

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	27/03/2023		
Ref No	NM/C1/23003169/W		
Veh No	SLN 49652		
DOA	25/03/2023 10:00		
OD/TP	Reporting Only		
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 8 hrs. Aft 2 hrs)			
i-Motor Claim Form			
i-Motor W/O (Within: OD 2hrs, TP 4hrs)			
i-Photo Uploaded			
Assessment/Survey Report			
Ass't Report by Fax / Hand to Owner/Wksp			

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SCZ 8996.B	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Cover Type: (
Period: (
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] ()		

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add
NA/2300900 / NA 2300901	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*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	27/03/2023 17:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Simei Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN4965Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Bee Yim (Chen Meiyin)
NRIC No	SXXXX635C
Email Address	davesohkh@gmail.com
Mobile Phone No	(Phone) +65-97654015
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017312200

DRIVER

Name of Driver	Dave Soh Keng Hau (Su Qinghao)
NRIC No	SXXXX915G
Date Of Birth	14/07/1977
Occupation	Outdoor

Date Of Driving Pass	08/03/2002
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-98417433
Alt. Phone Number	-
Email Address	davesohkh@gmail.com
Address	Blk 21 St George's Road
Address complement	#11-49
Postcode	322002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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	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

Refer to Police Report No. T/20230327/7016.

ATTACHMENT(S)

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	SCZ8996B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Dave Soh Keng Hau (Su Qinghao)
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Head, shoulder, neck, chest and hip.
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 25/3/2023 Accident Time: 10:00 (24-HR-Format)

Accident Place : Junction of Simei Rd in front of Metta Welfare Association

Vehicle No. (Car Plate No.) : 3N 4965Z Make/Model: Honda Shuttle 15

Insurance Company : China Shipping Policy No: DMHCSNW00017312200

Owner or Company Name /IC No. : Tan Bee Yim (S79046356)

Owner or Company Contact No. : 9765 4015 Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : Dave Soh Keng Hau (S77189156)

DRIVER'S Date Of Birth : 14/7/1977 DRIVER'S License Pass Date 8 mar 2002

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —

DRIVER'S Address : Blk 2 St. George's Rd #11-49 (S) 322002

DRIVER'S Contact No./ Alt No. : 1) 9841 7433 2) —

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : dave.soh.kh@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Driver

*** NEW - Passenger's name & gender:**

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 Authorised 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. The 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.

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.

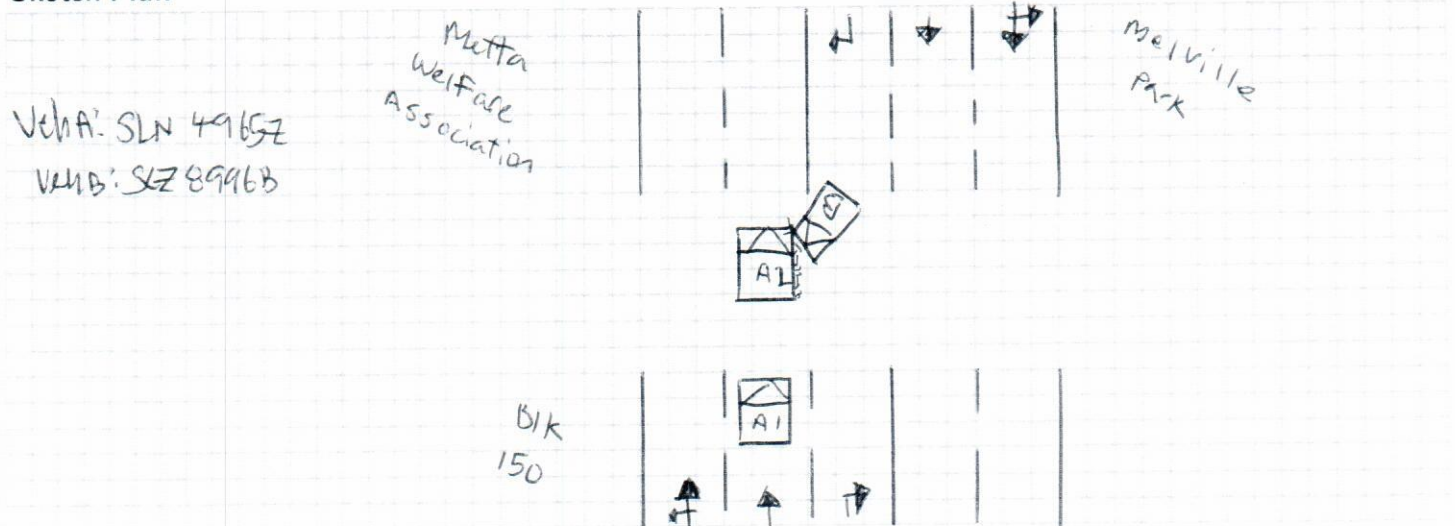
Policyholder's Signature / Date & Time

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

27/03/2023

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Diagram illustrating the circumstances of the accident:

Police

Police

AD

AD

Driver

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



27/03/2023
Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 10:54	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: DAVE SOH KENG HAU			Address: 2 ST. GEORGE'S ROAD #11-49 SINGAPORE 322002		
ID Type / ID No.: NRIC NO / S7718915G			Contact No.: Home/Office: Mobile: 98417433		
Nationality: SINGAPORE CITIZEN			Email: DAVESOHKH@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 14/07/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE 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: 25/03/2023 10:00	Type of Location: X-Junction
Location:	SIMEI ROAD			
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCZ8996B	Car					0
SLN4965Z	Car	HONDA	SHUTTLE	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230327/7016

2 of 3

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

Report No. T/20230327/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAVE SOH KENG HAU	ID No.	S7718915G
Related Vehicle	SLN4965Z (Car)	Contact No.	98417433
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/03/2023	Date	26/03/2023
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time. I, Vehicle A (SLN4965Z) was traveling straight on Lane 2 of Simei Road towards the junction. Suddenly, Vehicle B (SCZ8996B) from opposite direction make a right turn and collided onto my vehicle right portion.
After the accident i felt pain on head,shoulder,neck,chest and hip. I went to tan tock seng hospital and was given 5days mc.



**SINGAPORE
POLICE FORCE**



T/20230327/7016

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

3 of 3

Report No. T/20230327/7016

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

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

Date/Time:
27/03/2023 10:54

Classification Of Case:

Motor Hire Car

MZ406L/B

N SN

AN0770A

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.	DMHCSNW00017312200	Engine No.: L15B5002804	Cha. No.: GK81102376
1. Index Mark and Registration Number of Vehicle	SLN4965Z	AUTOSAFE	=====
2. Name of Policy Holder	TAN BEE YIM (CHEN MEIYIN)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	05/11/2022 (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
4. Date of Expiry of Insurance	04/11/2023	Excess Sect.II (Outside Singapore).	\$S\$2,500.00
		EX ON WINDSCREEN .	\$S\$100.00
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. TAN BEE YIM (CHEN MEIYIN)			
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.: HENLY ENTERPRISES CO 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: ASSURE (SINGAPORE) PTE LTD
Authorised Officer

Authorised Signatory