

NATIONAL Assessment Centre Services (Call 1-800-828-2600) **SN082826000**

Date In: 16/07/2023 10:50	Job description	Date & Time Completed	Done by
Ref No: NBA/1772300/23/Y	SAS e-filing		
Ych No: SLA 9098B	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 13/02/2023 18:45	1-Motor Claim Form		
QC: 79 Reporting Only	1-Motor W/O (within 24hrs, 24 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/Hand to Owner/Whse		

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

TP Particulars: Ych No: **GBL 4764R** 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%, R: 21-79%, P: 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Location: ()

Witness: ()

Police: ()

Insurance: ()

Other: ()

X/172300487

Invoice Preparation Checklist	Amount
1) A/C: Accident Forwarding (\$500)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$45
4) PE: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Emergency)	\$30
Excluding repair (120) Daily (120) (120) (120)	
6) TR: Re-inspection	\$75
7) NI: New DA + SMART Survey	\$120
8) NTUC Additional Services	
GR:	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$20
*NI: DV / Collect Excess Coordination	\$1
*TP (11) TP (Non-INC) / Value INC	\$100
*NI: (120) New	\$10
Invoice dated	File Charged
Invoice No:	

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	16/02/2023 10:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/02/2023 18:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI AIRPORT NEAR UPPER SERANGOON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9098B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAI KIEN KONG
NRIC No	SXXXX744D
Email Address	tailinyuan1996@gmail.com
Mobile Phone No	(Phone) +65-98355611
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCNSNA00085412204

DRIVER

Name of Driver	TAI KIEN KONG
NRIC No	SXXXX744D
Date Of Birth	02/10/1957

Occupation	Indoor
Date Of Driving Pass	16/10/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98355611
Alt. Phone Number	-
Email Address	tailinyuan1996@gmail.com
Address	BLK 823 WOODLANDS STREET 82#11-429
Address complement	-
Postcode	730823
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)	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230215/2068

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 OWNER (ONLY FRONT)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL4764R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HO CHOON ZHI
NRIC No	SXXXX521G
Contact Number	(Phone) +65-82827276
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	TAI KIEN KONG
Gender	Male
Phone No	(Phone) +65-98355611
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SLV9098B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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/mall 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.

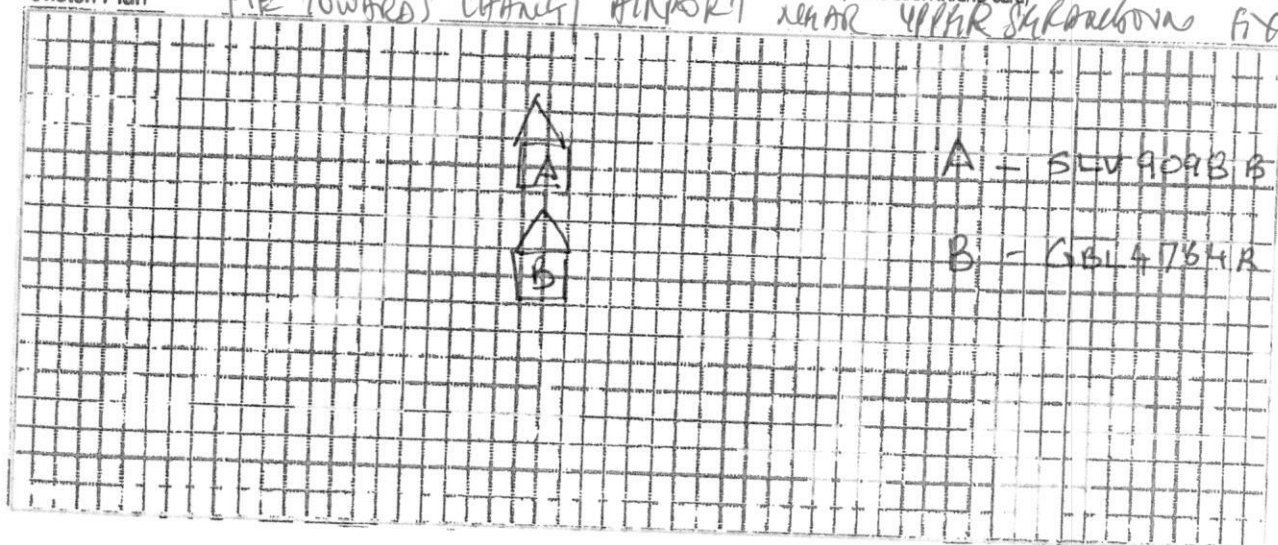
Policyholder's Signature / Date & Time

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

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

Sketch Plan

PIE TOWARDS CHANGI AIRPORT NEAR UPPER SERRAVALLOA EXIT



Describe Circumstance of the Accident

My car was stationary while waiting for the front car to move suddenly I felt a great impact from the rear. I came out and discovered a van GBL 4764 R had hit into my rear portion of my vehicle.

