

NATIONAL Assessment Centre Services (Rev 1 Jan 12) 500022400002

Date In: 08/10/2022 16:08	Job description	Date & Time Completed	Done by
Ref No: N/A/C122209766/4	SAS e-filing		
Veh No: 946, 4754D	E-mail (with VIN, A/C, etc)		
D.O.A: 03/10/2022 13:55	1-Motor Claim Form		
CO: 03	1-Motor W/O (whichever is applicable)		
Reporting Only	1-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Veh No: **4BS 3786m** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured Driver Liability: () (Note: 1st Status (WO): 10-0-2016, 20-21-70%, 30-30-00%)

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.

Driver-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Hotline: 0788 0016) 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: ()

Inmate's Particulars:		Invoice Preparation Checklist		AMT	AMT
Owner/Driver	Contact No:			Inc	Ass Btl
		1) AR: Accident Reporting (\$300)			
		2) DA: Damage Assessment (\$1000)	INC (\$50)		
		3) TF: Towing Fee	\$10/\$40		
		4) PT: Follow-Through Salvage	\$100		
		5) PT: Follow-Through Salvage (Resurvey)	\$50		
		Resurvey Fee (N/A) (Cover 10 Jan 2025)			
		6) TR: Resurveys	\$70		
		7) NI: 24hr DA + DMV Salvage	\$140		
		8) NTUC Additional Services			
		9) DMV			
		*NI: Courtesy Car / Transport Allowance	\$5		
		*NI: Repair Coordination	\$10		
		*NI: Post Repair Inspection	\$10		
		*NI: DV / Consent Check Coordination	\$5		
		*TP/NI: TP/NI/INC/Resurvey/INC	\$10		
		10) 24hr Salvage	\$10		
		(Apply where)			
				Fee Charged	
				Fee Received	

Checked by (Engr-In-Charge): ()

Signature: ()

1.2/3

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	04/10/2022 16:08 (SGT)
Reported by	Both
Date of Accident	03/10/2022 13:55 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG4754D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH WEE WEE (ZHENG WEIWEI)
NRIC No	SXXXX324B
Email Address	zhengweiwei04@gmail.com
Mobile Phone No	(Phone) +65-81579751
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00018272200

DRIVER

Name of Driver	TEH WEE WEE (ZHENG WEIWEI)
NRIC No	SXXXX324B
Date Of Birth	16/04/1987
Occupation	Outdoor

Date Of Driving Pass	17/10/2012
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-81579751
Alt. Phone Number	-
Email Address	zhengweiwei04@gmail.com
Address	BLK 27 TOA PAYOH EAST #11-176
Address complement	-
Postcode	310027
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GOJEK PASSENGER
Gender	Male

PASSENGER 2

Name	GOJEK PASSENGER
Gender	Female

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 PLAN

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	FBS3746M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	TEH WEE WEE (ZHENG WEIWEI)
Gender	Male
Phone No	(Phone) +65-81579751
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNG4754D
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 3/10/2022 At 1:55PM, I was travelling straight along River Valley Rd
The vehicle in front of me slow down to a stop, thus I follow suit to slow down.
(SNG 4754D)
my vehicle to a stop, I suddenly felt an impact from the rear portion of my
(FBS 3746 M)
vehicle. When I alighted from my vehicle, I realised vehicle B had collided onto
the rear portion of my vehicle.

POLICE REPORT 7/20221003/7101

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

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



SINGAPORE POLICE FORCE



T/20221003/7101

1 of 3

Report No. T/20221003/7101

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2022 21:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEH WEE WEE		Address: 27 TOA PAYOH EAST #11-176 SINGAPORE 310027			
ID Type / ID No.: NRIC NO / S8710324B		Contact No.: Home/Office:		Mobile: 81579751	
Nationality: SINGAPORE CITIZEN		Email: ZHENGWEIWEI04@GMAIL.COM			
Sex: Male	Age: 35	Date of Birth: 16/04/1987	Type of Informant: Driver		
Race: Chinese		Language: English		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: 03/10/2022 13:50	Type of Location: Straight Road
Location: RIVER VALLEY ROAD				
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
FBS3746M	Motorcycle					0
SNG4754D	Car	TOYOTA	C-HR HYBRID 1.8S CVT	Grey		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221003/7101

2 of 3

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

Report No. T/20221003/7101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG4754D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000182 72200	29/09/2022	28/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEH WEE WEE		ID No.	S8710324B
Related Vehicle	SNG4754D (Car)		Contact No.	81579751
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/10/2022		Date	03/10/2022
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a) ,as the vehicle infront slowed down and came to a completed stopped hence I followed suit. Seconds later I felt a huge impact from the rear and when I alighted I realised it was vehicle (b) that had collided onto the rear portion of my vehicle (a) causing damages to my vehicle (a) .

I felt pain on my neck and lower back so I went to our family physician clinic to seek consultation and was given 3days mc .

Vehicle (a) sng4754d

Vehicle (b)fbs3746m



**SINGAPORE
POLICE FORCE**



T/20221003/7101

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

3 of 3

Report No. T/20221003/7101

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 / TPB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
03/10/2022 21:42

Classification Of Case:

3

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03 / 10 / 2012 (dd/mm/yy) Time of Accident: 13 : 45 (24-HR-FORMAT)
Vehicle No.: SNG 4754D Vehicle Make & Model: Toyota CHR
*Transmission: ☐ Manual ☐ Auto *C.c.: 1.8
Exact location of Accident: Along River valley Rd
Policyholder's Name: Teh Wee Wee NRIC/FIN/REG No.: S8710324 B
*Policyholder's email address: zhengweimei04@gmail.com
Driver's Name: Teh Wee Wee NRIC/FIN/REG No.: S 8710324 B
*Driver's email address: Zhengweimei04@gmail.com
Driver's Contact No.: 8157 9751 Company Contact No (If any): -
Date of birth: 16/4/1987 Driving Pass Date: 12/10/2012
Driver's Address: Blk 27 Toa Payoh East #11-176 (S) 310027
Insurance Company: China Taiping
Policy No.: DMHCSNW 0001827200 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 person
*Passenger Name: Geok Passenger Gender: Male / Female
*Passenger Name: Geok 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: Teh Wee Wee
Injuries Sustain: - Injured Person in Which Vehicle: SNG 4754D
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Avenue 3 Singapore 408665

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: PBS 3746M
Driver's Contact No: _____ 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: _____

Motor Hire Car

MODEL: B

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN

AND695A

Cov. Type C

CERTIFICATE No

DMHCSNW00018272000

Engine No. 22R8399068

Chassis No. JYX102111985

1 Index Mark and Registration
Number of Vehicle

SNG47540

AUTOSAFE

2 Name of Policy Holder

TEH WEE WEE (ZHENG WEIWEI)

3 Effective date of the Commencement of
insurance for the purposes of the Regulations: (00:00:00)
Ordinance or Enactment

29/09/2022

Excess Sect I \$31,250.00

Excess Sect I (Outside Singapore) \$32,500.00

Excess Sect II \$31,250.00

4 Date of Expiry of Insurance

28/09/2023

Excess Sect II (Outside Singapore) \$32,500.00

EX ON WINDSCREEN \$3,100.00

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

TEH WEE WEE (ZHENG WEIWEI)

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 : TECK WEI CREDIT PTE 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.

Issued By TECK WEI CREDIT PTE LTD

Authorised Officer

Authorised Signatory

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.chinataiping.com