

NATIONAL Assessment Centre Services

(Ref: 1-20-02)

SN022AB0003

Date In: 06/10/2022 17:19	Job description: SAS e-tiling	Date & Time Completed:	Done by:
Ref No: N/A 2202803	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLW 5341	I-Motor Claim Form		
D.O.A: 06/10/2022 03:35	I-Motor W/O (Within 30 mins, AIC 2hrs)		
QC (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (Tel:	Fax:
TP Particulars: Vch No: SLW 5341	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured Driver Liability: (1a) (Note: List Status (WO): 11-0-2011 P: 21-79% P: 20-1100%)	
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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (N/A's Hotline: 6788-6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date / Time / Action:

<p>NA 2202803</p> <p>Important Particulars:</p> <p>Owner/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>Checked by (Engr-In-Charge):</p> <p>Comments:</p>	Invoice Preparation Checklist	
	1) AR: Accident Reporting (\$300)	
	2) DA: Damage Assessment (\$1000) INC (\$50)	
	3) TP: Towing Fee (\$100)	
	4) PT: Follow-Through Survey (\$100)	
	5) FT: Follow-Through Survey (Excess) (\$100)	
	6) TR: Re-inspection (\$75)	
	7) NI: New DA + DMPT Survey (\$140)	
	8) NTUC: National Tariff (\$100)	
	9) DV: DV / Driver Excess Coordination (\$100)	
10) DV: DV / Driver Excess Coordination (\$100)		
11) DV: DV / Driver Excess Coordination (\$100)		
12) DV: DV / Driver Excess Coordination (\$100)		
13) DV: DV / Driver Excess Coordination (\$100)		
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17) DV: DV / Driver Excess Coordination (\$100)		
18) DV: DV / Driver Excess Coordination (\$100)		
19) DV: DV / Driver Excess Coordination (\$100)		
20) DV: DV / Driver Excess Coordination (\$100)		

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	06/10/2022 17:19 (SGT)
Reported by	Both
Date of Accident	06/10/2022 03:35 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6164C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HENG CHEE KIANG
NRIC No	SXXXX818A
Email Address	edwin2818@gmail.com
Mobile Phone No	(Phone) +65-90061218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCWSNW00001572200

DRIVER

Name of Driver	HENG CHEE KIANG
NRIC No	SXXXX818A
Date Of Birth	16/04/1974
Occupation	Outdoor

Date Of Driving Pass	12/01/1996
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90061218
Alt. Phone Number	-
Email Address	edwin2818@gmail.com
Address	BLK 922 HOUGANG STREET 91 #14-33
Address complement	-
Postcode	530922
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 - Roundabout
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)	2
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	UNKNOWN PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221006/2015

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	SLW5324U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	HENG CHEE KIANG
Gender	Male
Phone No	(Phone) +65-90061218
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLE6164C
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

NEWTON CIRCUS



Describe Circumstance of the Accident


REFER TO POLICE REPORT

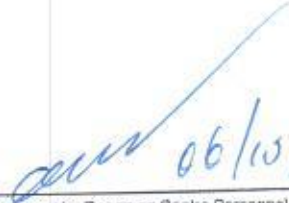
T/20221006/2015

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

 06/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20221006/2015

1 of 4

Report No. T/20221006/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2022 07:11		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: HENG CHEE KIANG		Address: APT BLK 922 HOUGANG STREET 91 #14-33 SINGAPORE 530922			
ID Type / ID No.: NRIC NO / S7412818A		Contact No.: Home/Office:		Mobile: 90061218	
Nationality: SINGAPORE CITIZEN		Email: edwin2818@gmail.com			
Sex: Male	Age: 48	Date of Birth: 16/04/1974	Type of Informant: Driver		
Race: Chinese		Language: Mandarin		Institution / School Name:	
Occupation: TADA DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 02:35	Type of Location:
Location: NEWTON CIRCUS		03:35 SINGAPORE POLICE 60 HOUGANG AVENUE 9 SINGAPORE 538775 TEL: 1800-4890999		
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE6164C	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver	Seriously Damaged	1
SLW5324U	Car	MAZDA		Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE POLICE FORCE



