

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 05/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2200 4138/m4	SAS e-filing		
Veh No: 8MJ 9901 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/05/2022 09:30	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SHC 5519 C	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 2201167	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
Damaged Portion:	*N8: DV / Collect Excess Coordination \$5			
QC Checked by (Engr-In-Charge):	TP (N11) : TP (Non INC) against INC \$20			
Auditors' Comments :-	9) N12: Idac Mobile 30			
	Invoice dated		Fee Charged	
Cat. 1:	Invoice dated		Fee Charged	
Cat. 2 / 3:				

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	05/05/2022 13:45 (SGT)
Date of Accident	05/05/2022 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS AFTER KALLANG EXIT (KPE ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9901J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	APS ASIA PDA ENTERPRISE PTE LTD
Company Reg No	2XXXXXX680E
Email Address	jianhaokoh@gmail.com
Mobile Phone No	(Phone) +65-85240170
Alternative Phone No	+65-85240170

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	DMPCSNW00041582200
Cover Note Number	-

DRIVER

Name of Driver	KOH JIAN HAO
NRIC No	SXXXX476G

Date Of Birth	16/11/1995
Occupation	Outdoor
Date Of Driving Pass	12/02/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85240170
Alt. Phone Number	-
Email Address	jianhaokoh@gmail.com
Address	11 SENGKANG SQUARE
Address complement	#09-25
Postcode	545076
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	4
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	TERRENCE TEN CHIAN CHIAN
Gender	Male

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?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5519C
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 SJS4363H
 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 3

Vehicle Registration Number GBG4212T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 KOH JIAN HAO
 Gender Male
 Phone No (Phone) +65-85240170
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMJ9901J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person TERRENCE TEN CHIAN CHIAN
 Gender Male



Phone No	.....	(Phone) +65-88917678
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	-
Injured person in which vehicle?	.....	SMJ9901J
Were seat belts worn?	.....	-
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.



TH

MM

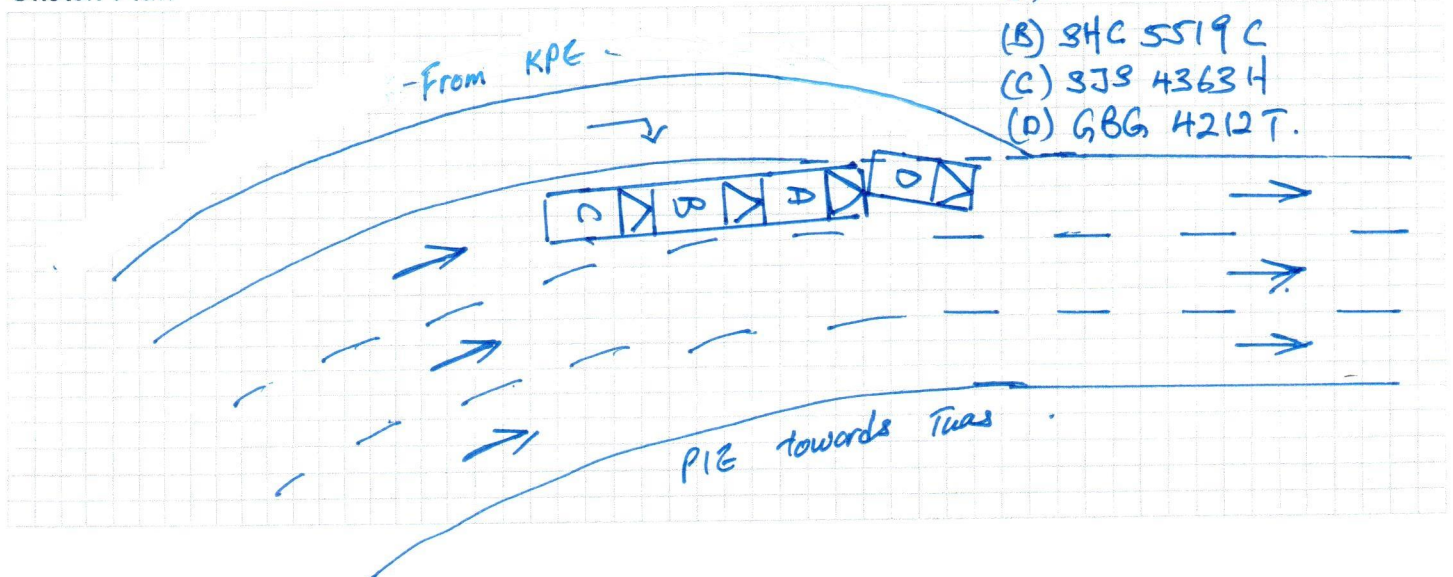
R 5/5/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 05/05/2022 at @ 0930 hrs, I was travelling in my vehicle (SMJ 9901J) along PIE towards Tuas after Kallang exit on the extreme left lane. Suddenly, a lorry (GBC 4212T) from KPE entered into PIE in front of me stopped. I slowed down and stopped too. Few seconds later, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the said lorry ahead. I got down from my vehicle and found it was a chain collision involving 4 vehicles.

