

NATIONAL Assessment Centre Services

Date: 26/01/2023

Ref No: NA/CTI23000763/W

Veh No: SND 200C

DOA: 22/01/2023

11:15

OD/TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SMK 7049C

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Tel:

Confirmed by: (

Period: (

Cover Type: (

Insured / Driver Liability: (

Date:

Time:

Year of Registration: (

% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Excess: (\$

Warranty: YBS () / NO ()

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: (INC hotline: 6788 6616)

() Apply for Transport Allowance () / Courtesy Car ()
() QC Check / Post Repair Inspection ()
() Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Time/Time Actions

NA2300244

Client's Particulars

Owner:

Ref No:

Insured Portion:

Checked by (Engr-In-Charge):

Remarks:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);		
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		

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 26/01/2023 08:49 (SGT)
Reported by Driver
Date of Accident 22/01/2023 11:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE AYE EXIT JALAN BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND200C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO TECK KENG (HE DEQING)
NRIC No SXXXX663I
Email Address ivanho_81@yahoo.com.sg
Mobile Phone No (Phone) +65-98003456
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00128692201

DRIVER

Name of Driver KOH SIEW HONG (XU XIUFENG)
NRIC No SXXXX275I
Date Of Birth 19/06/1978
Occupation Indoor

Date Of Driving Pass 27/04/2004
 Driving experience 18 YEARS AND 9 MONTHS
 Gender Female
 Mobile Number (Phone) +65-94889625
 Alt. Phone Number -
 Email Address ivanho_81@yahoo.com.sg
 Address 2 SEMBAWANG WALK
 Address complement # 01-99 SPRINGHILL
 Postcode 757616
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Relative
 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 SIAH JAYMIE
 Gender Male

PASSENGER 2

Name SIAH JAYDEN
 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 THE ATTACHED POLICE REPORT- T/20230125/7031

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

 Accident report SN09231Q0004

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer SMK7049C
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver Private car
 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 KOH SIEW HONG (XU XIUFENG)
 Gender Female
 Phone No (Phone) +65-94889625
 Address 2 SEMBAWANG WALK
 Address Complement # 01-99 SPRINGHILL
 Post Code 757616
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? SERIOUS INJURY-3 DAYS MC
 Were seat belts worn? SND200C
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SIAH JAYMIE
 Gender Male
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? SERIOUS INJURY-5 DAYS MC
 Were seat belts worn? SND200C
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person SIAH JAYDEN
 Gender Male
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle? SERIOUS INJURY-3 DAYS MC
 Were seat belts worn? SND200C
 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.

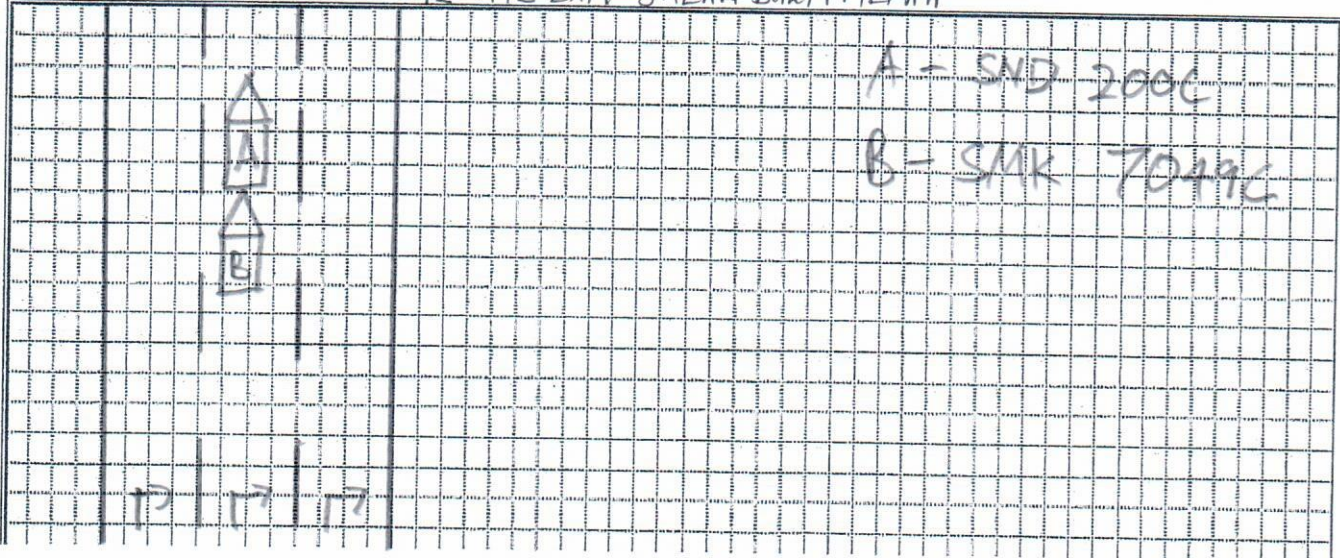
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CTE AYE EXIT JALAN BUKIT MERAH

