

NATIONAL Assessment Centre Services [ref: J3-102] ٤٥٤

Date In: 04/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI20007421/13	SAS e-filing		
Veh No: SJN42105	E-mail (within 8hrs, AIC 2hrs)		
D.OA: 03/08/22 1403	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: G9620X	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: 67886616	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

Client's Particulars:	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
NA2002086	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tp 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 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 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	04/08/2022 08:44 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 14:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(A/P)18.2KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4210S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SM AUTOMOTIVE
Company Reg No	5XXXX488C
Email Address	sm_automotive@hotmail.com
Mobile Phone No	(Phone) +65-98350460
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00041882203

DRIVER

Name of Driver	POH EE HUAT
NRIC No	SXXXX530A
Date Of Birth	07/12/1967
Occupation	Indoor

Date Of Driving Pass	27/10/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96579387
Alt. Phone Number	-
Email Address	sm_automotive@hotmail.com
Address	BLK 23 SIN MING RD
Address complement	#07-23
Postcode	570023
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	Hit by fallen tree / Other objects
Weather Conditions	AFTER RAIN
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLS REFER TO THE POLICE REPORT:T/20220803/7037

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY620X
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	POH EE HUAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJN4210S
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 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' 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.



Pch

Pch

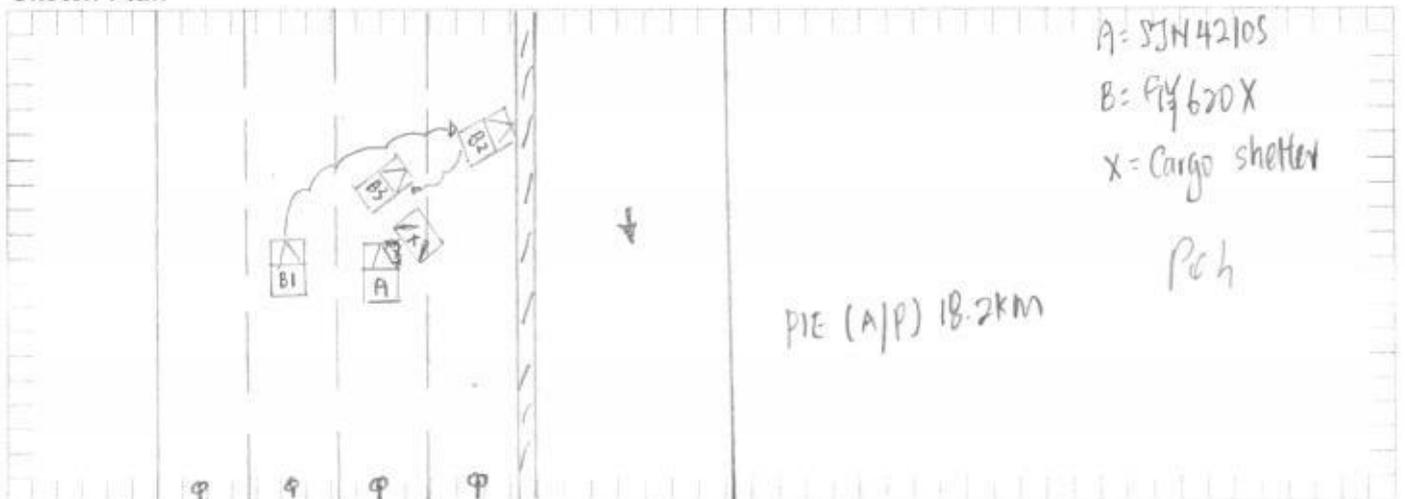
afym 04/08/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20220803/7037

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

1 of 3

Report No. T/20220803/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2022 16:26	Vide Report No.: E/20220803/0087	Station Diary No.:
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Informant's Particulars

Name of Informant: POH EE HUAT		Address: 23 SIN MING ROAD #07-23 SINGAPORE 570023	
ID Type / ID No.: NRIC NO / S1822530A		Contact No.: Home/Office: Mobile: 96579387	
Nationality: SINGAPORE CITIZEN		Email: sm_automotive@hotmail.com	
Sex: Male	Age: 54	Date of Birth: 07/12/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/08/2022 14:05	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY			
Weather: AFTER RAINING	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: FALLING CARGO SHELTER FROM LORRY			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GY620X	Lorry					1
SJN4210S	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN4210S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0004188 2203	06/03/2022	05/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	POH EE HUAT		ID No.	S1822530A
Related Vehicle	SJN4210S (Car)		Contact No.	96579387
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I(SJN4210S) was driving straight along PIE(A/P) 18.2KM in the 2nd lane of 4 lanes.

