Lessee. The Lessee shall be responsible for any replacement vehicle taken by any authorized person.

All driver are to have a minimum 1 year driving experience. Upon acceptance and execution of this Agreement, the Lessee shall guarantee that their designated driver has a valid driving license (of the appropriate Class depending on the Leased Vehicle).

2. Leasing Period

The Lessor agrees to lease the vehicle to the Lessee for the following period. WEEKLY (Daily / weekly / Monthly)

Start Date: 19 JAN 2021

End Date: 18 FEB 2021

Returning Date: _____

But Return on _____

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is \$5500.

The WEEKLY (weekly / Monthly) leasing fees payable is \$280 ("Leasing Fees") to be made payable in Advance transfer to (DBS

CURRENT ACCOUNT: 072-015643-9) ON every Monday, and late payment charge will be \$20 per day.