POLICE REPORT 7/20230215/2068

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 NRICAD card)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230215/2068

1 of 3

Report No. T/20230215/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
15/02/2023 17:32

Video Report No.:

Station Diary No.:
48

Informant's Particulars

Name of Informant:
TAI KIEN KONG

Address:
APT BLK 823 WOODLANDS STREET 82 #11-429
SINGAPORE 730823

ID Type / ID No.:
NRIC NO / S1844744D

Contact No.:
Home/Office: Mobile: 98355611

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 65 Date of Birth: 02/10/1957

Type of Informant:
Driver

Race:
Chinese

Language:
Chinese

Institution / School Name:

Occupation:
RETIRED

Driving Licence Information:
Class: 2A,3,4

Date of Expiry:

General Information of the Accident

Type of Accident:
Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
13/02/2023 18:45

Type of Location:
Straight Road

Location:

PAN-ISLAND EXPRESSWAY

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL4764R	Van				Slightly Damaged	1
SLV9098B	Car	MERCEDES BENZ	E250 SEDAN (R18)	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230215/2068

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20230215/2068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLV9098B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0008541 2204	18/04/2022	17/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAI KIEN KONG	ID No.	S1844744D
Related Vehicle	SLV9098B (Car)	Contact No.	98355611
Hospital/Clinic	DR. PANDA MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2A,3,4 Date of Expiry: NIL
Date Treatment	15/02/2023	Date Discharge	15/02/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/02/2023 at about 1845hrs, I was travelling along PIE towards Upper Serangoon Road on the fourth lane. At the point of time, there is a lot of vehicles, and the highway was jammed. When it is time to move, a vehicle from my rear collided onto me.

Me and the other party driver then alighted and exchanged particulars. My vehicle sustains damages at the rear bumper and the sensor inside the rear bumper. At the point of time, I feel unwell but did not seek for medical help immediately as I thought it will recover in a while.

I wish to state that no police and ambulance came down to the scene. I have an in car-camera at the front and rear. However, the rear camera is damaged but the front camera still able to see the impact of the collision.

Other party driver particulars

Ho Choon Zhi
S1578521G
82827276



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230215/2068

3 of 3

Report No. T/20230215/2068

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 3 DESMOND ANG JUN
HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/02/2023 17:32

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/02/23 (dd/mm/yy)

Time of Accident: 18:45 (24-HR-FORMAT)

Vehicle No.: SLV9098B

Vehicle Make & Model: Mercedes

*Transmission: ☐ Manual ☐ Auto

*C.c:

Exact location of Accident: P.I.E toward Changi Airport near Upper Serangoon Ex. +

Policyholder's Name: Tai Kien Kong

NRIC/FIN/REG No.: S1B447440

*Policyholder's email address: tailinyuan1996@gmail.com

Driver's Name: as above

NRIC/FIN/REG No.:

*Driver's email address:

Driver's Contact No.: 98355611

Company Contact No (If any):

Date of birth: 2/10/57

Driving Pass Date: 16/10/03

Driver's Address: BLK 823 Woodlands ST. 82. #11-429 (730823

Insurance Company: China Taiping

Policy No.: PMPCSNAC00B5412204

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

Occupation (nature job) ☒ Indoor / ☐ Outdoor

*No. of Passengers / Including Driver): 01

*Passenger Name:

*Passenger Name:

Gender: Male / Female

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 camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Tai Kien Kong

Injuries Sustain: Body

Injured Person in Which Vehicle: SLV9098B

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Woodlands East NP

The Other Party (S) Details:

1. Driver's Name / IC No: HO Cheen Zhi: C51578521G Vehicle No: GBL 4764 R

Driver's Contact No: 82827276

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:

Motor Private Car

MX1E

R SN

AN0006A

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.

DMPCSNA00085412204

Engine No.: 27492030101751

Cha. No.: WDD2120362A878777

1. Index Mark and Registration
Number of Vehicle

SLV9098B

2. Name of Policy Holder

TAI KIEN KONG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment18/04/2022
(00:00:00)

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

17/04/2023

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 S\$1,000 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.: STANDARD CHARTERED BANK(S) LIMITED 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: _____
Moses Chia Wen Jye
Authorised Officer

Authorised Signatory