

NATIONAL Assessment Centre Services

SMO 23280003

Date In: 08/10/2023 17:25	Job Description	Date & Time Completed	Done by
Ref No: N/A/C1123001326/✓	SAS e-illing		
Veh No: 844 666 47	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 07/02/2023 17:50	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (within: OD 2hrs, TP 1hr)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: (Tel:	Fax:
TP Particulars: Yeh No: SMO 6190B INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Hst 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () INC 6018806150	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date	Turn	Actions

N/A 2300297	Invoice Preparation Checklist	AMIS / Task
1) AR: Accident Reporting (\$30)	✓	
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$125	
5) PF: Follow-Through Survey (Harassment)	\$30	
6) TR: Re-inspection	\$75	
7) NI: NI & DA, + DMPT Survey	\$140	
8) NTUC Additional Fee: _____		
GR:		
*NB: Courtesy Car / Tot Allowance	\$5	
*NB: Repair Coordination	\$15	
*NB: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$1	
*NB: TP (NI) : TP (NI) INC / repeller INC	\$20	
*NB: 24hrs Mobile	\$0	
Invoice total	Fee Charged	

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	08/02/2023 17:25 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 17:00 (SGT)
Exact Location of Accident	Temenggong Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY4664T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG SOON COLLECTION PTE LTD
Company Reg No	2XXXXX525H
Email Address	zhoumingpeh@gmail.com
Mobile Phone No	(Phone) +65-85111998
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00217332100

DRIVER

Name of Driver	TERRY TAN LEONG HENG
NRIC No	SXXXX699G
Date Of Birth	19/09/1990
Occupation	Outdoor

Date Of Driving Pass	12/08/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85111998
Alt. Phone Number	-
Email Address	zhoumingpeh@gmail.com
Address	BLK 811A CHOA CHU KANG AVENUE 7 #08-653
Address complement	-
Postcode	681811
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 and run / Vandalism / Damaged whilst parked
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)	0
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 POLICE REPORT T/20230208/7034

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ6190B
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

[Signature]

