

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

SN0822560004

Date In: 06/05/2022 17:27	Job description	Date & Time Completed	Done by
Ref No: N8A/C72220042447	SAS e-filing		
Veh No: SFA 8666A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/05/2022 19:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4R2 9304H	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Bst. 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

NA220/211	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
	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		
	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: Idac Mobile 30		
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
1.1:			
1.2/3:			

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	06/05/2022 17:27 (SGT)
Date of Accident	04/05/2022 19:30 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	(BKE) BEFORE MANDAI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA8666A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TONG KAH WAI
NRIC No	SXXXX963H
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-94876877
Alternative Phone No	+65-94876877

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx200t
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00112452100
Cover Note Number	-

DRIVER

Name of Driver	TONG KAH WAI
NRIC No	SXXXX963H

Date Of Birth	26/06/1970
Occupation	Indoor
Date Of Driving Pass	02/05/1991
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-94876877
Alt. Phone Number	+65-94876877
Email Address	citizenpower555@gmail.com
Address	BLK 719 WOODLANDS AVENUE 6 #05-626
Address complement	-
Postcode	730719
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	Collision - Head to Rear
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)	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 POLICE REPORT T/20220504/7066

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	FBJ9340H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	AMBROSE
Contact Number	(Phone) +65-85226627
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

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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.

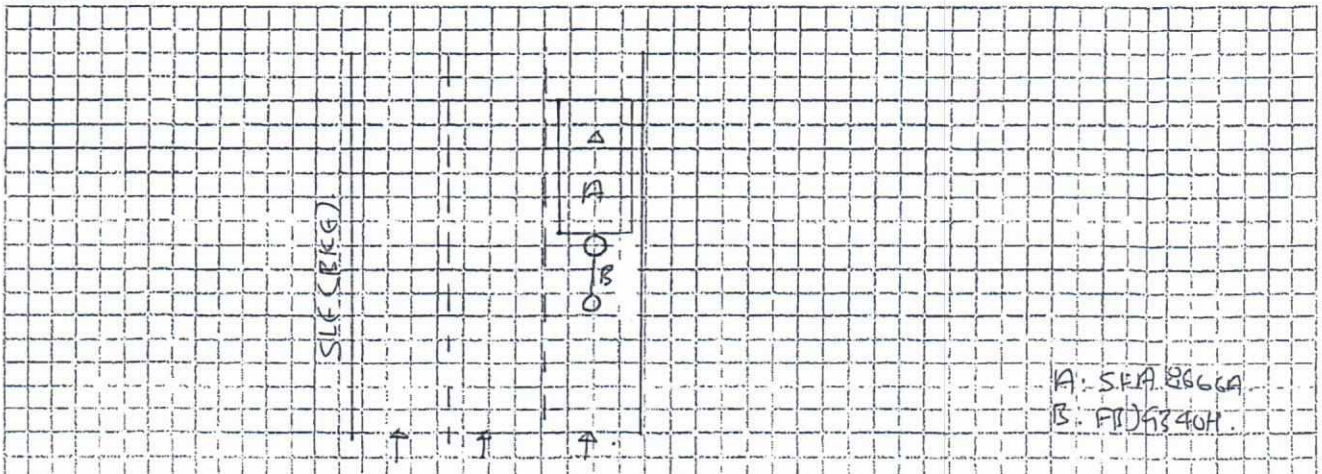
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

06/05/2022

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

7/20220504/7066


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



SINGAPORE POLICE FORCE



T/20220504/7066

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

1 of 3

Report No. T/20220504/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 22:49		Vide Report No.: L/20220504/0096		Station Diary No.:	
Informant's Particulars					
Name of Informant: TONG KAH WAI			Address: 719 WOODLANDS AVENUE 6 #05-626 SINGAPORE 730719		
ID Type / ID No.: NRIC NO / S7021963H			Contact No.: Home/Office: Mobile: 94876877		
Nationality: SINGAPORE CITIZEN			Email: JSWOODWORKING0720@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 26/06/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2022 19:30	Type of Location: SLE 5.7km (BKE)
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 85 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ 9340H	Motorcycle			Black	Slightly Damaged	2
SFA8666A	Car	TOYOTA	LEXUS RX200T AT S/R	Grey		0



