

# NATIONAL Assessment Centre Services

(Unit 1 Job)

Sub 2288001

Ref No: 28/09/2022 15:33	Job description	Date & Time Completed	Done by
Ref No: N/A/C72200958/1	SAS e-filing		
Ref No: SMN 36690	E-mail (with photo, etc)		
Ref No: 27/09/2022 17:38	1-Motor Claim Form		
	1-Motor W/O (with photo, etc, etc)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by FAX / Hand to Owner/Wksp		

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## 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	28/09/2022 15:33 (SGT)
Reported by	Both
Date of Accident	27/09/2022 17:35 (SGT)
Exact Location of Accident	Ubi Ave 1, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM3669D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOO ENG TONG
NRIC No	SXXXX225E
Email Address	choo_et@yahoo.com.sg
Mobile Phone No	(Phone) +65-97578806
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00010382201

### DRIVER

Name of Driver	CHOO ENG TONG
NRIC No	SXXXX225E
Date Of Birth	25/06/1969
Occupation	Outdoor

Date Of Driving Pass	22/02/2012
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97578806
Alt. Phone Number	-
Email Address	choo_et@yahoo.com.sg
Address	BLK 172 LORONG 1 TOA PAYOH #25-1158
Address complement	-
Postcode	310172
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 - 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	WES LEE
Gender	Male

#### PASSENGER 2

Name	GRAB PASSENGER
Gender	Male

#### 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 SKETCH AND POLICE REPORT T/20220928/7027

#### 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	SJZ8380U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIMMY
Contact Number	(Phone) +65-97825052
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 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.

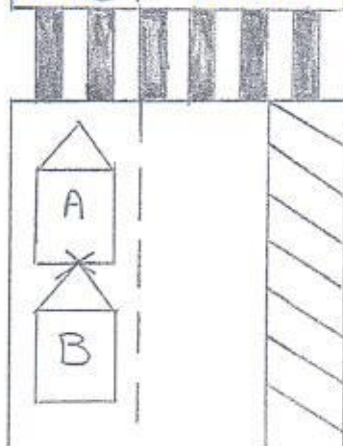
  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

Sketch Plan

UBI AVENUE 1 TOWARDS PIE



A : SMM3669D

B : SJZ 8380U

Describe Circumstances of the Accident

On 27/09/2022 at 17:35 pm. I was traveling along UBI AVENUE 1 towards PIE. While reaching the zebra crossing, there was pedestrian crossing the road thus I slow down to a stop. After a few seconds, I suddenly felt an impact from my vehicle (9MM3669D) rear portion. When I alighted from my vehicle, I realised vehicle B (SJ28380U) had collided onto my vehicle rear portion.

Police Report T/20220928/7027

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



28/09/2022

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220928/7027

1 of 4

Report No. T/20220928/7027

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2022 13:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOO ENG TONG		Address: 172 LORONG 1 TOA PAYOH #25-1158 SINGAPORE 310172			
ID Type / ID No.: NRIC NO / S6921225E		Contact No.: Home/Office:		Mobile: 97578806	
Nationality: SINGAPORE CITIZEN		Email: CHOO_ET@YAHOO.COM.SG			
Sex: Male	Age: 53	Date of Birth: 25/06/1969	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2022 17:35	Type of Location: Straight Road
Location:  UBI AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ8380U	Car					0
SMM3669D	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20220928/7027

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220928/7027

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM3669D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000103 82201	07/08/2022	06/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHOO ENG TONG		ID No.	S6921225E
Related Vehicle	SMM3669D (Car)		Contact No.	97578806
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	GRAB PASSENGER		ID No.	NIL
Related Vehicle	SMM3669D (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	WES LEE		ID No.	NIL
Related Vehicle	SMM3669D (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	





**SINGAPORE  
POLICE FORCE**



T/20220928/7027

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

3 of 4

Report No. T/20220928/7027

**CONTINUATION OF REPORT**

Brief Details.

On the above stated time & date, I was travelling along Ubi Avenue 1 towards PIE. While reaching the zebra crossing, there was pedestrian crossing the road thus I slow down to a stop. After a few seconds, I suddenly felt an impact from my vehicle (SMM3669D) rear portion. When I alighted from my vehicle, I realised vehicle B (SJZ8380U) had collided onto my vehicle rear portion.



**SINGAPORE  
POLICE FORCE**



T/20220928/7027

4 of 4

Report No. T/20220928/7027

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

**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 /  
CHONG GUAN FATT  
Contact No.: 65472077

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

Date/Time:  
28/09/2022 13:08

Classification Of Case:



### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 09 / 22 (dd/mm/yy) Time of Accident: 17:35 (24-HR-FORMAT)

Vehicle No.: SMN3669D Vehicle Make & Model: TOYOTA NOAH

\*Transmission: ☐ Manual ☒ Auto \*C.c.: 1.8

Exact location of Accident: UB1 AVENUE 1 towards PIE

Policyholder's Name: CHOO ENG TONG NRIC/FIN/REG No.: S6921225E

\*Policyholder's email address: choo-et@yahoo.com.sg

Driver's Name: CHOO ENG TONG NRIC/FIN/REG No.: S6921225E

\*Driver's email address: choo-et@yahoo.com.sg

Driver's Contact No.: 9957 8806 Company Contact No (if any): -

Date of birth: 25 JUN 1969 Driving Pass Date: 22 FEB 2012

Driver's Address: APT BLK 172 LORONG 1 TOA PAYOH #25-1158 (S) 310172

Insurance Company: CHINA TAIPING

Policy No.: DMK CSNW 00010382201 Type of Coverage: ☐ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: -

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other -

Occupation (nature job) ☐ Indoor / ☒ Outdoor \*No. of Passengers / Including Driver): 3

\*Passanger Name: WES LEE Gender: ☒ Male ☐ Female

\*Passanger Name: GRAB PASSENGER Gender: ☒ Male ☐ Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: -

Injuries Sustain: - Injured Person in Which Vehicle: -

Police Report filed: ☐ Yes / ☒ No (if YES) Which Police Station: -

### The Other Party (S) Details:

1. Driver's Name / IC No: Jimmy Vehicle No: S32 8380 U

Driver's Contact No: 9782 5052 Insurance Company: -

2. Driver's Name / IC No (If Any): - Vehicle No: -

Driver's Contact No: - Insurance Company: -

\*Independent Witness (If Any): - Contact No: -

Preferred Workshop Name: - Contact No: -



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MA406L/B

II SN

AN0714A

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. DMHC-SNW00010362201

Engine No. 2ZTRD068523  
Chassis No. 2ZNR600387618

1. Index Mark and Registration  
Number of Vehicle

SMM3660D

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

CHOO ENG TONG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

07/08/2022  
(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

06/08/2023

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

CHOO ENG TONG

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

HIRE PURCHASE CO. HONG LEONG FINANCE 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.

Authorised Signatory

Issued By UNIVERSAL ALLIANCE PRIVATE LIMITED  
Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com