

**NATIONAL Assessment Centre Services** (Ref: 12345) **SIN83260007**

Date In: 06/07/2023 13:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N38/C922800/198/4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SLK T7267	i-Motor Claim Form		
D.O.A: 06/08/2023 06:54	i-Motor W/O (within 3hrs, 24 hrs)		
OD: (C) / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: **SVC 1364C** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Ist Status (WO): N: 0-20%, P: 21-70%, 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 repair.

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

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

Remarks: ( ) INC Billing: 6788-6616

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

Actions: ( )

**X/A-380367**

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$40/\$40
4) PT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Resurvey)	\$30
6) TR: Repair Coordination	\$70
7) NI: New DA / SMRT Survey	\$140
8) NIUC: Additional Services	
GM	
*NB: Courtesy Car / Tot Allowance	\$50
*NB: Repair Coordination	\$100
*NB: Post Repair Inspection	\$20
*NB: DV / Collect Excess Coordination	\$1
*NB: (1) TP (Non-INC) against INC	\$30
*NB: (1) Mileage	10
Invoice dated: ( )	Fee Charged: ( )
Invoice total: ( )	Amount paid: ( )

Checked by (Engr-In-Charge): ( )

Comments: ( )

C.L. ( )

12/5

## 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	06/02/2023 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/02/2023 04:54 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7726T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH QINSHENG
NRIC No	SXXXX528I
Email Address	anthonyoh82@gmail.com
Mobile Phone No	(Phone) +65-96783647
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00006572302

#### DRIVER

Name of Driver	OH QINSHENG
NRIC No	SXXXX528I
Date Of Birth	17/03/1982
Occupation	Indoor

Date Of Driving Pass	11/02/2004
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-96783647
Alt. Phone Number	-
Email Address	anthonyoh82@gmail.com
Address	BLK 436 FAJAR ROAD #10-398
Address complement	-
Postcode	670436
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	Hit by fallen tree / Other objects
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	LUO XIAN
Gender	Female

#### 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 AND POLICE REPORT T/20230204/7056

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNC1364L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JOE
Contact Number .....	(Phone) +65-9387996
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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

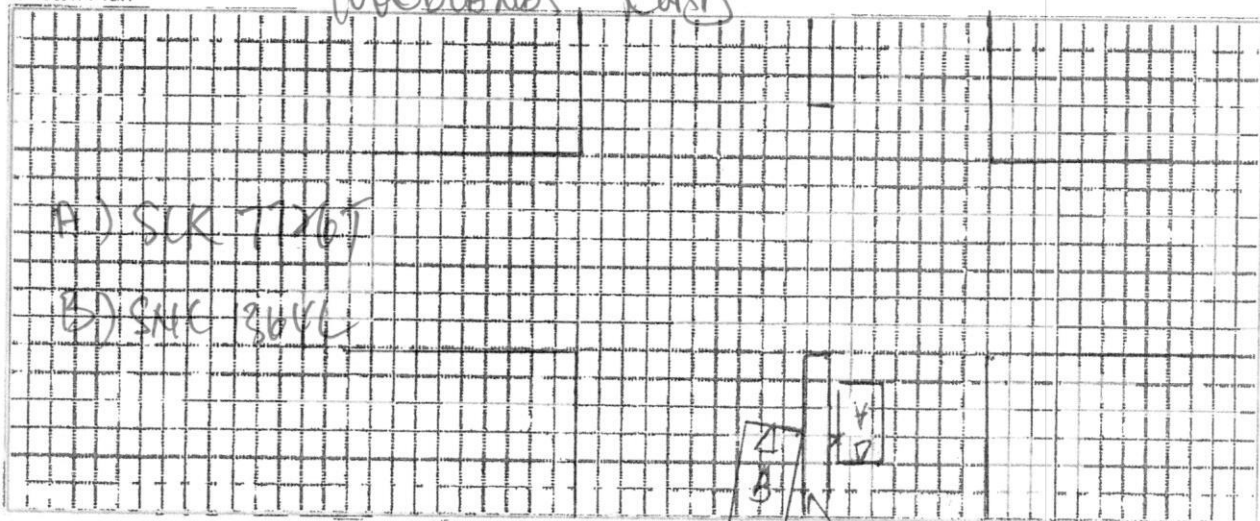
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident


On the stated time and date.


