

NATIONAL Assessment Centre Services

SN0922/00006

Date In: 21/01/2022 12:43	Job description	Date & Time Completed	Done by
Ref No: X1381C17220008017	SAS e-filing		
Veh No: SLF 62153	E-mail (within Mins. After 2hrs)		
DOA: 23/01/2022 08:30	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within 10. 2hrs. 10' 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: XE 70357	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

NA2200213	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N1: DV / Collect Excess Coordination \$5		
	10) N2: TP (N1): TP (Non INC) against INC \$20		
	11) N12: Idle 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	24/01/2022 12:43 (SGT)
Date of Accident	23/01/2022 08:30 (SGT)
Exact Location of Accident	234 Bukit Panjang Ring Rd, Block 234, Singapore 670234
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6215J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH LAY AI, JENNA (XU LIHI)
NRIC No	SXXXX256D
Email Address	eugene546.ek@gmail.com
Mobile Phone No	(Phone) +65-94768018
Alternative Phone No	+65-92255828

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00162302100
Cover Note Number	-

DRIVER

Name of Driver	SLF6215J
Passport No/FIN	SXXXX546J

Date Of Birth	12/04/1980
Occupation	Indoor
Date Of Driving Pass	22/06/2001
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92255828
Alt. Phone Number	-
Email Address	eugene546.ek@gmail.com
Address	BLK 541 BUKIT PANJANG RIAGROAD #04-869
Address complement	-
Postcode	670541
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220123/2036

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	XE7035T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ALOYSIUS WONG YU FENG)
NRIC No	-1

Contact Number	(Phone) +65-98890516
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	HASRY
Phone	(Phone) +65-83048860
Email	-

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.
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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

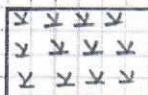
Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 234 BUKIT PANDAN RAIL ROAD CORPARK

A: SLF 6215J

B: XE 7035T




Describe Circumstances of the Accident

Please refer to the police report (T/20220123/2036)

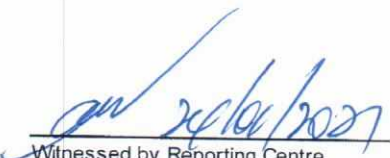
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Date of Accident : 23.01.2022 Accident Time : 08:30am (24-HR-Format)

Accident Place : Blk 234 Bukit Panjang Ring Road Carpark.

Vehicle No (Car Plate No) : SLF 6215J Make/Model: Toyota Ahtis 1.6

Insurance Company : China Taiping Policy No: DMPCSNW00162302100

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Koh Lay Ai, Jenna (Xu LiAi) S7728256D

Owner Contact No : 9476 8318 Owner's Hp _____ Company Tel _____

Driver Name / IC No : Koh Hock Jin Eugene (Xu XueJin) S8010546J

Driver's Date of Birth : 12.04.1980 Driver's License Pass Date: 22.06.2001

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Sister

Driver's Address : Blk 541 Bukit Panjang Ring Road #04-869 S (670541)

Driver's Contact No : 1) 9225 5828 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : eugene546.ek@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : N.A

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : No

Other Party Driver's Particular (if any)

Vehicle B No : <u>XE 7035T</u>	Name & Contact No: <u>Aloysius Wong Yu Feng (9889 0516)</u>
Vehicle C No : _____	Name & Contact No: _____
Vehicle D No : _____	Name & Contact No: _____
Vehicle E No : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:





SINGAPORE
POLICE FORCE



T/20220123/2036

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20220123/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 13:15		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: KOH HOCK JIN EUGENE		Address: 541 BUKIT PANJANG RING ROAD #04-869 SINGAPORE 670541			
ID Type / ID No.: NRIC NO / S8010546J		Contact No.: Home/Office: Mobile: 92255828			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 41	Date of Birth: 12/04/1980	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: WAREHOUSE ASSISTANT		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:			

General Information of the Accident

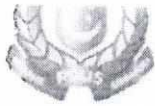
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2022 08:30	Type of Location: Car Park
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6215J	Car				Seriously Damaged	0
XE7035T	RECYCLING TRUCK				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20220123/2036

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220123/2036

CONTINUATION OF REPORT

Driver			
Name	KOH HOCK JIN EUGENE	ID No.	S8010546J
Related Vehicle	NIL	Contact No.	92255828
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ALOYSIUS WONG YU FENG	ID No.	S9316887I
Related Vehicle	NIL	Contact No.	98890516
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 23rd Jan 2022 at about 0830hrs, I had parked my vehicle (SLF6215J) at carpark CKBJ10 at Parking Lot No. 5 and everything was intact. About 45mins later, I came back to my vehicle and discovered that my vehicle had been grazed, badly scratched with deep dents on the left side of my whole vehicle. An eye witness namely Hasry HP: 83048860 then saw me and approached me to inform that he had saw a Blue Recycling Truck bearing company name ALBA W&H Smartcity Pte Ltd had cause the damages when the vehicle had turn left to exit the carpark.

I contacted town council namely Fiona to which she had contacted the company. The company's operation executive namely Kartik given me the driver's contact number to which had contacted him and was given the vehicle number XE7035T. I was then advise to lodge traffic police report.



SINGAPORE
POLICE FORCE



T/20220123/2036

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20220123/2036

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

J /
Sgt 3 AUSTIN TAN RI QUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No: 65476145

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
23/01/2022 13:15

Classification Of Case:

Motor Private Car

MX1F

N SN

AN5644A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia)

CERTIFICATE No. DMPCSNW00162302106

Engine No. 1ZR7568316

Chassis No. MR053REH164549699

1. Index Mark and Registration
Number of Vehicle SLF6215J

AUTOSAFE

2. Name of Policy Holder KOH LAY AL JENNA (XU LIAI)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations (Date of Enactment) 15/08/2021 (13.58.05)

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 > 25 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of expiry of insurance 31/08/2022

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. STANDARD CHARTERED BANK(S) LIMITED

* 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

Issued By CAR HOUSE ENTERPRISE LTD
Authorised Officer

By CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Authorised Signatory