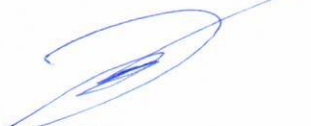


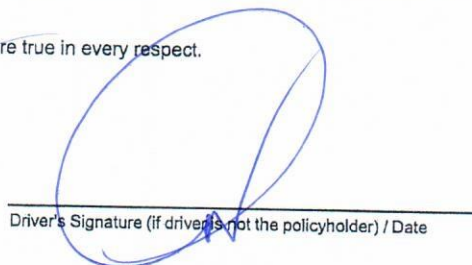
Describe Circumstance of the Accident

Refer to Police Report NO: T/20230125/7031

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

 26/1/23
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230125/7031

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

1 of 3

Report No. T/20230125/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 13:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH SIEW HONG			Address: 2 SEMBAWANG WALK #01-99 SPRINGHILL SINGAPORE 757616		
ID Type / ID No.: NRIC NO / S78162751			Contact No.: Home/Office: Mobile: 94889625		
Nationality: SINGAPORE CITIZEN			Email: sanricas.koh@gmail.com		
Sex: Female	Age: 44	Date of Birth: 19/06/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2023 11:15	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SMK7049C	Car					0
SND200C	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230125/7031

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

2 of 3

Report No. T/20230125/7031

CONTINUATION OF REPORT

Driver			
Name	KOH SIEW HONG	ID No.	S7816275I
Related Vehicle	SND200C (Car)	Contact No.	94889625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	SIAH JAYMIE	ID No.	T0525279I
Related Vehicle	SND200C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SIAH JAYDEN	ID No.	T0042651I
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/01/2023	Date	22/01/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was stationary along the stated road waiting for the traffic light to turn green when suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN SMK 7049 C had collided onto my vehicle. My children and I felt pain and went to see a doctor at Mount Alvernia Hospital.

I was given 3 days MC while my children was given Siah Jaymie (T0525279I) 5 days MC and Siah Jayden (T0042651I) 3 days MC



**SINGAPORE
POLICE FORCE**



T/20230125/7031

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

3 of 3

Report No. T/20230125/7031

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

NP168

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

Date/Time:
25/01/2023 13:38

Classification Of Case:

Date of Accident : 22/1/2023 Accident Time: 1115 (24-HR-FORMAT)

Accident Place : CTE^{AYE} Exit Jalan Bukit Merah

Vehicle Reg. No (Car plate No.) : SND 200C CC : Vehicle Make/Model: Toyota Sienta Hybrid

Insurance Company : China Taiping Policy No. DMPCSNW00128692201

Name of Registered Owner : Company / Individual Ho Teck Keng

ID of Registered Owner : Co Reg No: Owner's NRIC No: S81286631

OWNER EMAIL ADDRESS:

IVANHO-81@Yahoo.com.sg

Co Contact No: Owner's Contact No: 9800 3456

DRIVER'S Name : Koh Siew Hong DRIVER'S NRIC No: S78162751

DRIVER'S Date of Birth : 19/6/1978 DRIVER'S License Pass Date 27/4/2004

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Sister in-law

DRIVER'S Address : 2 Sembawang Walk # 01-99 (S) 757616 Springhill

DRIVER'S Contact No./ Alt No. : 1) 9488 9625 2)

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

Email Address : IVANHO-81@Yahoo.com.sg

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): 03 Name & Gender:

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)

Other Party Driver's Particulars (if any)

Vehicle Reg No: SMK 7049 C Vehicle Reg No:

Vehicle Make/Model: Vehicle Make/Model:

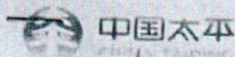
Name DRIVER: Name DRIVER:

IC No. DRIVER: IC No. DRIVER:

DRIVER'S Contact & add: DRIVER'S Contact & add:

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

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

E SN

AN0687A

Cov. Type C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00128692201

Engine No.: 1NZ8375910

Cha. No.: NHP1707108247

1. Index Mark and Registration

SND200C

AUTOSAFE

2. Name of Policy Holder

HO TECK KENG (HE DEQING)

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

29/06/2022
(00.00.00)

Named Drivers Ex Sect. I
Additional Ex Other than Named Drivers:

\$5500.00

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$5500.00

* Age as at date of accident

EX ON WINDSCREEN

\$5100.00

4. Date of Expiry of Insurance

28/06/2023

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: Tan Xin Yi Josephine
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.cntaiping.com