I saw the vehicle "b" (GY620X) from the 3rd lane skidded due to the wet surface after raining and the vehicle lost control and collided into the right side divider and vehicle flipped in front of me.

Due to the strong impact, the cargo shelter fell out and collided into the front right side of my vehicle and caused damage.

Traffic police, SCDF and ambulance were summoned to the scene location.



**SINGAPORE
POLICE FORCE**



T/20220803/7037

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

3 of 3

Report No. T/20220803/7037

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 /
GOH WEI LI
Contact No.: 65476394

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

Date/Time:
03/08/2022 16:26

Classification Of Case:

VEHICLE NO: SJN42105

MAKE & MODEL: Toyota AHP

AUTO / MANUAL

DATE OF ACCIDENT	<u>03 / 08 / 2012</u>	*C.C. <u>1.6</u>
TIME OF ACCIDENT	<u>1405</u> AM / <input type="checkbox"/> PM	
LOCATION OF ACCIDENT	<u>PIE (A/P) 18.2 km</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input type="checkbox"/> EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	<u>SM Automotive</u> Email: <u>SM_AUTOMOTIVE@HOTMAIL.COM</u>	
TELP NO	Mobile: <u>9836-0460</u>	Office: _____ Home: _____
NRIC	<u>53231488C</u>	
CLAIM TYPE	<input type="checkbox"/> OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	<u>China</u>	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	<u>DMPESNA00041882203</u>	
NAME OF DRIVER	AS ABOVE / IF NO: <u>Poh Ee Huat</u>	
NRIC	<u>S1822530A</u>	
DATE OF BIRTH	<u>07 / 12 / 1967</u>	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
NAME OF PASSENGER	_____	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / <input type="checkbox"/> Indoor	
DATE OF DRIVING PASS	<u>27 / 10 / 2003</u>	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: <u>9657-9387</u>	Office: _____ Home: _____
EMAIL	<u>SM_AUTOMOTIVE@HOTMAIL.COM</u>	
ADDRESS	<u>Blk 23 sm ming Road #07-23 S(570023)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<input type="checkbox"/> NO / If yes, Reg No. _____	INSURER: _____
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No, _____	
WEATHER CONDITION	<input type="checkbox"/> Clear / <input type="checkbox"/> Raining / Other: <u>After Raining</u>	
ROAD SURFACE	<input type="checkbox"/> Dry / <input type="checkbox"/> Wet / Other: _____	
ANY INJURIES	<input type="checkbox"/> No / If yes, Who? <u>Poh Ee Huat (M)</u>	
CONTACT NO.	_____	
POLICE REPORT	<input type="checkbox"/> No / If yes, Where? <u>Traffic police, ubi</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input type="checkbox"/> NO / IF YES, WHO? _____	
VEHICLE B NO.	<u>G7620X</u>	Any Passenger: <u>01</u>
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?	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

Motor Private Car

MX4F

R SN

AN0144A

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)

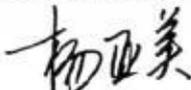
CERTIFICATE No.	DMPCSNA00041882203	Engine No.	3ZZ4865793
		Cha. No.	MR053ZEE106140142
1. Index Mark and Registration Number of Vehicle	SJN4210S		
2. Name of Policy Holder	SM AUTOMOTIVE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06/03/2022 (00:00:00)	Named Drivers Ex Sect. I	S\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	S\$3,000.00
		Ex Sect. I - Age >= 26	S\$500.00
4. Date of Expiry of Insurance	05/03/2023	* 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.		
	HIRE PURCHASE CO.: THIAM HENG AUTO (S) PTE LTD AS HP OWNER		
	* 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: _____
 Tan Mingjie
 Authorised Officer



 Authorised Signatory