

NATIONAL Assessment Centre Services

Date In 22/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/C7123001979/d4	SAS e-filing		
Veh No SLQ 8150R	E-mail (within 8hrs. A/C 2hrs)		
DOA 21/02/2023 1910	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLN 7012D	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:- (INC hotline: 6788 6616)	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

NA2300565	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR : Re-inspection \$75		
Cal 2/3:	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		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	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	22/02/2023 16:04 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE HEADING TOWARDS SLE BEFORE AMK AVENUE 1 (BRADDELL FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8150R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LEE CHENG
NRIC No	SXXXX540B
Email Address	bensonchoo@hotmail.com
Mobile Phone No	(Phone) +65-86991651
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	DMPCNA00141712201

DRIVER

Name of Driver	CHOO TEE SHENG, BENSON (ZHU ZHIEN)
NRIC No	SXXXX980E
Date Of Birth	06/09/1993

Occupation	Indoor
Date Of Driving Pass	28/08/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98194973
Alt. Phone Number	-
Email Address	bensonchoo@hotmail.com
Address	BLK 127 PASIR RIS GROVE
Address complement	# 03-05
Postcode	518178
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	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	GOH YAN HUI
Gender	Male

PASSENGER 2

Name	GOH YAN LING
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 THE ATTACHED POLICE REPORT- T/20230221/7100

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident WITH OWNER AND FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN7012D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TAY SOO BENG
NRIC No SXXXX975H
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 SMN6669D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver AMRAN BIN MONING
NRIC No SXXXX488H
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 CHOO TEE SHENG,BENSON (ZHU ZHISEN)
Gender Male
Phone No (Phone) +65-98194973
Address BLK 127 PASIR RIS GROVE
Address Complement # 03-05
Post Code 518178
Approximate Age Years Old -
Injuries Sustained BACK PAIN
Injured person in which vehicle? SLQ8150R
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOH YAN HUI
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

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/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.

ON BEHALF

Signature 22/02/23

Policyholder's Signature / Date & Time

Signature 22/02/23

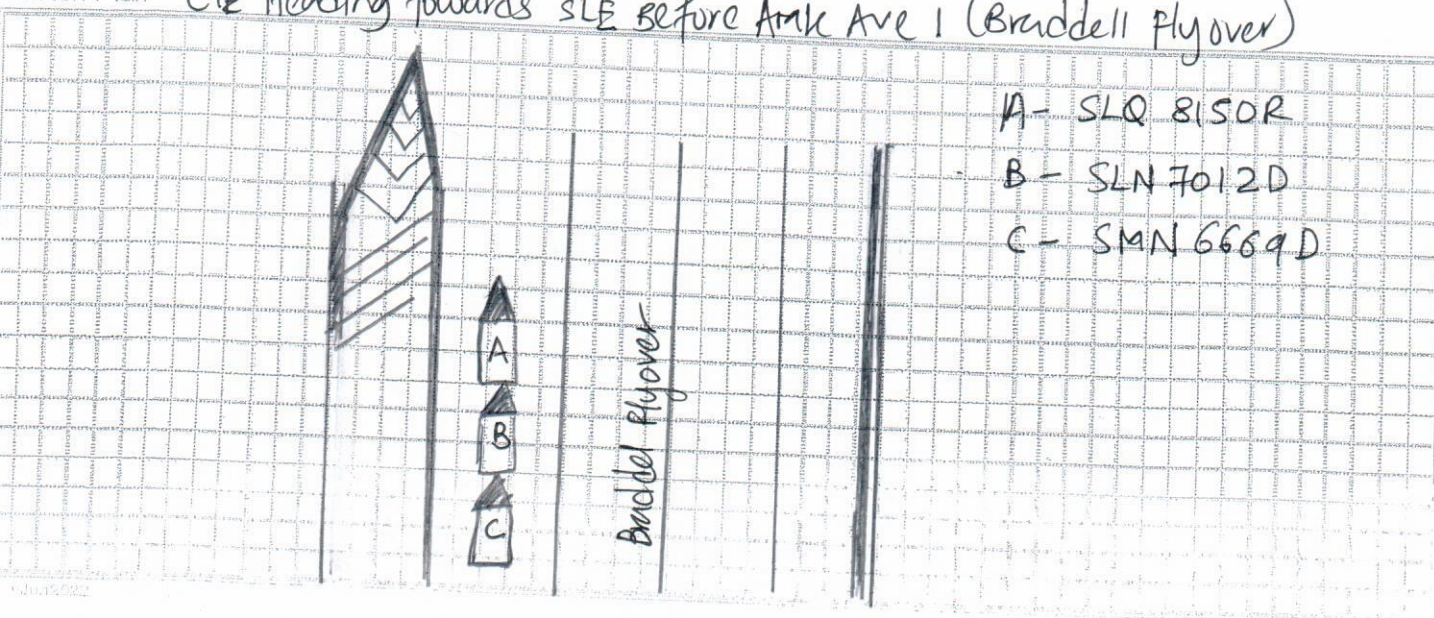
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Signature 22/2/23

