

# NATIONAL Assessment Centre Services

Date by <b>28/09/22</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/CTI22009574/13</b>	SAS e-filing		
Veh No <b>SNB6140M</b>	E-mail (within 3hrs, A/C 2hrs)		
DOA <b>28/09/22 0830</b>	i-Motor Claim Form		
OD: <b>TP Reporting Only</b>	i-Motor W/O (Within 015 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: <b>SHB5332D</b>	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
(INC hotline: 6788-6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury :

Date/Time	Actions

<b>NA22002682</b>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Ac
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iFT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	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 \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date: 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	28/09/2022 16:38 (SGT)
Reported by	Driver
Date of Accident	28/09/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CCK ROAD TWD BUKIT BATOK RD AT PHOENIX RD T-JUNC
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB6140M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM WEI ZHI PIERCE
NRIC No	SXXXX079F
Email Address	pierce.sim@gmail.com
Mobile Phone No	(Phone) +65-98713194
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	DMPCSNW00247932100

#### DRIVER

Name of Driver	ELAINE TOH YI LIN
NRIC No	SXXXX943D
Date Of Birth	22/03/1990
Occupation	Indoor

Date Of Driving Pass	31/03/2010
Driving experience	12 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81837891
Alt. Phone Number	-
Email Address	pierce.sim@gmail.com
Address	BLK 22 CCK GROVE
Address complement	#07-53
Postcode	688213
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	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/20220928/7008

#### 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	VIDEO WITH WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5332D
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ELAINE TOH YI LIN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SNB6140M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	HANS
Phone .....	(Phone) +65-88749182
Email .....	-

## 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;

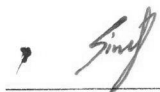
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

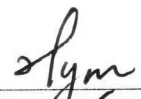
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

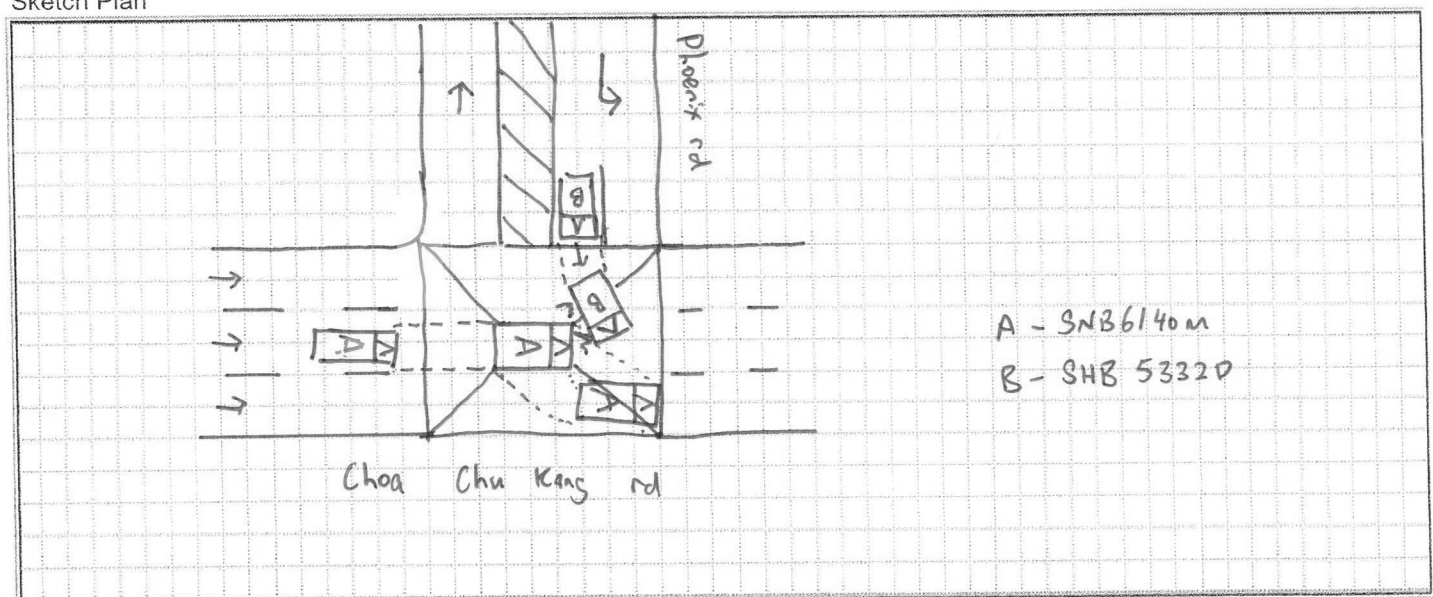


Driver's Signature (if driver is not the policyholder) / Date & Time

 28/09/22

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

### Sketch Plan







Describe Circumstance of the Accident

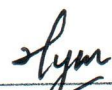
As per police report no. T/20220928/7008

