

NATIONAL Assessment Centre Services

Date: 15/09/22	Job description	Date & Time Completed	Done by
REFNO NA/CTI22009080/12	SAS e-filing		
VehNo SFQ2232Z	E-mail (within 8hrs. A/C 2hrs)		
DOA 14/09/22 0815	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: Vch No: 51D7244B 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

NA22 02532	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non-INC) against INC \$20		
Cal 1:	9) N12: Idac Mobile \$30		
Cal 2/3:	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	15/09/2022 14:43 (SGT)
Reported by	Driver
Date of Accident	14/09/2022 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE(ECP)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SFQ2232Z

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH TING YU
NRIC No	SXXXX505Z
Email Address	advanceag@hotmail.com
Mobile Phone No	(Phone) +65-96223801
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1800

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00001402201

### DRIVER

Name of Driver	TOH ENG GUAN
NRIC No	SXXXX486E
Date Of Birth	29/05/1960
Occupation	Indoor

Date Of Driving Pass .....	30/01/1981
Driving experience .....	41 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96729219
Alt. Phone Number .....	-
Email Address .....	advanceag@hotmail.com
Address .....	BLK 771 PASIR RIS ST 71
Address complement .....	#16-360
Postcode .....	510771
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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) .....	3
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 .....	TOH YEE SIEW
Gender .....	Female

#### PASSENGER 2

Name .....	TANG LAI LIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

#### 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	SHD7244B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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 lodgment 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.

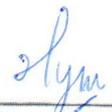
(collectively the "Purposes")

(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

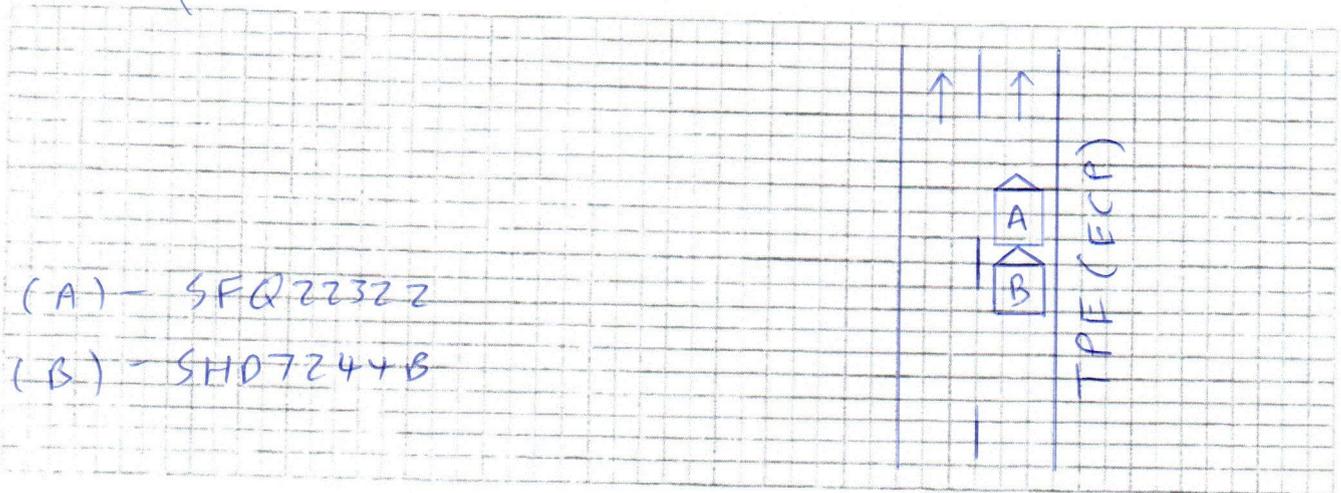
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

 15/09/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

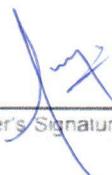


**Describe Circumstances of the Accident**

On the 14/09/2022 @ about 8.15a.m, along TPE(EP).  
I was travelling on Lane 1 of the above mentioned expressway after upper changi road North Exit. When my front vehicles slowed down and stopped due to heavy traffic, hence I followed suit. Suddenly, I felt a huge impact from the rear, and when I alighted, I realized it was Vehicle(B) who hit into the rear portion of my vehicle (A), causing damages to my vehicle. I have 2 other passengers in my vehicle.

**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

VEHICLE NO: SFA 22322

MAKE & MODEL: MERC E250

AUTO /  MANUAL

DATE OF ACCIDENT

14 10 2022

CC: 1,800

TIME OF ACCIDENT

8.15  AM /  PM

LOCATION OF ACCIDENT

TPE (ECP)

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT  PRIVATE USE /  PRIVATE HIRE

NAME OF OWNER

Toh Ting Yu

EMAIL: advanceag@hotmail.com

Office:

MOBILE: 96223801

NRIC

S89295052

CLAIM TYPE

OD /  THIRD PARTY /  REPORTING ONLY

FLEET POLICY

YES /  NO?

INSURANCE CO.

China Taiping

TYPE OF COVERAGE

Comprehensive /  Third Party /  Third Party Fire & Theft

POLICY NO.

DMPCSNW00001402201

NAME OF DRIVER

NRIC

AS ABOVE / IF NO: Toh Eng Guan

DATE OF BIRTH

S1453486E

29 / 05 / 1960

ANY PASSENGER

YES / NO: 2

NAME OF PASSENGER

Toh Yee Siew (F) / Tang Lai Lian (F)

GENDER OF PASSENGER

MALE / FEMALE

OCCUPATION

Outdoor /  Indoor

DATE OF DRIVING PASS

30 / 01 / 1981

GENDER

Male /  Female

CONTACT NO.

Mobile: 96729219

Office:

EMAIL:

ADDRESS

Blk 771 Pasir Ris St. 71 #16-360 S(51071)

DOES DRIVER OWN OTHER VEHICLES?

NO / If yes, Reg No.

INSURER:

RELATIONSHIP

Employee / If No: parent

WEATHER CONDITION

Clear /  Raining /  Other:

ROAD SURFACE

Dry /  Wet /  Other:

ANY INJURIES

No / If yes, Who?

CONVEYED BY AMBULANCE

No / If yes, Who?

POLICE REPORT

No / If yes, Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO / IF YES, WHO?

VEHICLE B NO.

SHD 7244B

Any Passenger: unknown.

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

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 /  NO

Motor Private Car

MX1E  
R SN  
AN0613A  
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.	DMPCSNW00001402201	Engine No.:	27186030160166
1. Index Mark and Registration Number of Vehicle	SFQ2232Z	Cha. No.:	WDD2073472F089849
2. Name of Policy Holder	TOH TING YU	AUTOSAFE =====	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/01/2022 (00:00:00)	Named Drivers Ex Sect. I	S\$750.00
4. Date of Expiry of Insurance	04/01/2023	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
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 S\$1,000 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. : MAYBANK SINGAPORE LIMITED

\* 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: \_\_\_\_\_  
AUTO WORLD PTE LTD  
Authorised Officer



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