

NATIONAL Assessment Centre Services

Form 1 (2-2021)

SN08224510091

Date In: 05/10/2022 11:20
Ref No: N/A/C7172009820/4
Veh No: SJR 214K
D.O.A: 04/10/2022 14:00

Job description

Date & Time Completed

Done by

QC Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

YQ 3880x

INC (

/ Non-INC (

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured Driver Liability: (

96) (Note-list Status (WO) M: 0-2016, 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 Cost: to e-mail Insurer URGENTLY.

Drive-In () / Tow-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: ((INC Hotline: 0788-6619) 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 / ACTION:

NA2202775

Insured's Particulars:

Owner / Owner:

Contact No:

Insured Portion:

Checked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$300)

2) DA: Damage Assessment (\$1000) INC (\$50)

3) TP: Towing Fee \$20/\$40

4) PT: Follow-Through Survey \$150

5) PT: Follow-Through Survey (Repairer) \$20

6) TR: Re-inspection \$70

7) NI: Initial DA + DMFT Survey \$140

8) NTUC Additional Services:

9) DM

10) NI: Courtesy Car / Transport Allowance \$5

11) NI: Post Repair Coordination \$15

12) NI: Post Repair Inspection \$20

13) NI: DV / Collect Vehicle Coordination \$5

14) NI: NI: TP Invoicing INC against INC \$10

15) NI: NI: TP Invoicing INC against INC \$10

16) NI: NI: TP Invoicing INC against INC \$10

17) NI: NI: TP Invoicing INC against INC \$10

18) NI: NI: TP Invoicing INC against INC \$10

19) NI: NI: TP Invoicing INC against INC \$10

20) NI: NI: TP Invoicing INC against INC \$10

21) NI: NI: TP Invoicing INC against INC \$10

22) NI: NI: TP Invoicing INC against INC \$10

23) NI: NI: TP Invoicing INC against INC \$10

24) NI: NI: TP Invoicing INC against INC \$10

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	05/10/2022 11:20 (SGT)
Reported by	Driver
Date of Accident	04/10/2022 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (NEAR JALAN TOA PAYOH)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7314K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DYNAMIC CAR RENTAL
Company Reg No	5XXXX467K
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-67465405
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Commercial vehicle
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00011182101

DRIVER

Name of Driver	ANG EIK PENG
NRIC No	SXXXX162H
Date Of Birth	11/03/1967
Occupation	Outdoor

Date Of Driving Pass	17/01/1987
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97913821
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 638 SENJA CLOSE #09-05
Address complement	-
Postcode	671638
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20221004/7079

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	YQ3880X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-82029569
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANG EIK PENG
Gender	Male
Phone No	(Phone) +65-97913821
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR7314K
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 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
05/10/2022

Sketch Plan

Sun Tan Paph

A
B

PIE

A2 SJR 7314K

B2 YQ 3880X

Describe Circumstances of the Accident

On 04.10.2022 at about 14:00 hrs. I was travelling at PIE towards Changi (near Jalan Toa Payoh). The front traffic slown down, I followed. Suddenly, I felt an impact. The vehicle B hit my vehicle rear portion.

POLICE REPORT 7/20221004/7079

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 05/10/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20221004/7079

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

1 of 3

Report No. T/20221004/7079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2022 20:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG EIK PENG			Address: 638A SENJA CLOSE #09-05 SINGAPORE 671638		
ID Type / ID No.: NRIC NO / S1830162H			Contact No.: Home/Office: Mobile: 97913821		
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com		
Sex: Male	Age: 55	Date of Birth: 11/03/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Automotive sales			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2022 14:00	Type of Location: Straight Road
Location: LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
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
SJR7314K	Car				Seriously Damaged	0
YQ3880X	Lorry				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221004/7079

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

2 of 3

Report No. T/20221004/7079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG EIK PENG	ID No.	S1830162H
Related Vehicle	SJR7314K (Car)	Contact No.	97913821
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/10/2022	Date	04/10/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was traveling along PIE towards Changi (Near Jalan Toa Payoh), I slowed down and stop due to the front car has stopped, suddenly I felt an impact from the rear, I then came down from my car and found a car (YQ3880X) collided onto the rear of my car.

I felt pain at my neck and lower back area after the accident, I visited Insync Medical for treatment and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20221004/7079

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

3 of 3

Report No. T/20221004/7079

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 /
TAN JEOK LENG
Contact No.: 65476151

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

Date/Time:
04/10/2022 20:48

Classification Of Case:

Date of Accident : 04.10.2022 Accident Time : 1400 hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : PIE towards Changi (near Ikan Tota Payah)

Vehicle No (Car Plate No) : SJR 7314K Make/Model: Toyota Camry 2.4G

Insurance Company : China Taiping Policy No: DMHC SNA00011182101

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Dynamic Car Rental (529284671K)

Owner Contact No : 6746 5405 Owner's Hp _____ Company Tel _____

Driver Name / IC No : Ang Eik Peng (51830162H)

Driver's Date of Birth : 11.03.1967 Driver's License Pass Date: 17 Jan 1987

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Renter

Driver's Address : Blk 605 Senja Road #04-35 Singapore 670605

Driver's Contact No : 1) 9791 3821 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : jasonkcap1@gmail.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 person (driver)

Was ther any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes

Other Party Driver's Particular (if any)

VEH B : <u>Y6 3880X (Liberty)</u>	Name & Contact No: <u>8202 9569</u>
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

*NEW - Passenger's Name & Gender:

(Signature)

Motor Hire Car

MZ406L/B

R SN

AN0707B

Cov. Type:T

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNA00011182101

Engine No.: 2AZC600320

Cha. No.: ACV403196964

1. Index Mark and Registration
Number of Vehicle

SJR7314K

2. Name of Policy Holder

DYNAMIC CAR RENTAL

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment14/10/2021
(00:00:00)

Excess Sect. II

S\$1,500.00

Excess Sect. II (Outside Singapore).

S\$3,000.00

4. Date of Expiry of Insurance

13/10/2022

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.

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

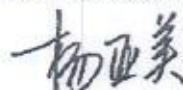
- (1) Use for racing, pace-making, reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suet Lay Sally
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

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