T/20221006/2015

2 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20221006/2015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE6164C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000015 72200	14/01/2022	26/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	HENG CHEE KIANG	ID No.	S7412818A	
Related Vehicle	SLE6164C (Car)	Contact No.	90061218	
Hospital/Clinic	DA CLINIC @ ANG MO KIO	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	06/10/2022	Date Discharge	06/10/2022	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	Charles Emil Cashin Junior	ID No.	S1746444B	
Related Vehicle	SLW5324U (Car)	Contact No.	82886390	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

I am a private hirer driving vehicle SLE6164C

On 06/10/2022 at about 0235hrs, I picked up a female passenger from Newton Food Centre to 113A Mcnair Road. While I was driving on the third lane at the roundabout of Newton Circus heading towards Novena direction, the green light was in my favour, a vehicle bearing SLW5324U suddenly came out from Scotts Road and as a result the right side of the said vehicle collided on to the left side of my vehicle. Due to the collision, the left portion (both door) was seriously dented in. No one was injured at the point of time. I exchanged particulars with the drivers and left. No police or ambulance was called in.

I wish to inform that I was driving on the main road while the said vehicle was coming out from the small road.

I do not have the detail of the female passenger I only have her number hp:91900993. The passenger did not complain of any pain, she left and took another ride.



**SINGAPORE
POLICE FORCE**



T/20221006/2015

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 4

Report No. T/20221006/2015

CONTINUATION OF REPORT

There is an in car camera in my vehicle which captured the accident.

After the accident, I felt pain on my back, chest and neck area as such I went to DA Clinic @ Ang Mo Kio and was issued with 3 days MC from 06/10/2022 to 08/10/2022, reference: #181231.

I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20221006/2015

4 of 4

Report No. T/20221006/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
F /
SGT 3 LEE JIA YI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
06/10/2022 07:11

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6 / 10 / 22 (dd/mm/yy) Time of Accident: 03.35 (24-HR-FORMAT)
Vehicle No.: SLE 6164C Vehicle Make & Model: TOYOTA ALTIS
*Transmission: ☐ Manual ☒ Auto *C.c.: _____
Exact location of Accident: NEWTON CIRCUS
Policyholder's Name: HENG CHEE KIANG NRIC/FIN/REG No.: S7412818A
*Policyholder's email address: edwin2818@gmail.com
Driver's Name: HENG CHEE KIANG NRIC/FIN/REG No.: S7412818A
*Driver's email address: edwin2818@gmail.com
Driver's Contact No.: 90061218 Company Contact No (If any): _____
Date of birth: 16 APRIL 1974 Driving Pass Date: 12 JAN 1996
Driver's Address: APT BLK 932 HOUGANG STREET 91 #14-33 (S) 530922
Insurance Company: CHINA TAIPING
Policy No.: DMHCSNW00001572200 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 HEAD TO SIDE
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / including Driver: 2
*Passenger Name: TADA PASSENGER Gender: Male ☒ Female
*Passenger Name: _____ 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: HENG CHEE KIANG
Injuries Sustain: _____ Injured Person in Which Vehicle: SLE 6164C
Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: HOUGANG N.P.C

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLW5324U
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 Third Car

1/2/10/15

E SN

BR0128A

Car Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Policy 1987
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules 1989 (Malaysia)

CERTIFICATE No.

OMHCSNW00001572200

Engine No.: 1ZRY325207

Chs. No.: MR053REH104556124

1. Index Mark and Registration
Number of Vehicle

SLE6164C

AUTOSAFE

2. Name of Policy Holder

HENG CHEE KIANG

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

14/01/2022
(00:00:00)

Excess Sect. I \$51,250.00

Excess Sect. I (Outside Singapore) \$82,500.00

Excess Sect. II \$51,250.00

Excess Sect. II (Outside Singapore) \$82,500.00

EX-ON WINDSCREEN \$150.00

4. Date of Expiry of Insurance

26/01/2023

5. Persons or Classes of Persons entitled to drive¹

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.

HENG CHEE KIANG

6. Limitations as to use²

- (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.

¹ 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

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Tan Jia Hwei
Authorized Officer



Authorized Signatory

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

6389 6111

6232 1033

www.tg.chinaiping.com