

NATIONAL Assessment Centre Services:

(ver 1 Jan'08)

Sheet 227 Rep005

Date In: 27/07/2022 11:53/	Job description	Date & Time Completed	Done by
Ref No: NBB/C172200 742/4	SAS e-filing		
Veh No: SW 287 J	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 25/07/2022 16:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLX 27164	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

Invoice Preparation Checklist	AMT (\$)	REMARKS
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$43		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2009)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$23		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Wn INC) against INC \$20		
9) N12: Idac Mobile \$0		
Invoice dated	Fax Charged	
Invoice dated	Fax Charged	

NBB2201989

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors Comments:

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	27/07/2022 11:53 (SGT)
Reported by	Both
Date of Accident	25/07/2022 16:30 (SGT)
Exact Location of Accident	Serangoon North Ave 6, Singapore
Additional Location Information	T-JUNCTION WITH SERANGOON NORTH AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2817J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BOO MUI LING (WU MEILING)
NRIC No	SXXXX230F
Email Address	korkelvin87@gmail.com
Mobile Phone No	(Phone) +65-84992209
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00023672200

DRIVER

Name of Driver	KOR HAN BOON (XU HANWEN)
NRIC No	SXXXX150E
Date Of Birth	08/08/1987
Occupation	Indoor

Date Of Driving Pass	31/05/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84992209
Alt. Phone Number	-
Email Address	korkelvin87@gmail.com
Address	44 WOODGROVE AVENUE
Address complement	-
Postcode	738243
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NUR SHEELA SIM BINTE MOHD ISMADI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20220726/7003

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2176U
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)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

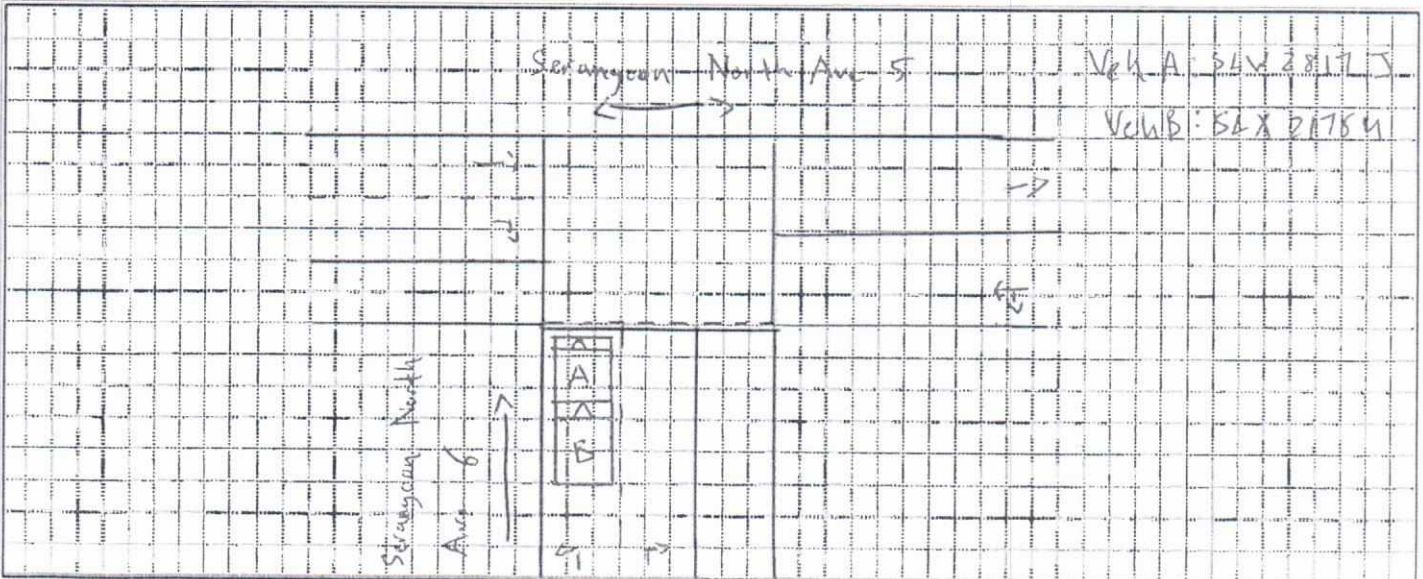
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated time & Date, I was Driving my vehicle on lane 2 of 2 lanes along T-junction of Serangoon north Ave 6 & Serangoon north Ave 5 - The Traffic light was Red so i slowly came to an stop After a few second I felt an huge impact from my rear i alighted my vehicle and realised vehicle (SLX2176U) had rear ended my vehicle we exchange particular and left the scene shortly.

