

Date In: <b>12/05/2002 09:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>1/08/CT/22004424</b>	SAS e-filing		
Veh No: <b>SLC 344</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>11/05/2002 14:30</b>	i-Motor Claim Form		
OD: <b>TP</b> 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 Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: ( ) 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

Claimant's Particulars:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	Inc Bill	Acc 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			
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-inspection \$75			
Auditors' Comments:	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
t. 1:	OD*			
	*N3: Courtesy Car / Tpt Allowance \$5			
t. 2 / 3:	*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	12/05/2022 09:57 (SGT)
Date of Accident	11/05/2022 14:30 (SGT)
Exact Location of Accident	Hougang Ave 2, Singapore
Additional Location Information	BETWEEN BLOCK 702 AND BLOCK 703 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC34U

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NAM WAH LONG PTE LTD
Company Reg No	2XXXX327Z
Email Address	tobytnngis@gmail.com
Mobile Phone No	(Phone) +65-84842245
Alternative Phone No	+65-84842245

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	Commercial vehicle
Transmission	Auto
CC	2362

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNA00048672201
Cover Note Number	-

### DRIVER

Name of Driver	QUEK QIVEI (GUO QIVEI)
NRIC No	SXXXX850B

Date Of Birth .....	18/11/1981
Occupation .....	Indoor
Date Of Driving Pass .....	14/06/2021
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84842245
Alt. Phone Number .....	-
Email Address .....	tobytnngis@gmail.com
Address .....	BLK 270A PUNGGOL FIELD #13-219
Address complement .....	-
Postcode .....	821270
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 - Major/Minor Rd
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 POLICE REPORT T/20220511/7042

#### 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 .....	GBG6580S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	NG ENG WAN
NRIC No .....	SXXXX422Z
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 .....	QUEK QIVEI (GUO QIVEI)
Gender .....	Male
Phone No .....	(Phone) +65-84842245
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLC34U
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 willful 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)**

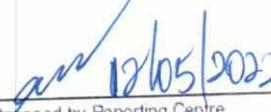
I understand, acknowledge, agree and consent that:

(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 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.

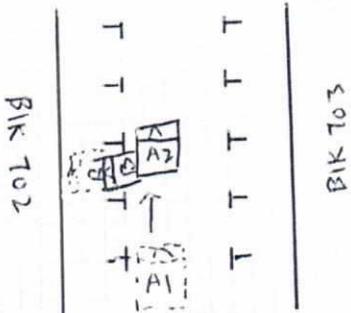
  
  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

Hougang Ave 2  
 BIK 707 & 703  
 carpark



Veh A: 2C 344  
 Veh B: 4B4 65805

Describe Circumstances of the Accident

Refer to police report T/20220511/7042

[The following area is a large grid of horizontal lines, which has been crossed out with a large diagonal slash from the bottom-left to the top-right.]

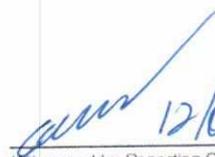
**Declaration**

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

 12/05/2022  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220511/7042

1 of 3

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

Report No. T/20220511/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2022 17:59	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: QUEK QIWEI		Address: 270A PUNGGOL FIELD #13-219 SINGAPORE 821270	
ID Type / ID No.: NRIC NO / S8134850B		Contact No.: Home/Office: Mobile: 84842245	
Nationality: SINGAPORE CITIZEN		Email: quekqiwei@yahoo.com.sg	
Sex: Male	Age: 40	Date of Birth: 18/11/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employ		Driving Licence Information: Class: 3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2022 14:30	Type of Location: Car Park
Location: HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBG6580S	Van					0
SLC34U	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220511/7042

2 of 3

Report No. T/20220511/7042

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

**CONTINUATION OF REPORT**

Driver			
Name	QUEK QIWEI	ID No.	S8134850B
Related Vehicle	SLC34U (Car)	Contact No.	84842245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	11/05/2022	Date	11/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight

**Brief Details.**

On the stated time and date, i was driving my vehicle SLC34U along the open space carpark between blocks 702 & 703 hougang ave 2.  
i had slowed down for a vehicle to reverse into 1 of the empty lots on my right and once i had enough room to pass, i continued proceeding straight.  
Suddenly a huge impact hit onto my vehicle's left portion causing my vehicle to jerk sideways.  
i knocked my right knee against the driver's side door as a result of the unexpected impact.  
i alighted to realise that GBG6580S , which was initially parked head in in one of the lots to my left, had abruptly reversed out at fast speed and collided into the left portion of my vehicle.  
i was completely blind sided by the reversing van as i had already driven past where it had parked before the impact hit me.  
shortly after the incident, i started feeling soreness and stiffness in my neck and back areas as well and pain on my right knee.  
i proceeded to my family doctor at Intermedical kovan for treatment and was given 4 Days MC for injuries cause by the accident



**SINGAPORE  
POLICE FORCE**



T/20220511/7042

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

3 of 3  
Report No. T/20220511/7042

**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

NP168

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

Date/Time:  
11/05/2022 17:59

Classification Of Case:

Date of Accident : 11/5/2022 Accident Time: 1430 (24-HR-Format)  
 Accident Place : Hongang Ave 2 blk 702 & 703 carpark  
 Vehicle No. (Car Plate No.) : SL634U Make/Model: estima  
 Insurance Company : Ching Taiping Policy No: DMPCSA00048672201  
 Owner or Company Name /IC No. : NAM WAH LONG PTE LTD (20181122072)  
 Owner or Company Contact No. : 84842245 Owner's Hp 84842245 . Company Tel  
 DRIVER'S Name / IC No. : Quek Qivei (Gao Qivei) 58134850B  
 DRIVER'S Date Of Birth : 12/11/1981 DRIVER'S License Pass Date 14 Jan 2021  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: owner  
 DRIVER'S Address : Blk 270A punggol Field #13-21a 5821210  
 DRIVER'S Contact No./ Alt No. : 1) 84842245 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Toby Ting is @gmail .com (TOBYTINGIS@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): YES

**Other Party Driver's Particular (if any)**

Vehicle No: <u>4BL65805</u>	Vehicle No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: <u>Ng Eng wan</u>	Name Driver: _____
IC No. Driver/Contact: <u>517644222</u>	IC No. Driver/Contact: _____

\* NEW – Passenger's name & gender:

Motor Private Car

MX4F

R SN

AN0411A

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.	DMPCSNA00048672201	Engine No.: 2AZ4A10845	Cha. No.:ACR500192950
1. Index Mark and Registration Number of Vehicle	SLC34U	AUTOSAFE	=====
2. Name of Policy Holder	NAM WAH LONG 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\$1,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
4. Date of Expiry of Insurance	02/03/2023	Ex Sect. I - Age >= 26	S\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	S\$100.00

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.

\* 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: \_\_\_\_\_  
Ho Li Hwa Irene  
Authorised Officer



\_\_\_\_\_  
Authorised Signatory