Declaration

We declare the foregoing particulars are true in every respect.



TL

Policyholder's Signature / Date & Time

MM

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

R 5/5/22

Witnessed by Reporting Centre Personnel

VEHICLE NO:	SMJ 9901 J		MAKE & MODEL:	Toyota Altis		AUTO / MANUAL
DATE OF ACCIDENT:	05 / 05 / 2022		CC:	1-6		
TIME OF ACCIDENT:	9:30 HRS					
LOCATION OF ACCIDENT:	PIE - Tuas after KPE entrance.					
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE					
NAME OF OWNER:	APS Asia PDA Enterprise Pte Ltd.					
TEL NO:	H/P: 8524 0170		OFFICE:	HOME:		
NRIC:	200601680E					
ADDRESS:	65 Ubi Crescent #02-01, Ubi Centre (S) 408559					
EMAIL:	jianhao.koh@gmail.com.					
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO ?					
INSURANCE COMPANY:	China Taiping.					
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft					
POLICY NO:	DMPCLSNW00041582200					
NAME OF DRIVER:	AS ABOVE / IF NO: KOH JIAN HAO					
NRIC:	S 95424766 . ANY PASSENGER: 01 (M).					
DATE OF BIRTH:	16 / 11 / 1995		LICENCE PASSED DATE:	12 / 02 / 2016.		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P: 8524 0170		OFFICE:	HOME:		
ADDRESS:	11 Sengkang Square #09-25 (S) 545076.					
EMAIL:	jianhao.koh@gmail.com.					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employee.					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Koh Jian Hao (H/P: 8524 0170)					
NAME & CONTACT:	Terrence Ten Chian Chuan (H/P: 8891 7678).					
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	SHC 5519 C		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:	SJS 4363 H		ANY PASSENGERS:	N.A.		
VEHICLE D REG NO:	GBG 4212 T		ANY PASSENGERS:	N.A.		
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Front and Rear Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN.					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

Motor Private Car

MX4F

N SN

AN0294A

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, 1958 (Malaysia)

CERTIFICATE No. DMPCSNW00041582200

Engine No.: 1ZRX494562

Cha. No.: MR053REH104528300

1. Index Mark and Registration
 Number of Vehicle

SMJ9901J

AUTOSAFE
 =====

2. Name of Policy Holder

APS ASIA PDA ENTERPRISE PTE LTD

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

03/03/2022
 (00:00:00)

Named Drivers Ex Sect. I

S\$1,100.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

02/03/2023

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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.: HONG LEONG FINANCE 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.

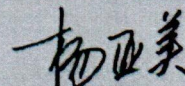
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
 provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road
 Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

WIS SERVICES
 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