POLICE REPORT 4/20220726/7003

Declaration

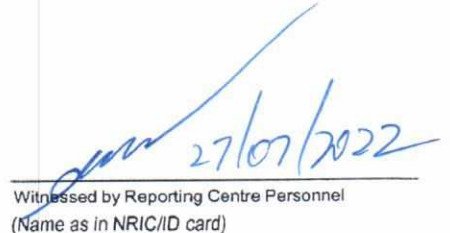
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



27/07/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



L/20220726/7003

1 of 2

POLICE REPORT (NP299)

Report No. L/20220726/7003

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 26/07/2022 03:19	Vide Report No.	Station Diary No.
Name Of Informant KOR HAN BOON	Address 44 WOODGROVE AVENUE SINGAPORE 738243	
ID Type / ID No. NRIC NO / S8724150E	Contact No. Home/Office:	Mobile: 84992209
Nationality SINGAPORE CITIZEN	Email Address Korkelvin87@gmail.com	
Occupation Sales manager	Sex Male	Age 34
Institution/School Name	Date of Birth 08/08/1987	Race Chinese
Date/Time Of Incident 25/07/2022 16:30	Location Of Incident 44 WOODGROVE AVENUE SINGAPORE 738243	

Brief details.

On stated time and date i was driving my vehicle on lane 2 of 2 lanes along T-Junction of serangoon north ave 6 and serangoon north ave 5. The traffic light was red so i slowly came to an stop. After a few seconds later i felt an huge impact from the rear and i alighted my vehicle and realise that vehicle (SLX2176U) had rear ended my vehicle. We exchange particulars.

Subjects Involved	
Victim	
Person Name	KOR HAN BOON

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:
26/07/2022 03:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220726/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220726/7003

ID Type	NRIC NO	ID No	S8724150E
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Sales manager	Address	44 WOODGROVE AVENUE SINGAPORE 738243
Mobile No	84992209	Is Informant A Victim?	Yes
Person Name KOR HAN BOON (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:
26/07/2022 03:19

Classification Of Case:

5

Date of Accident : 25/07/2022 Accident Time: 1630 (24-HR-Format)

Accident Place : T-junction of Serangoon North Ave 6 & Ave 5

Vehicle No. (Car Plate No.) : SLW 2817 J Make/Model: Toyota Wish

Insurance Company : Ching Tai Ping Policy No: DMPCSNW00023672200

Owner or Company Name / IC No. : boo mui ling (wu meiling) 57214230F

Owner or Company Contact No. : 84992209 Owner's Hp 8199 2209 Company Tel

DRIVER'S Name / IC No. : Kor han boon (xu hanwen) 58729150E

DRIVER'S Date Of Birth : 08/08/1987 DRIVER'S License Pass Date 31 May 2010

Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: —

DRIVER'S Address : 44 woodgrove Avenue S738243

DRIVER'S Contact No./ Alt No. : 1) 84992209 2) 8499 2209

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Kor Kelvin 87@gmail.com (KORKELVIN 87@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): 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): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) SLX 2176 U</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). Nur Sheela Sim Binte Mohd Ismail - female.

Motor Private Car

MX1WF

N SN

AN0006A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00023672200

Engine No.: 2ZR0A31429

Cha. No.: JTDGG20W00J008281

1. Index Mark and Registration
Number of Vehicle

SLW2817J

AUTOSAFE

2. Name of Policy Holder

BOO MUI LING (WU MEILING)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment13/01/2022
(14:32:43)

Named Drivers Ex Sect. I S\$750.00

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

04/02/2023

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 will be doubled). A Flat S\$5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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.: 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: ALFA CREDIT PTE LTD
Authorised Officer

Authorised Signatory