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

Sketch Plan

CTE Heading towards SLE before Amk Ave 1 (Braddell Flyover)



Describe Circumstance of the Accident

Please refer to the attached police Report
T/20230221/7100

Declaration

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

ON BEHALF

Lawrence 22/02/23

Policyholder's Signature / Date & Time

Lawrence 22/02/23

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

James 22/2/23

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



SINGAPORE POLICE FORCE



T/20230221/7100

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

1 of 4

Report No. T/20230221/7100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 21:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOO TEE SHENG, BENSON			Address: 127 PASIR RIS GROVE #03-05 SINGAPORE 518178		
ID Type / ID No.: NRIC NO / S9332980E			Contact No.: Home/Office: Mobile: 98194973		
Nationality: SINGAPORE CITIZEN			Email: bensochoo@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 06/09/1993	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 Others	Drink Drive: No	Date/Time of Accident: 21/02/2023 19:10	Type of Location: CTE 10KM/11KM towards SLE
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
SLN7012D	Car	MAZDA		Blue		0
SLQ8150R	Car					0
SMN6669D	Car			Black		0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY SOO BENG	ID No.	S1467975H
Related Vehicle	SLN7012D (Car)	Contact No.	NIL
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
Driver			
Name	CHOO TEE SHENG, BENSON	ID No.	S9332980E
Related Vehicle	SLQ8150R (Car)	Contact No.	98194973
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
Passenger			
Name	GOH YAN HUI	ID No.	S8851491B
Related Vehicle	SLQ8150R (Car)	Contact No.	NIL
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



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

CONTINUATION OF REPORT

Passenger				
Name	GOH YAN LING		ID No.	S9337129A
Related Vehicle	SLQ8150R (Car)		Contact No.	NIL
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
Driver				
Name	AMRAN BIN MONING		ID No.	S7219488H
Related Vehicle	SMN6669D (Car)		Contact No.	NIL
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.

Incident occurred on CTE towards SLE, before AMK AVE 1 exit. My vehicle ("Vehicle A - SLQ8150R") was driving on the CTE, heading towards SLE, between CTE 10 km and 11km mark (as per indicated on map tool). While moving, I noticed that the vehicle ahead begun to slow down and stop, which I responded by slowing my vehicle gradually and coming to a stop as well. After coming to a stop, the vehicle behind me ("Vehicle B- SLN7012D") crashed into my rear. Vehicle B crashed into my vehicle, as the vehicle ("Vehicle C - SMN6669D") behind Vehicle B, was unable to stop in time and crashed into Vehicle B.

This was a chain collision involving my vehicle (which was at the front), Vehicle B and C. Vehicle C rear-ended Vehicle B, which in turn rear-ended my vehicle (Vehicle A).

In my vehicle, consisted of myself, and two other passengers, Goh Yan Ling, and Goh Yan Hui. At moment of incident, my 2 passengers and myself suffered no injuries and left the scene after exchanging the necessary contact information and recording the accident scene with our mobile devices. However, my passengers and myself are experiencing some body aches post-incident.

I have pictures and car-dash footage of the incident. However, these exceed 2MB.



**SINGAPORE
POLICE FORCE**



T/20230221/7100

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

4 of 4

Report No. T/20230221/7100

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:
21/02/2023 21:24

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 02 / 2023 (DD/MM/YYYY), TIME: 19.10 (HH:MM)

LOCATION: CTE heading towards SLE Before Amk 1. (Briddell Flyover)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 8150R
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNAA00141712201
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mazda 3 Auto / MANUAL
 f) TYPE: SALEEN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Chua Lee cheng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1304540B CONTACT: 86991651
 c) ADDRESS: 127 Pasir Ris Grove #03-05, S518178

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Choo Tee sheng, Benson (zhu zhisen) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9332980E CONTACT: 98194973
 c) ADDRESS: Blk 127 Pasir Ris Grove #03-05, S518178

d) DATE OF BIRTH: 06 / 09 / 1993 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 28/08/2012

g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) parent

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: DRY / CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) Back pain

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Ubi

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 7012D MODEL: Tay soo Beng
 b) DRIVER'S NAME: Tay soo Beng
 c) NRIC/FIN/PASSPORT: S14679754 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMN 6669D MODEL:
 e) DRIVER'S NAME: Amman Bin Moning
 f) NRIC/FIN/PASSPORT: S72194884 CONTACT:

Email = bensonchoo@hotmail.com

Yes, with owner



Motor Private Car

MX1F

R SN

DR0555P

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.

DMPCNA00141712201

Engine No.: P520445334

Cha. No.: JM6BN22A8H0153555

1. Index Mark and Registration
Number of Vehicle

SLQ8150R

AUTOSAFE
=====

2. Name of Policy Holder

CHUA LEE CHENG

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

24/07/2022
(00:00:00)

Additional Ex Other than Named Drivers:

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

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

4. Date of Expiry of Insurance

23/07/2023

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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\$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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Yeo Kok Wei Joel
Authorised Officer

Authorised Signatory