I was travelling along ~~Woodlands~~ Woodlands Road. As shown in the video, I was on the 2nd lane and suddenly I saw a car from the opposite direction hitting the centre barriers that caused the barrier hit onto my vehicle.


POLICE REPORT 7/20230204/2056

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

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





# SINGAPORE POLICE FORCE



T/20230204/7056

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

1 of 3

Report No. T/20230204/7056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2023 18:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: OH QINSHENG			Address: 436 FAJAR ROAD #10-398 SINGAPORE 670436		
ID Type / ID No.: NRIC NO / S82085281			Contact No.: Home/Office: Mobile: 96783647		
Nationality: SINGAPORE CITIZEN			Email: ANTHONYOH82@gmail.com		
Sex: Male	Age: 40	Date of Birth: 17/03/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 04/02/2023 04:50	Type of Location: Straight Road
Location:  STAGMONT RING				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Hit by debris from accident				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK7726T	Car	TOYOTA	Wish	Silver	Slightly Damaged	1
SNC1364L	Car	VOLVO				0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230204/7056

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

2 of 3

Report No. T/20230204/7056

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK7726T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000065 72302	25/01/2023	24/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	OH QINSHENG	ID No.	S8208528I
Related Vehicle	NIL	Contact No.	96783647
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was travelling along Woodlands road. As shown in the video, I was on the second lane and suddenly I saw a car from the opposite direction hitting the centre barriers that caused the barriers to hit onto my car. Video and pictures exceeds 2mb





**SINGAPORE  
POLICE FORCE**

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



T/20230204/7056

3 of 3

Report No. T/20230204/7056

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
04/02/2023 18:50

Classification Of Case:

TICK

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 04/02/23 (dd/mm/yy) Time of Accident: 04:54 (24-HR-FORMAT)

Vehicle No.: SLK 7726T Vehicle Make & Model: Toyota Wish

\*Transmission: ☐ Manual ☒ Auto

\*C.c.: 1.8cc

Exact location of Accident: Along Woodlands Road

Policyholder's Name: Oh Qin Sheng

NRIC/FIN/REG No.: S82085281

\*Policyholder's email address:

Driver's Name: Oh Qin Sheng

NRIC/FIN/REG No.: S82085281

\*Driver's email address: anthonyoh82@gmail.com

Driver's Contact No.: 9678 3647

Company Contact No (If any):

Date of birth: 17 Mar 82

Driving Pass Date: 11 Feb 2004

Driver's Address: BK 436 Fajar Road #10-318 S670436

Insurance Company: China Taiping

Policy No.: BMPCSNW00006572302

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 Object flew over

Occupation (nature job) ☐ Indoor / ☐ Outdoor

\*No. of Passengers / Including Driver: 2

\*Passenger Name: Luo Xian

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:

Injuries Sustain:

Injured Person in Which Vehicle:

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

**The Other Party (S) Details:**

1. Driver's Name / IC No: Joe 9387 1996

Vehicle No: SNC 1364L

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:

*[Signature]*



中国太平  
CHINA TAIPING

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

Motor Private Car

### 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)

MX1WF

R SN

AN0218A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00006572302

Engine No.: 2ZR1795110

Cha. No.: ZGE206033227

1. Index Mark and Registration  
Number of Vehicle

SLK7726T

AUTOSAFE  
=====

2. Name of Policy Holder

OH QINSHENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations, (00:00:00)  
Ordinance or Enactment

25/01/2023

Named Drivers Ex Sect. I S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

24/01/2024

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.