

NATIONAL Assessment Centre Services (part 1 of 2) **NA2300005**

Date In: **05/01/2023 15:53**
 Ref No: **XRA/C123000148/Y**
 Veh No: **SLG 1055G**
 D.O.A: **04/01/2023 - 12:25**
 TP Insurer: **TP Reporting Only**

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, A/C 2hrs)		
I-Motor Claim Form		
I-Motor W/O (within: OD 2hrs, OF 1hr)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Veh No: **SLG 3008G** INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note-Bst Status (WO): N: 0-30%, 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6788-0016)
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

Invoice Preparation Checklist:	Amount	Unit	Done by
1) AR: Accident Reporting (\$25)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$10/\$40		
4) PT: Follow-Through Survey	\$150		
5) FT: Follow-Through Survey (Resurvey)	\$50		
*Establishing peak INC Only (Cost 10 Inc 200)			
6) TR: Re-inspection	\$75		
7) NI: Site DA + SMART Survey	\$140		
8) NIUC Additional Services:			
*NI: Courtesy Car / Tot Allowance	\$5		
*NI: Repair Coordination	\$15		
*NI: Post Repair Inspection	\$25		
*NI: DV / Collect Excess Coordination	\$5		
*NI: DV / Collect Excess	\$20		
*TP (NI): TP (Non-INC) against INC	10		
*NI: 24hr Mobile			
*Invoice dated			
*Invoice dated			

Checked by (Engr-In-Charge): _____
 All notes commented: _____
 Date: _____

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	05/01/2023 15:53 (SGT)
Reported by	Both
Date of Accident	04/01/2023 12:25 (SGT)
Exact Location of Accident	Cavenagh Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS BUKIT TIMAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG655G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ER SOO LIN(YU SULIN)
NRIC No	SXXXX092I
Email Address	eloyser20@gmail.com
Mobile Phone No	(Phone) +65-81213013
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011862200

DRIVER

Name of Driver	ER SOO LIN(YU SULIN)
NRIC No	SXXXX092I
Date Of Birth	24/02/1983
Occupation	Outdoor

Date Of Driving Pass	29/07/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81213013
Alt. Phone Number	-
Email Address	eloyser20@gmail.com
Address	BLK 101A BIDADARI PARK DRIVE #15-11
Address complement	-
Postcode	341101
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)	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
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 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	SHC3808G
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	ER SOO LIN(YU SULIN)
Gender	Female
Phone No	(Phone) +65-81213013
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG655G
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 willful 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.

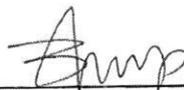
(collectively the "Purposes")

(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

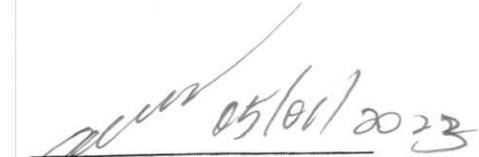
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

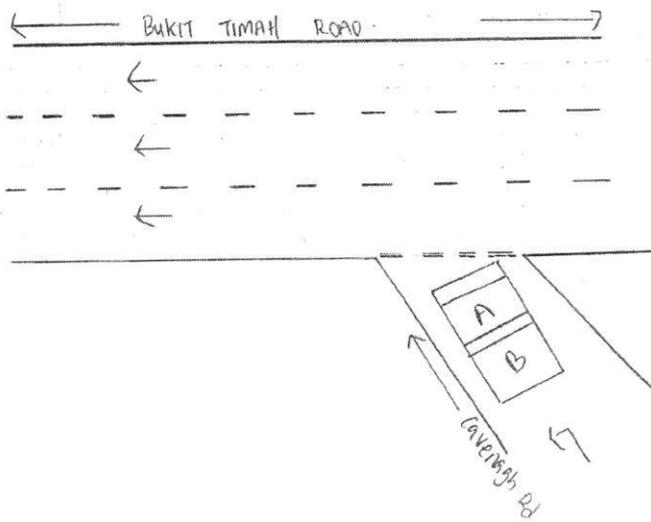


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SLG 655G
VEH B: SHC 3808G

Describe Circumstances of the Accident

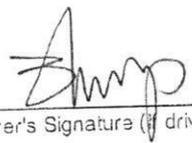
Refer to Police Report - T | 2023 0105 | 7033

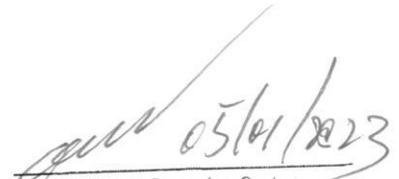
I will be claiming my vehicle at C.S. ONG AUTO PTE LTD.

