

NATIONAL Assessment Centre Services: (ver 1 Jan 08) SA108228H000

Date In: 11/08/2022 17:56	Job description	Date & Time Completed	Done by
Ref No: N/A/C1722007876/4	SAS e-filing		
Veh No: SMA 3464 R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/08/2022 18:15	I-Motor Claim Form		
OD TP / Reporting Only	I-Motor W/O (within: OD, 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMA 3464 R 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	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	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 (N11) against INC \$30		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fes Charged	
	Invoice dated	Fes 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	17/08/2022 17:56 (SGT)
Reported by	Both
Date of Accident	15/08/2022 18:15 (SGT)
Exact Location of Accident	Swiss Club Rd., Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3464R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON WAH (CHEN WENHUA)
NRIC No	SXXXX428D
Email Address	tanbw1402@outlook.com
Mobile Phone No	(Phone) +65-93366300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00014222100

DRIVER

Name of Driver	TAN BOON WAH (CHEN WENHUA)
NRIC No	SXXXX428D
Date Of Birth	14/02/1963
Occupation	Outdoor

Date Of Driving Pass	02/03/1985
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93366300
Alt. Phone Number	-
Email Address	tanbw1402@outlook.com
Address	71 JURONG WEST CENTRAL 3 #12-16
Address complement	-
Postcode	648335
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 - 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)	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	NOEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN POLICE REPORT T/2022816/2012

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	SHB451B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SOH CHIN WAN
NRIC No	SXXXX364I
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	TAN BOON WAH (CHEN WENHUA)
Gender	Male
Phone No	(Phone) +65-93366300
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA3464R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NOEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMA3464R
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 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

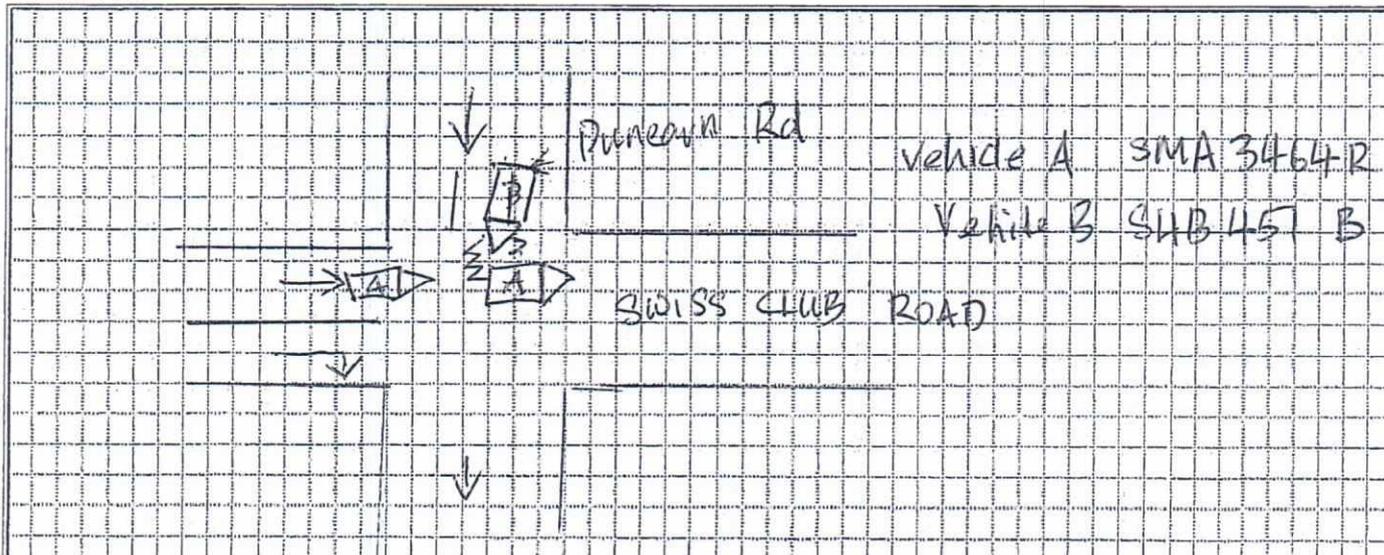
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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)

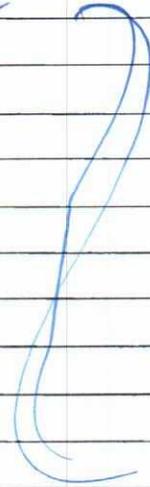
Sketch Plan



Describe Circumstance of the Accident

On the above date and time, I was travelling in Bukit Rd turning into swiss club road on approaching the junction of dunearn road I slow down and ^{stop} as the traffic is red. when the traffic turn green and I start to move off suddenly I felt a very hard impact from my rear left, thereafter as I a light and check I realize that vehicle ^B had dash red light along dunearn road and cause the collision.

