

SN 08224 R0007

Date In: 21/04/2022 17:13	Job description	Date & Time Completed	Done by
Ref No: N/A/C/722003987/Y	SAS e-filing		
Veh No: 8LV 607	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/04/2022 00:00	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: SHD 53418	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:	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

<p>N/A2201/35</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>t. 1:</p> <p>t. 2/3:</p>	Invoice Preparation Checklist		Ant (\$)	Act (\$)
	Inc Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
OD:				
*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: Idao Mobile		\$0		
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	27/04/2022 17:13 (SGT)
Date of Accident	27/04/2022 00:00 (SGT)
Exact Location of Accident	101 Bedok North Rd, Singapore 469678
Additional Location Information	SPC EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV60T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH XUANLI LINDEN
NRIC No	SXXXX164H
Email Address	linden_toh@hotmail.com
Mobile Phone No	(Phone) +65-90706688
Alternative Phone No	+65-90706688

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	GRANTURISMO
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	4244

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNNW00209482100
Cover Note Number	-

DRIVER

Name of Driver	TOH XUANLI LINDEN
NRIC No	SXXXX164H

Date Of Birth	06/08/1988
Occupation	Outdoor
Date Of Driving Pass	11/03/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90706688
Alt. Phone Number	+65-90706688
Email Address	linden_toh@hotmail.com
Address	BLK 424 PASIR RIS DRIVE 6 #03-101
Address complement	-
Postcode	510424
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NEO HUIWEN, CLAIRENCE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT G/20220427/7002

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	SHD5341S
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 revoke 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 be 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 be 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 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 situated 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

101 BEDOK NORTH ROAD SPC

A) SUV 607

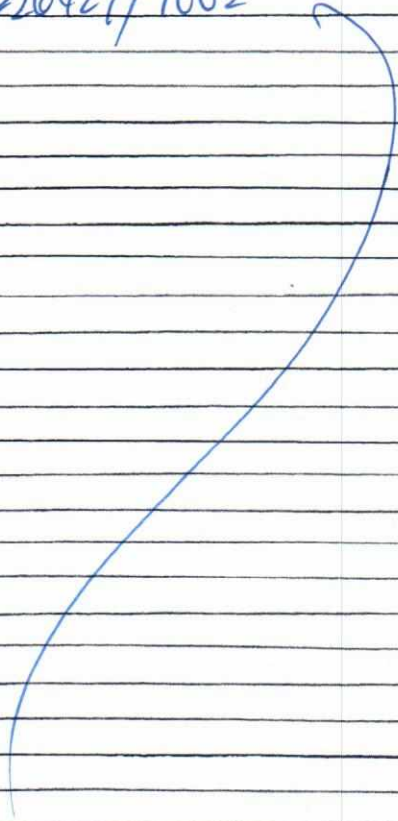
B) SHD 5841S



Describe Circumstances of the Accident

On the stated date and time, I vehicle A was ~~leaving~~ ~~moving off~~
from on my way to exit the petrol kiosk. Vehicle B came in
from an exit only lane and collided into my vehicle front
portion

POLICE REPORT G/20220427/T002



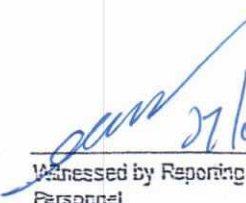
Declaration

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

 27/04/2022



SINGAPORE POLICE FORCE



G/20220427/7002

1 of 3

POLICE REPORT (NP299)

Report No. G/20220427/7002

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 27/04/2022 03:10	Vide Report No.	Station Diary No.		
Name Of Informant TOH XUANLI, LINDEN	Address 424 PASIR RIS DRIVE 6 #03-101 SINGAPORE 510424			
ID Type / ID No. NRIC NO / S8833164H	Contact No. Home/Office:	Mobile: 90706688		
Nationality SINGAPORE CITIZEN	Email Address LINDEN TOH@HOTMAIL.COM			
Occupation Real estate agent	Sex Male	Age 33	Date of Birth 06/08/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/04/2022 00:00 - 27/04/2022 00:30	Location Of Incident 101 BEDOK NORTH ROAD SPC BEDOK SINGAPORE 469678			

Brief details.

At 12am+ I was at Bedok north SPC petrol station(101 Bedok North Rd, S469678) pumping petrol and washing my car. As I exited the car wash to allow the washers to dry my car, a red Transcab taxi with number plate SHD5341S was speeding into the exit only lane and hit the front of my car.

- the taxi entered the petrol station from the main road via the exit only part of the petrol station
- the taxi was speeding when he entered
- when he hit my car he did not stop but continued to drive away fast

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2022 03:10
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220427/7002

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220427/7002

- It was a hit and run
- the taxi drove towards the other exit of the petrol station and was about to drive out
- I drove after him and stopped my car such that the front of my car was blocking his car
- proceeded to call 999 and 2 TP were sent down
- I tried to ask to exchange contact number and the police also asked him to exchange contact number with me but he completely refused to do so
- the police took down my particulars as well as the taxi driver's particulars

The police passed me the case card

Report number

G/20220427/0008

Classification

PAR

INSP Vijay 62449999

I have the photos and videos but I cannot seem to upload to this system.

Subjects Involved			
Suspect			
Person Name	Driver of SHD5341S		
ID Type	OTHERS / Car plate number	ID No	SHD5341S
Gender	Male	Habits & Oddities	I have the taxi driver's photo

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
27/04/2022 03:10

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220427/7002

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220427/7002

Victim			
Person Name	TOH XUANLI, LINDEN		
ID Type	NRIC NO	ID No	S8833164H
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Real estate agent	Address	424 PASIR RIS DRIVE 6 #03-101 SINGAPORE 510424
Mobile No	90706688	Is Informant A Victim?	Yes
Person Name	TOH XUANLI, LINDEN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
27/04/2022 03:10

Classification Of Case:



Date of Accident : 27 Apr 2022 Accident Time: 2350 (24-HR-Format)
Accident Place : Bedok North HR SPC EXT.
Vehicle No. (Car Plate No.) : SLV 60T Make/Model: Maserati GT
Insurance Company : China Taiping Policy No: DMPCSNW00209482100
Owner or Company Name / IC No. : Toh Xuanli Linden / S8833164H
Owner or Company Contact No. : 90706688 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Toh Xuanli Linden / S8833164H
DRIVER'S Date Of Birth : 6/8/1988 DRIVER'S License Pass Date 11/3/2009
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others:
DRIVER'S Address : 424 Pasir Ris Dr 6 #03-101 S510424
DRIVER'S Contact No./ Alt No. : 1) 90706688 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : linden_toh@hotmail.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): 02

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): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>SHD 55 SHD5341S</u>	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:

① Neo Huiwen, Clairene FEMALE

Motor Private Car

MX1/B

N SN

AN0682A

Cov. 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. DMPCSNW00209482100

Engine No.: M139P182707

Cha. No.: ZAMGH45C000063385

1. Index Mark and Registration
Number of Vehicle

SLV60T

2. Name of Policy Holder

TOH XUANLI LINDEN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment07/10/2021
(16:16:28)

Excess Sect. I . \$55,000.00

Excess Sect. I (Outside Singapore) \$510,000.00

EX ON WINDSCREEN . \$750.00

4. Date of Expiry of Insurance

28/09/2022

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.

TOH XUANLI LINDEN
TOH CHIN HOE ANTHONY

NEO HUIWEN CLAIRENCE

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.

HIRE PURCHASE CO.: KRUISE AUTO 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: KRUISE AUTO PTE LTD
Authorised Officer
Authorised Signatory