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

 05/01/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230105/7033

1 of 3

Report No. T/20230105/7033

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2023 13:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ER SOO LIN		Address: 101A BIDADARI PARK DRIVE #15-111 SINGAPORE 341101	
ID Type / ID No.: NRIC NO / S8377092I		Contact No.: Home/Office:	Mobile: 81213013
Nationality: SINGAPORE CITIZEN		Email: eloyser20@gmail.com	
Sex: Female	Age: 39	Date of Birth: 24/02/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Self employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2023 12:25	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLG655G	Car	HONDA	FREED HYBRID 1.5G AUTO	Silver		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG655G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000118 62200	07/07/2022	27/11/2023



**SINGAPORE
POLICE FORCE**



T/20230105/7033

2 of 3

Report No. T/20230105/7033

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ER SOO LIN	ID No.	S8377092I
Related Vehicle	SLG655G (Car)	Contact No.	81213013
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SLG655G was travelling along Cavenagh Road towards Bukit Timah Road.

As I enter the slip road to Bukit Timah Road I came to a stop at the giveway line and look to my right to check for traffic.

Suddenly vehicle SHC3808G came from behind and hit onto my vehicle's rear portion.

I was caught unaware and the impact causes my right hand to slip and hit onto my steering.

After a while I start to feel pain on my neck, shoulder and back areas.

I then proceeded to Neo Medical Centre to seek treatment and I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230105/7033

3 of 3

Report No. T/20230105/7033

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
05/01/2023 13:27

Classification Of Case:

JW6

Date of Accident : 4/1/2023 Accident Time: 12:25pm (24-HR-FORMAT)
 Accident Place : Cavenagh Rd slip Road towards Bukit Timah Rd
 Vehicle Reg. No (Car plate No.) : SLG 655G Vehicle Make/Model: Honda Freed
 Insurance Company : CHINA TAIPING Policy No. DMHCSNW00011862200
 Name of Registered Owner : Company/Individual ER SOO LIN (YU SULIN) (Y)
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 583770921
 : Co Contact No: _____ Owner's Contact No: 8121 3013
 DRIVER'S Name : ER SOO LIN (YU SULIN) DRIVER'S NRIC No: 583770921
 DRIVER'S Date of Birth : 24/02/1983 DRIVER'S License Pass Date 29 Jul 2008
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 101A BIODARI PARK DRIVE #15-111 S(341101)
 DRIVER'S Contact No./ Alt No. : 1) 8121 3013 2) _____
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : Eloyster20@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 2 Passenger Name: unknown Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: unknown
 Injured Name: _____

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SHC 3808G</u>	Vehicle Reg No _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add _____	DRIVER'S Contact & add _____

Motor Hire Car

MZ406L/B

N SN

AN0576A

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.	DMHCSNW00011862200	Engine No.: LEB5610740	
		Cha. No.: GB71075533	
1. Index Mark and Registration Number of Vehicle	SLG655G	AUTOSAFE	=====
2. Name of Policy Holder	ER SOO LIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/07/2022 (00:00:00)	Excess Sect. I	SS\$1,250.00
		Excess Sect. I (Outside Singapore)	SS\$2,500.00
		Excess Sect. II	SS\$1,250.00
4. Date of Expiry of Insurance	27/11/2023	Excess Sect. II (Outside Singapore)	SS\$2,500.00
		EX ON WINDSCREEN	SS\$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.			
	ER SOO LIN	ER SOO LIN	
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. : HL BANK			
* 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: Lim Lee Choo
Authorised Officer



Authorised Signatory