POLICE REPORT T/20220816/2022



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

17/08/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220816/2012

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20220816/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2022 11:10		Vide Report No.:	Station Diary No.: 49
Informant's Particulars			
Name of Informant: TAN BOON WAH		Address: 71 JURONG WEST CENTRAL 3 #12-16 SINGAPORE 648335	
ID Type / ID No.: NRIC NO / S1607428D		Contact No.:	Mobile: 93366300
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 14/02/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2022 18:15	Type of Location: Straight Road
Location: SWISS CLUB ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB451B	Car				Slightly Damaged	0
SMA3464R	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA3464R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000142 22100	04/12/2021	03/12/2022



**SINGAPORE
POLICE FORCE**



T/20220816/2012

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Report No. T/20220816/2012

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH CHIN WAN	ID No.	S1293364I
Related Vehicle	SHB451B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN BOON WAH	ID No.	S1607428D
Related Vehicle	SMA3464R (Car)	Contact No.	93366300
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2022	Date Discharge	16/08/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 15/08/2022 at about 1815hrs, I was driving my Grab vehicle bearing registration number SMA3464R (Honda Shutter) black in colour at the traffic light junction of Bukit Timah Road turning into junction of Dunearn Road & Swiss Club Road and I stopped at the traffic light junction.

While the traffic light turned green, I drove my vehicle straight toward Swiss Club Road. Suddenly, there was a Smart taxi bearing registration number SHB451B who beat red light on the left traffic junction collided onto my vehicle left passenger side/rear. We then stopped our vehicle, the smart taxi from portion was dented and my left rear was badly damaged due to the impact. During, the incident myself & my passenger only suffer stiff neck and no one was convey to hospital. There is no government property damaged and no traffic Police was called down to scene. We only exchange particular at scene and our vehicle was towed to workshop for insurance claim.

On 16/08/2022 at 0800hrs, I went to Mount Elizabeth Hospital to seek treatment due to neck pain, I was given 7 days outpatient medical certificate from 16/08/2022 to 22/08/2022.



**SINGAPORE
POLICE FORCE**



T/20220816/2012

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20220816/2012

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

E /

SR-STAFF-SGT-LIM-WEI-MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2022 11:10

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168

VEHICLE NO: SMA 3464R

MAKE & MODEL : Honda shuttle Hybrid AUTO MANUAL

DATE OF ACCIDENT	15 / 08 / 2022	C.C.
TIME OF ACCIDENT	bet 6.00 - 6.30 AM / <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	Bukit Timah Road turn to Swiss Club Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <input checked="" type="radio"/> PRIVATE HIRE	
NAME OF OWNER	Tan Boon Wah	
EMAIL	tanbw1402@outlook.com	Office: MOBILE: 93366300
NRIC	S 1607428D	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="radio"/> NO?	
INSURANCE CO.	China TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHC3NW00014222100	
NAME OF DRIVER	<input checked="" type="radio"/> AS ABOVE / IF NO:	
NRIC	S 1607428D	
DATE OF BIRTH	14 / 02 / 1963	
ANY PASSENGER	<input checked="" type="radio"/> YES / NO:	
NAME OF PASSENGER	Noel	
GENDER OF PASSENGER	<input checked="" type="radio"/> MALE / FEMALE	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	02 / 03 / 1985	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 93366300	Office:
EMAIL	tanbw1402@outlook.com	
ADDRESS	71 Jurong West Central 3 #12-16 S(648335)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / <input checked="" type="radio"/> If No, OWNER	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other,	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other,	
ANY INJURIES	No <input checked="" type="radio"/> If yes, Who? 1) DRIVER (M) 2) NOEL (M)	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes, Who?	
POLICE REPORT	No / <input checked="" type="radio"/> If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	S4B451B	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?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="radio"/> NO	

Motor Hire Car

MZ406L/B

N SN

AN0717A

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.	DMHGSNW00014222100	Engine No.: LEB6555170 Cha. No.: GP71212511
1. Index Mark and Registration Number of Vehicle	SMA3464R	AUTOSAFE *****
2. Name of Policy Holder	TAN BOON WAH (CHEN WENHUA)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/12/2021 (00:00:00)	Excess Sect. I . \$S1,250.00 Excess Sect. I (Outside Singapore) \$S2,500.00 Excess Sect. II \$S1,250.00 Excess Sect. II (Outside Singapore). \$S2,500.00 EX ON WINDSCREEN . \$S100.00
4. Date of Expiry of Insurance	03/12/2022	
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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. TAN BOON WAH (CHEN WENHUA)	
6. Limitations as to use:	(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	

* 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.

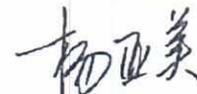
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

JIN LI PTE LTD
2 Rafang Avenue #08-16A
City Hub S(339407)
C/F : 6444 4116
Fax : 6444 0010

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JIN LI PTE LTD
Authorised Officer



Authorised Signatory