**SINGAPORE
POLICE FORCE**



T/20220504/7066

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

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Report No. T/20220504/7066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFA8666A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001124 52100	09/06/2021	08/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	AMBROSE		ID No.	NIL
Related Vehicle	FBJ 9340H (Motorcycle)		Contact No.	85226627
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	TONG KAH WAI		ID No.	S7021963H
Related Vehicle	SFA8666A (Car)		Contact No.	94876877
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

04May2022 ,
around 1930hr ,
My vehicle SFA 8666 A
Rider FBJ 9340H (Pillion name : Son - Ambrose mobile : 8522 6627, Father - ?)
i was heading on CTE after Upper Thomson before Mandai, my front vehicle jam brake and i was in time
to stop but a rider with pillion hit my boot.
camera SD card already handle to Traffic police
Witness : vehicle Isa SML 1866U - 9771 4584 (car behind rider)



**SINGAPORE
POLICE FORCE**



T/20220504/7066

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

3 of 3

Report No. T/20220504/7066

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
04/05/2022 22:49

Classification Of Case:

VEHICLE NO: SFA 8666A.

MAKE & MODEL : LEXUS RX200.

AUTO / MANUAL

DATE OF ACCIDENT	09 / 05 / 22.			*C.C.
TIME OF ACCIDENT	1930 AM / PM			
LOCATION OF ACCIDENT	SLE (BKE) BEE MANDAI EXIT			
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER	TONG KAH WAH			
EMAIL	CITIZENPOWER555@GMAIL.COM		Office:	MOBILE: 94876877.
NRIC	S7021963H.			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO ?			
INSURANCE CO.	CIN TAIPING.			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.	DmPCSNW00112452100.			
NAME OF DRIVER	AS ABOVE / IF NO: "			
NRIC	"			
DATE OF BIRTH	26 / 06 / 70.			
ANY PASSENGER	YES / NO: DRIVER ONLY.			
NAME OF PASSENGER	-			
GENDER OF PASSENGER	MALE / FEMALE			
OCCUPATION	Outdoor / Indoor			
DATE OF DRIVING PASS	02 / 05 / 91.			
GENDER	Male / Female			
CONTACT NO.	Mobile: "	Office:	Home:	
EMAIL	"			
ADDRESS	719 WOODLANDS AVE 6 #05-626 SC730719.			
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:		INSURER -	
RELATIONSHIP	Employee / If No: SELF.			
WEATHER CONDITION	Clear / Raining / Other:			
ROAD SURFACE	Dry / Wet / Other:			
ANY INJURIES	NO / If yes: Who?			
CONTACT NO.				
POLICE REPORT	No / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?			NO/IF YES: WHO?	
VEHICLE B NO.	FB) 9340H.		Any Passenger:	
NAME				
CONTACT NO.				
VEHICLE C NO.	Any Passenger:			
VEHICLE D NO.	Any Passenger:			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS				
WITNESS CONTACT NO.				
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO.			
**WORKSHOP:				
Have you been approach by unknown person soliciting (s) /				



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

MX1E

N SN

AN0679A

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. DMPCSNW00112452100

Engine No.: 8ARW177393

Cha. No.: JTJBAMCA802001237

1. Index Mark and Registration
Number of Vehicle

SFA8666A

AUTOSAFE
=====

2. Name of Policy Holder

TONG KAH WAI

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

09/06/2021
(00:00:00)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN \$S100.00

4. Date of Expiry of Insurance

08/06/2022

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 \$S1,000 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.: DBS BANK 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: ABWIN PTE LTD
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