

NATIONAL Assessment Centre Services

Date In	Job description	Date & Time Completed	Done by
16/01/2023	SAS e-filing		
Ref No NAICT1 23000472/d4	E-mail (within 8hrs. Aft 2hrs)		
Veh No GT 373K	i-Motor Claim Form		
DOA 13/01/2023	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD/TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksr		

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

TP Particulars: Veh No: **GBT 32684** 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
	3) TF: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	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 (Non-INC) against INC \$20	
Auditors' Comments:-		

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	16/01/2023 08:36 (SGT)
Reported by	Driver
Date of Accident	13/01/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TUAS BEFORE TOH GUAN EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GT373K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WAH HONG GENERAL CONTRACTOR
Company Reg No	2XXXX100A
Email Address	soen_beng_hai@hotmail.com
Mobile Phone No	(Phone) +65-96269285
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00073052205

DRIVER

Name of Driver	SOEN BENG HAI (SUN MING HAI)
NRIC No	SXXXX208D

Date Of Driving Pass	04/08/1983
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96269285
Alt. Phone Number	-
Email Address	soen_beng_hai@hotmail.com
Address	BLK 103 TECK WHYE LANE
Address complement	# 06-438
Postcode	680103
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 THE ATTACHED POLICE REPORT- T/20230113/7040

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	GBF3268U
Vehicle Manufacturer	-
Vehicle Model	-

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL9758B
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	SOEN BENG HAI (SUN MING HAI)
Gender	Male
Phone No	(Phone) +65-96269285
Address	BLK 103 TECK WHYE LANE
Address Complement	# 06-438
Post Code	680103
Approximate Age Years Old	-
Injuries Sustained	FELT PAIN AND SEE DOCTOR. GIVEN 3 DAYS MC
Injured person in which vehicle?	GT373K
Were seat belts worn?	-
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.

GAN HONG GENERAL CONTRACTORS

Policyholder's Signature / Date & Time

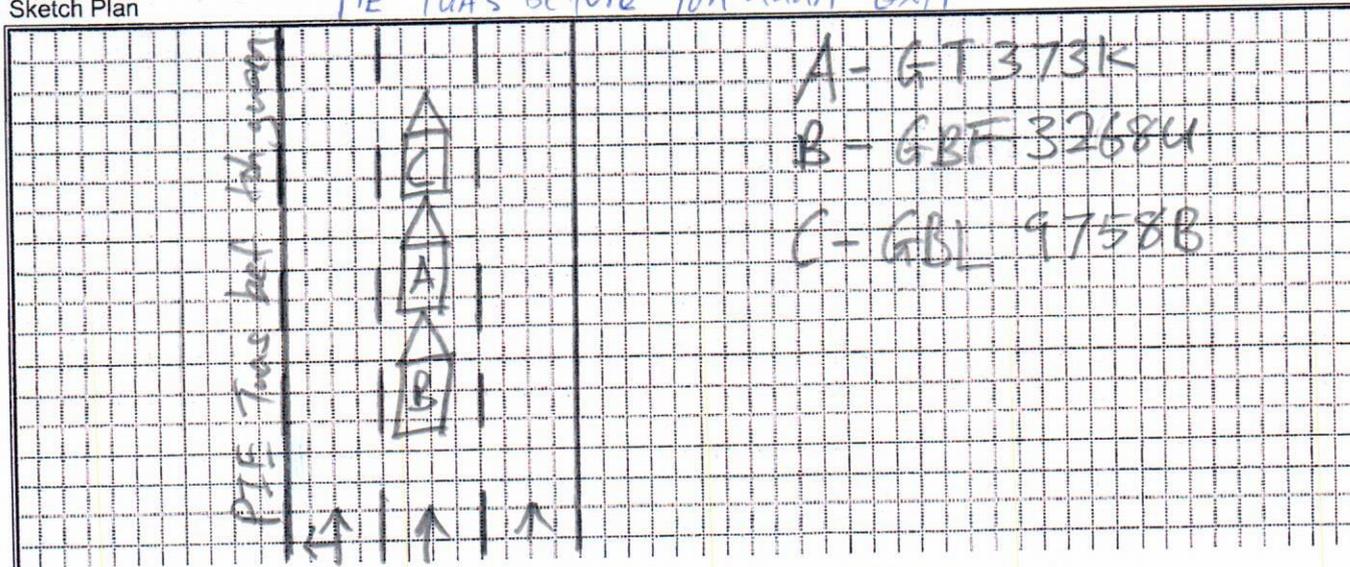
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