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

 28/09/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



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

Report No. T/20220928/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2022 09:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ELAINE TOH YI LIN			Address: 22 CHOA CHU KANG GROVE #07-53 SINGAPORE 688213		
ID Type / ID No.: NRIC NO / S9009943D			Contact No.: Home/Office: Mobile: 81837891		
Nationality: SINGAPORE CITIZEN			Email: ELAINE.TOHYILIN@GMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 22/03/1990	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		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: 28/09/2022 08:30	Type of Location: Straight Road
Location:  PHOENIX ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB6140M	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220928/7008

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

2 of 3

Report No. T/20220928/7008

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ELAINE TOH YI LIN		ID No.	S9009943D
Related Vehicle	SNB6140M (Car)		Contact No.	81837891
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	Slight	

Brief Details.

My car SNB6140M was driving along Choa Chu Kang Road on the second lane. Traffic was moderate and green lights all the way.  
There was a small road (Phoenix Road) with the taxi SHB5332 turning out onto Choa Chu Kang Road. He misjudged and drove out suddenly to the second lane, side sweeping my car.  
I could not brake in time as I was driving along the main road and had the right of way.  
A witness stopped his car to check if we are okay, and confirmed that I had the right of way and the taxi should not have expected me to stop due to the green lights. He also gave me footage from his in car camera.  
I would be able to pull footage from my in car camera as well.

Separately, based on the video by the witness. The taxi driver was being reckless.  
He filtered out to the yellow box, although traffic was moving, expecting the van in the third lane to stop for him.  
This also means my vision was obscured by the white van





**SINGAPORE  
POLICE FORCE**



T/20220928/7008

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

3 of 3

Report No. T/20220928/7008

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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 09:53

Classification Of Case:

VEHICLE NO:	SNB6140m		MAKE & MODEL:	Mini Cooper Countryman		AUTO / MANUAL	<input checked="" type="radio"/>
DATE OF ACCIDENT:	18 / 09 / 2022		CC:	1-6			
TIME OF ACCIDENT:	0830 HRS						
LOCATION OF ACCIDENT:	Choa Chu Kang rd towards Bukit Batok rd at Phoenix rd						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		T-Junction				
NAME OF OWNER:	Sim Wei Zhi Pierce						
TEL NO:	H/P: 9871 3154		OFFICE:	HOME:			
NRIC:	S8711079F						
ADDRESS:	22 Choa Chu Kang Grove #07-53 15768213						
EMAIL:	Pierce.Sim@gmail.com						
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	YES / <input checked="" type="radio"/> NO?						
INSURANCE COMPANY:	Ching Tai Ping						
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	DMPCLNW00247932100						
NAME OF DRIVER:	AS ABOVE / IF NO: Elaine Toh Yi Lin						
NRIC:	S90099430		ANY PASSENGER: N.A.				
DATE OF BIRTH:	22 / 03 / 1990		LICENCE PASSED DATE: 31 / 03 / 2010				
OCCUPATION:	OUTDOOR / INDOOR						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P: 8183 7891		OFFICE:	HOME:			
ADDRESS:	AS above						
EMAIL:							
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Spouse						
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:						
ROAD SURFACE:	DRY / WET / OTHER:						
ANY INJURIES:	NO / IF YES, WHO?						
NAME & CONTACT:	Elaine Toh Yi Lin, 8183 7891						
NAME & CONTACT:							
POLICE REPORT:	NO / IF YES, WHERE?		Traffic Police				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?						
VEHICLE B REG NO:	SHB 5332D		ANY PASSENGERS: 1(F)				
NAME OF DRIVER:	Chhi Giak Hwa		CONTACT NO: Unknown				
VEHICLE C REG NO:			ANY PASSENGERS:				
VEHICLE D REG NO:			ANY PASSENGERS:				
VEHICLE E REG NO:			ANY PASSENGERS:				
VEHICLE F REG NO:			ANY PASSENGERS:				
VEHICLE G REG NO:			ANY PASSENGERS:				
ANY WITNESS? IF YES, NAME:	Hans		WITNESS CONTACT: 8874 9182				
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO		Witness video				
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO						
ACCIDENT PORTION:	Front Left portion						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?							YES / <input checked="" type="radio"/> NO
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	Jun Ming						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						

Motor Private Car

MX1F

N SN

AN0123A

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.

DMPCSNW00247932100

Engine No.: A194J069N18B16A

Cha. No.: WMWZC32010WM94554

1. Index Mark and Registration  
Number of Vehicle

SNB6140M

AUTOSAFE

=====

2. Name of Policy Holder

SIM WEI ZHI PIERCE

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment24/11/2021  
(17:12:27)

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

23/11/2022

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\$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.: 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: GRANDE INSURANCE AGENCY  
Authorised Officer  
Authorised Signatory