

NATIONAL Assessment Centre Services

Date In 06/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/C1123002366/d4	SAS e-filing		
Veh No SMF 197E	E-mail (within 8hrs, AP 2hrs)		
DOA 04/03/2023 13:30	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SNG 16314	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:-	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

NA2300671	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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)			
	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			
	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	06/03/2023 17:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCE TOWARDS AYE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF197E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW WENG YEW
NRIC No	SXXXX011Z
Email Address	bennylow291@gmail.com
Mobile Phone No	(Phone) +65-97972727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004502201

DRIVER

Name of Driver	LOW WENG YEW
NRIC No	SXXXX011Z
Date Of Birth	18/12/1973
Occupation	Outdoor

Date Of Driving Pass	30/05/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97972727
Alt. Phone Number	-
Email Address	bennylow291@gmail.com
Address	APT BLK 291A COMPASSVALE STREET
Address complement	# 08-290
Postcode	541291
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	Raining
Road Surface	Wet

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)	4
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	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Male

PASSENGER 3

Name	GRAB PASSENGER
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/20230306/7082

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNG1631U
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Private car
 Name of Driver GOH KOK THYE EPHREM
 NRIC No SXXXX785J
 Contact Number (Phone) +65-94312688
 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 LOW WENG YEW
 Gender Male
 Phone No (Phone) +65-97972727
 Address APT BLK 291A COMPASSVALE STREET
 Address Complement # 08-290
 Post Code 541291
 Approximate Age Years Old -
 Injuries Sustained LEFT WRIST,NECK,BACK PAIN
 Injured person in which vehicle? SMF197E
 Were seat belts worn? -
 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:

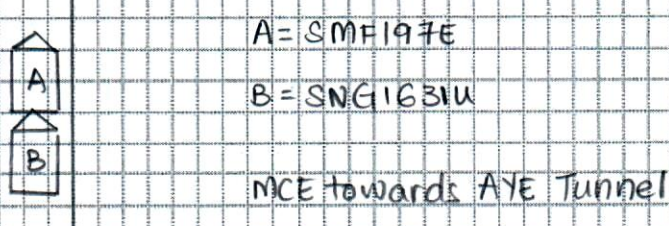
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

	<p>A = SMF197E</p> <p>B = SNG1631U</p> <p>NCE towards AYE Tunnel</p>
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Describe Circumstance of the Accident


Refer to Police Report


Police Report No. : T/20230306/7082

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

 6/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2023 16:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW WENG YEW			Address: 291A COMPASSVALE STREET #08-290 SINGAPORE 541291		
ID Type / ID No.: NRIC NO / S7345011Z			Contact No.: Home/Office: Mobile: 97972727		
Nationality: SINGAPORE CITIZEN			Email: bennylow291@gmail.com		
Sex: Male	Age: 49	Date of Birth: 18/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2023 13:30	Type of Location: Straight Road
Location: MCE TOWARDS AYE TUNNEL				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
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
SMF197E	Car	HONDA	FREED HYBRID 1.5G AUTO	Red	Seriously Damaged	3
SNG1631U	Car	TOYOTA		White		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF197E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000045 02201	25/04/2022	24/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LOW WENG YEW		ID No.	S7345011Z
Related Vehicle	SMF197E (Car)		Contact No.	97972727
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/03/2023		Date	04/03/2023
No. of Days granted Medical Leave	07		Degree of	Serious
Driver				
Name	GOH KOK THYE EPHREM		ID No.	S9521785J
Related Vehicle	SNG1631U (Car)		Contact No.	94312688
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.

On 4 March 2023 (Sat) at about 1.30pm, I was driving along MCE towards AYE entering the tunnel on a straight road after I had picked customers from MBS Hotel Tower one.

The front vehicle slowed down and stopped. I also slowed down and stopped without hitting any front vehicle. Suddenly, I heard a loud bang behind my rear. As the road was very narrow, we shifted our vehicles to the shoulder lane.

I then saw that it was one Toyota bearing registration number plate: SNG 1631U that had hit onto my rear causing damages to my rear portion.

I had 3 passengers with me. I had video footage in my car also.

I was unable to select the proper clinic name from the list. It was INTEMEDICAL KOVAN.



**SINGAPORE
POLICE FORCE**



T/20230306/7082

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230306/7082

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230306/7082

4 of 4

Report No. T/20230306/7082

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

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 /
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:
06/03/2023 16:17

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 04/03/2023		Time: 13:30	(hh:mm) 24 hr format
Location MLE towards AYE Tunnel			
Vehicle Number SMF197E			
Insured Name Low Weng Yew			
NRIC / FIN S7345011Z		Contact Number 9797 2727	
Make Honda		Model Freed	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: (/) Third Party () Reporting			
Insurance Company China Taiping			
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number DMHCSNW00004502201			
Name of Driver		(/) Same as Insured	
NRIC / FIN S7345011Z		Contact Number 9797 2727	
Date of Birth 18/12/1973			
Driving Pass Date 30/05/2008			
Occupation () Indoor (/) Outdoor			
Gender (/) Male () Female			
Email Address bennylow291@gmail.com		() NO EMAIL	
Address of Driver BLK 291A Compassvale Street #08-290			
Singapore 541291			
Was driver an employee of the Insured's Company? () Yes (/) No			
If No, Relationship of the Driver with the Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes (/) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions () Clear (/) Raining () Others			
Road Surface () Dry (/) Wet () Others			
Was any foreign vehicle involved in this accident? () Yes (/) No			
Was anybody injured in the accident? (/) Yes () No			
If yes, injured detail Low Weng Yew - Left Wrist, Neck, Back Pain			
Was there any video captured by Car Camera? () Yes (/) No			
Was the Accident reported to the Police? (/) Yes () No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric Contact	
Veh B SNG1631U			
Veh C			
Veh D			
Veh E			
Veh F			

Passengers : 1) Grab Passenger (M)
2) Grab Passenger (M)
3) Grab Passenger (F)

Motor Hire Car

MZ406L/B

R SN

AN0101A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMHCSNW00004502201

Engine No.: LEB5606530

Cha. No.:GB71072125

1. Index Mark and Registration
Number of Vehicle

SMF197E

AUTOSAFE
=====

2. Name of Policy Holder

LOW WENG YEW

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment25/04/2022
(00:00:00)

Excess Sect. I . S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore). S\$2,500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

24/04/2023

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

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.

LOW WENG YEW

6. Limitations as to use:*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: GENIE FINANCIAL SERVICES 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: I TRUST PTE LTD
Authorised Officer

Authorised Signatory