

NATIONAL Assessment Centre Services

Date In: 09/02/2022 14:22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 22001231/m4	SAS e-filing		
Veh No: SJS 9830T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/02/2022 12:40	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: SMZ 4522T	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

NA 2200344	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
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 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OB*			
	*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 30			
	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	09/02/2022 14:22 (SGT)
Date of Accident	08/02/2022 12:40 (SGT)
Exact Location of Accident	W Coast Dr, Singapore
Additional Location Information	AYER RAJAH HAWKER CENTRE OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9830T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO BEE LAY
NRIC No	SXXXX885C
Email Address	MARYKHOO24@GMAIL.COM
Mobile Phone No	(Phone) +65-92312181
Alternative Phone No	+65-92312181

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	DMPCSNW00173702101
Cover Note Number	-

DRIVER

Name of Driver	KHOO BEE LAY
NRIC No	SXXXX885C

Date Of Birth	24/03/1964
Occupation	Indoor
Date Of Driving Pass	16/07/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92312181
Alt. Phone Number	+65-92312181
Email Address	MARYKHOO24@GMAIL.COM
Address	BLK 204 PETIR ROAD
Address complement	#10-617
Postcode	670204
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	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?	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

PLS REFER TO THE POLICE REPORT : T/20220209/7002

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	SMZ4522T
Vehicle Manufacturer	BMW
Vehicle Model	523i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VINCENT KHOO
Contact Number	(Phone) +65-90089105
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	KHOO BEE LAY
Gender	Female
Phone No	(Phone) +65-92312181
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, HEAD, SHOULDER AND UNEASINESS IN CHEST
Injured person in which vehicle?	SJS9830T
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

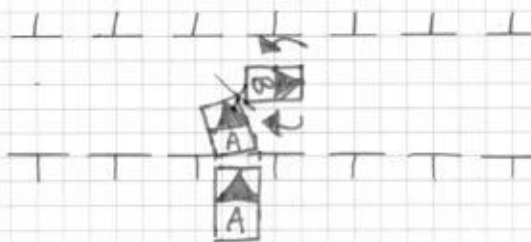

Policyholder's Signature / Date & Time


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

 09/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SJS9830T
Vehicle B: SMZ4522T



Ayer Rajah Hawker Centre Open Space Carpark

Refer to police report
(T12022040917002)

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220209/7002

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

1 of 3

Report No. T/20220209/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2022 11:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KHOO BEE LAY			Address: 204 PETIR ROAD #10-617 SINGAPORE 670204		
ID Type / ID No.: NRIC NO / S1628885C			Contact No.: Home/Office: Mobile: 92312181		
Nationality: SINGAPORE CITIZEN			Email: MARYKHOO24@GMAIL.COM		
Sex: Female	Age: 57	Date of Birth: 24/03/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARINE COORDINATOR			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/02/2022 12:40	Type of Location: Car Park
Location: WEST COAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJS9830T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black		0
SMZ4522T	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220209/7002

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

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Report No. T/20220209/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS9830T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001737 02101	02/10/2021	01/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHOO BEE LAY		ID No. S1628885C
Related Vehicle	SJS9830T (Car)		Contact No. 92312181
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	08/02/2022		Date 08/02/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SJT 9830 T) WAS PARKED STATIONARY IN THE PARKING LOT READY TO MOVE OFF. I WAITED FOR ONCOMING VEHICLES TO PASS. UPON MAKING SURE THAT THE ROAD WAS CLEAR, I THEN PROCEEDED TO COME OUT OF MY PARKING LOT WITH THE INTENTION TO TURN LEFT. SUDDENLY, I FELT A HUGE IMPACT ON THE RIGHT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK, AND REALISED THAT IT WAS VEHICLE B (SMZ 4522 T) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE REVERSING WITHOUT SIGNALLING HIS INTENTIONS.

AFTER THE ACCIDENT I THEN WENT TO CONSULT A DOCTOR AT NEIGHBOURHOOD CLINIC (BANKIT ROAD) AS I FELT PAIN IN MY NECK, HEAD, SHOULDER AND UNEASINESS IN MY CHEST. I WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220209/7002

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

3 of 3

Report No. T/20220209/7002

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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

Date/Time:
09/02/2022 11:05

Classification Of Case:

Date of Accident : 08/02/2022 Accident Time: 1240 (24-HR-Format)
Accident Place : Ayer Rajah Hawker Centre open space carpark
Vehicle No. (Car Plate No.) : SJS 9830T Make/Model: Toyota Altis (A) (1598cc)
Insurance Company : China Taiping Policy No: DMPLSNW00173702101
Owner or Company Name / IC No. : khoo Bee Lay (S1628885C)
Owner or Company Contact No. : 9231 2181 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : — same as above —
DRIVER'S Date Of Birth : 24/03/1964 DRIVER'S License Pass Date 16/07/1984
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : 204 Petir Road #10-617 S(670204)
DRIVER'S Contact No./ Alt No. : 1) — 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : MARYKH0024@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 the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes. Driver

Other Party Driver's Particular (if any)

Vehicle No: <u>SMZ 4522T</u>	Vehicle No: <u> </u>
Vehicle Make\Model: <u>BMW 523i</u>	Vehicle Make\Model: <u> </u>
Name Driver: <u>Vincent Khoo</u>	Name Driver: <u> </u>
IC No. Driver/Contact: <u>90089105</u>	IC No. Driver/Contact: <u> </u>

*** NEW - Passenger's name & gender:**



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 Private Car

MX1F

R SN

AN0699A

Gov. Type: C

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.

DMPCSNW00173702101

Engine No.: 3274920595

Chassis No.: MR053ZEE106151699

1. Index Mark and Registration
Number of Vehicle

SJS9630T

AUTOSAFE

2. Name of Policy Holder

KHOO BEE LAY

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

02/10/2021
(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

01/10/2022

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.: TOKYO CENTURY LEASING (S) 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.

By: INSMAART ENTERPRISE
Authorised Officer

杨亚美
Authorised Signatory

Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
1116-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

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