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

[Signature] 08/02/2023

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

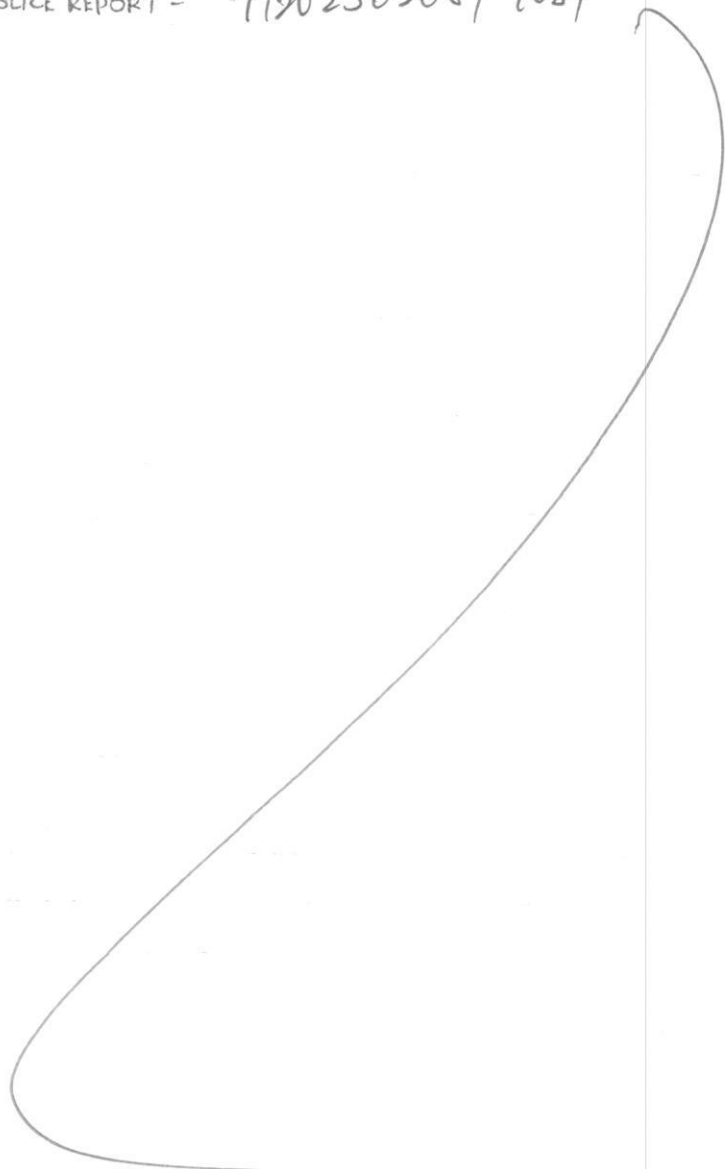
Sketch Plan

	↑	↓	
	A		TEMENGGONG ROAD
			(A) SGY4664T (B) SMQ6190B

Describe Circumstance of the Accident

- REFER TO POLICE REPORT -

T/20230208/7034



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/20230208/7034

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

1 of 3

Report No. T/20230208/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2023 14:28		Vide Report No.: D/20230207/0082		Station Diary No.:	
Informant's Particulars					
Name of Informant: TERRY TAN LEONG HENG		Address: 811A CHOA CHU KANG AVENUE 7 #08-653 SINGAPORE 681811			
ID Type / ID No.: NRIC NO / S9034699G		Contact No.: Home/Office:		Mobile: 85111998	
Nationality: SINGAPORE CITIZEN		Email: zhuomingpeh@gmail.com			
Sex: Male	Age: 32	Date of Birth: 19/09/1990	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2023 17:00	Type of Location: uphill slope
Location: TEMENGGONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SGY4664T	Car	TOYOTA	VIOS	Green	Slightly Damaged	1
SMQ6190B	Car	LEXUS				0



**SINGAPORE
POLICE FORCE**



T/20230208/7034

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20230208/7034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGY4664T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002173 32100	18/10/2021	26/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TERRY TAN LEONG HENG	ID No.	S9034699G
Related Vehicle	SGY4664T (Car)	Contact No.	85111998
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.

Video send to IO PAN Tel: 65476433

Reported to TP on day of incident

Vehicle was parked along temonggong road from 1630-1815,
road was empty, parked downhill behind a white Lexus SMQ6190B,
returned to find out vehicle front bumper was damaged,
white paint residue was found on the impacted areas of the damage,
no mode of contact was left by the other party,



**SINGAPORE
POLICE FORCE**



T/20230208/7034

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

3 of 3

Report No. T/20230208/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2023 14:28
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 07 / 02 / 2023 (dd/mm/yy) Time of Accident: 17 : 00 (24-HR-FORMAT)

Vehicle No.: SGY4664T Vehicle Make & Model / Engine (cc): TOYOTA VIOS Private Hire: (Y / N)

Exact location of Accident: TEMENGGONG ROAD

Policyholder's Name / IC No.: HENG SOON COLLECTION PTE LTD ROC/AEN (Company): 201728525H

Driver's Name / IC No.: TERRY TAN LEONG HENG S9034699G (As Above) ☐

Driver's Contact No.: 85111998 Company Contact No / Owner Contact No:

Driver's Address: 811A CHOA CHU KANG AVENUE 7 #06-653 SINGAPORE 681811

Owner Email address: ZHOUMINGPEH@GMAIL.COM Insurance Company: CHINA TAIPING

Driver Email address:

Relationship between Owner & Driver: Please CIRCLE one only)

Owner / Spouse / Children / friend / parent / 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)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 0

*Passenger Name:

Gender: Male / Female x ()

*Passenger Name:

Gender: Male / Female x ()

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 Camera? ☐ Yes / ☒ No Remarks:

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: Vehicle No: SMQ6190B

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:



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

MX4F

E SN

AN0420A

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.

DMPCSNW00217332100

Engine No.: 1NZX586075

Cha. No.:MR053HY9305014803

1. Index Mark and Registration
Number of Vehicle

SGY4664T

AUTOSAFE
=====

2. Name of Policy Holder

HENG SOON COLLECTION PTE LTD

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

18/10/2021
(10:23:01)

Named Drivers Ex Sect. I S\$500.00

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

26/03/2023

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:*

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 S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

* 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



[Signature]

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

[Signature]

Authorised Signatory

Issued By: Lee Kian Heng Fred
Authorised Officer

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