

NATION Assessment Centre Services

8100822100003

Date In: 24/01/2022 14:56	Job description	Date & Time Completed	Done by
Ref No: N/A/C7220008117	SAS e-filing		
Veh No: ST 5512H	E-mail (within 2hrs. AL 2hrs)		
DOA: 21/01/2022 19:48	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (within 01. 2hrs. 1P 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pas / Hand to Owner (Wksp)		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLS 1000K	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		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2015)			
	6) TR: Re-Inspection \$75			
	7) NI: Issue DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NI: Issue Mobile			
QC Checked by (Engr-In-Charge):	*N3: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Coordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N-on INC) against INC \$20			
	9) NI2: Issue Mobile \$30			
Auditors' Comments:-	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 14:56 (SGT)
Date of Accident	21/01/2022 19:45 (SGT)
Exact Location of Accident	109D Edgedale Plains, Singapore 824109
Additional Location Information	RUBBISH CHUTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5512H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SEEKTOP PTE LTD
Company Reg No	2XXXXX868E
Email Address	daniellloke5@gmail.com
Mobile Phone No	(Phone) +65-92270221
Alternative Phone No	+65-87718772

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 hire
Transmission	Auto
CC	1497

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 AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87718772
Alt. Phone Number	-
Email Address	daniellloke5@gmail.com
Address	BLK 468C FERNVALE LINK #09-559
Address complement	-
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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/20220123/7015

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	SLS1040K
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	(Phone) +65-87718772
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
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.
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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 making 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

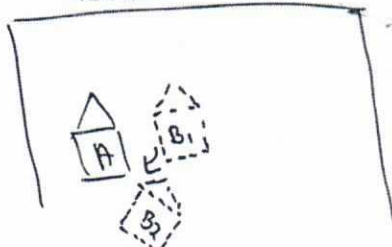
Sketch Plan

[Signature]

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

[Signature] 24/01/2022
Witnessed by Reporting Centre Personnel

BLOCK 109D. EDGEHALL PLANE
RUBBISH CHUTE



Vehicle A = SJT 5514.

Vehicle B = SCS 1040K.

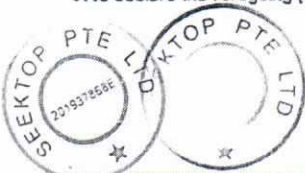
Describe Circumstances of the Accident

On the stated date and time, I Vehicle A was stationary on the stated
lane. Vehicle B reversed out of a stationary position on my right, steered
to his left and collided into my vehicle rear right quarter.

POLICE REPORT 7/20220123/7015

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature] 24/01/2022
Witnessed by Reporting Centre
Personnel

Date of Accident

: 21/01/2022 Accident Time: 1945 (24-HR-Format)

Accident Place

: RUBBISH CHUTE OF EDGEHALL PLAINS 109D (824109)

Vehicle No. (Car Plate No.)

: SJT 5512H Make/Model: FORD VLOS

Insurance Company

: NEW CHINA INSURANCE Policy No:

Owner or Company Name / IC No.

: SAKTOP PTG LTD. 201937868E

Owner or Company Contact No.

: 9227 0221 Owner's Hp Company Tel

DRIVER'S Name / IC No.

: LOKE MUN JUN SB2100442

DRIVER'S Date Of Birth

: 06/03/1982 DRIVER'S License Pass Date 04/12/2013

Relationship of Owner & Driver

: Spouse \ Parent \ Children \ Sibling \ Employee \ Others: HIRER

DRIVER'S Address

: 468C FERNVALE LINK #109-559 S' 793468

DRIVER'S Contact No. / Alt No.

: 1) 8771 8772 2)

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: DANIELLOKE57@gmail.com

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver):

01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Neck, lower back

Other Party Driver's Particular (if any)

Vehicle No: SLS 1040 K.

Vehicle No: _____

Vehicle Make \ Model: _____

Vehicle Make \ Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE



T/20220123/7015

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

1 of 3

Report No. T/20220123/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2022 14:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOKE MUN JUN		Address: 468C FERNVALE LINK #09-559 SINGAPORE 793468			
ID Type / ID No.: NRIC NO / S8210044Z		Contact No.: Home/Office:		Mobile: 87718772	
Nationality: SINGAPORE CITIZEN		Email: DANIELLOKE5@GMAIL.COM			
Sex: Male	Age: 39	Date of Birth: 26/03/1982	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Private hirer		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2022 19:45	Type of Location: Car Park
Location: EDGEDALE PLAINS				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJT5512H	Car	TOYOTA	VIOS		Seriously Damaged	0
SLS1040K	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220123/7015

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

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Report No. T/20220123/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOKE MUN JUN	ID No.	S8210044Z
Related Vehicle	SJT5512H (Car)	Contact No.	87718772
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2022	Date	22/01/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 21/01/2022 at around 0745pm I need to drop off my passenger at 109D edgedale plains. I come to the rubbish chute area stopped stationary, passenger alighted and suddenly I felt an impact from the rear. I quickly alighted and realised that vehicle SLS1040K had reverse and collided onto my vehicle rear right portion. The said driver then alight and check the damages done and apologise for not being able to see my car. We took photos and exchange particulars. After the accident, the next day I felt pain and discomfort and consulted a doctor nearby and was given 5 days mc.



**SINGAPORE
POLICE FORCE**



T/20220123/7015

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

3 of 3

Report No. T/20220123/7015

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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

Date/Time:
23/01/2022 14:38

Classification Of Case:

NP168

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	PlateNo:	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.





中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

BR0085A

Cov. Type:T

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.

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 Enactment

12/02/2021
(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