PIE Tuas before Joh Guan GX17

Quah 16/1/23



Describe Circumstance of the Accident

Refer to police Report NO: T/2023 0113 /7040

Declaration

I/We declare the foregoing particulars are true in every respect.

華僑聯合工程
WAW HONG GENERAL CONTRACTOR

16/1/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230113/7040

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

1 of 3

Report No. T/20230113/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2023 15:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOEN BENG HAI			Address: 103 TECK WHYE LANE #06-438 SINGAPORE 680103		
ID Type / ID No.: NRIC NO / S1726208D			Contact No.:		Mobile: 96269285
Nationality: SINGAPORE CITIZEN			Email: soen_beng_hai@hotmail.com		
Sex: Male	Age: 57	Date of Birth: 06/08/1965	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: 13/01/2023 10:00	Type of Location: Straight Road
Location: TOH GUAN ROAD EAST				
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
GBF3268U	Lorry					0
GBL9758B	Lorry					0
GT373K	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230113/7040

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

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Report No. T/20230113/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOEN BENG HAI	ID No.	S1726208D
Related Vehicle	GT373K (Lorry)	Contact No.	96269285
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/01/2023	Date	13/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was travelling straight along the stated road. When the vehicle in front of me brake, I followed suit. Suddenly I felt a huge impact from the rear of my vehicle causing my vehicle to surge forward and collide onto VRN GBL 9758 B. When I alighted my vehicle, I noticed VRN GBF 3268 U had collided onto my vehicle. I felt pain and went to see a doctor at ISLAND FAMILY CLINIC (KEAT HONG) and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230113/7040

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

3 of 3

Report No. T/20230113/7040

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 /
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:
13/01/2023 15:19

Classification Of Case:

Date of Accident : 13/1/2023 Accident Time: 10 00 (24-HR-FORMAT)

Accident Place : PIE Tuas before Tok Guan Exit

Vehicle Reg. No (Car plate No.) : GT 373 K CC: 3,000 Vehicle Make/Model: Toyota Ayra

Insurance Company : China Taiping Policy No. DMCVSNA 00073052205

Name of Registered Owner : Company / Individual Wah Hong General Contractor

ID of Registered Owner : Co Reg No: 27585100A Owner's NRIC No: _____

OWNER EMAIL ADDRESS: soen_beng_hai@hotmail.com Co Contact No: 9626 9285 Owner's Contact No: _____

DRIVER'S Name : Soen Beng Hai **DRIVER'S NRIC No:** S1726208D

DRIVER'S Date of Birth : 6/8/1965 **DRIVER'S License Pass Date** A/8/1983

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : BK 103 Teck Nhye Lane #06-438 (S) 680103

DRIVER'S Contact No./ Alt No. : 1) 9626 9285 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : soen_beng_hai@hotmail.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): 01 Name & Gender; N/A

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

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

Any injuries, if yes (name of the injured person) Yes, Driver.

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>GBF 3268 U</u>	Vehicle Reg No: <u>GBL 9758 B</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Motor Commercial

MZ300/C

R SN

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)

AN0055A

Cov. Type:C

CERTIFICATE No.	DMCVSNA00073052205	Engine No.: 1KD2481313	Cha. No.: JTFAT35Y30K204301
1. Index Mark and Registration Number of Vehicle	GT373K	AUTOSAFE	=====
2. Name of Policy Holder	WAH HONG GENERAL CONTRACTOR		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/06/2022 (00:00:00)	Excess Sect I .	S\$500.00
		EX ON WINDSCREEN .	S\$100.00
4. Date of Expiry of Insurance	17/06/2023		
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their 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:*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes. The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER * 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: Tan Xin Yi Josephine
Authorised Officer

Authorised Signatory