

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date In	27/03/2023		
Ref No	NA/CTI23003178/d4		
Veh No	PC 295K		
DOA	24/03/2023 14:10		
OD/TP	Reporting Only		
TP Insurer:			
Job description			
SAS e-filing			
E-mail (within 8hrs. Aft 2hrs)			
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: GBU 394.

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

NA2300909

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Call 1:

Call 2/3:

Invoice Preparation Checklist

Invoice (\$)	Ant
Est Bill	Add
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: (Inc 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	27/03/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	24/03/2023 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE AFTER PUNGGOL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC295K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HP PROPERTY AND FACILITY SERVICES PTE LTD
Company Reg No	1XXXXX268H
Email Address	madwolf1997@hotmail.com
Mobile Phone No	(Phone) +65-96699893
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00007042200

DRIVER

Name of Driver	MAURICE LIM JIAN DI
NRIC No	SXXXX325G
Date Of Birth	16/09/1998
Occupation	Outdoor

Date Of Driving Pass	23/08/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87983896
Alt. Phone Number	-
Email Address	madwolf1997@hotmail.com
Address	16A SOMMERVILLE ROAD
Address complement	-
Postcode	358239
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	9
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	MARCUS TOH KOON KEE
Gender	Male

PASSENGER 2

Name	EDMUND YEO YI ZHI
Gender	Male

PASSENGER 3

Name	MAYBER TAN YUN HONG
Gender	Female

PASSENGER 4

Name	KEANE YEO JUNHAO
Gender	Male

PASSENGER 5

Name	MELISSA KHOO KAILING
Gender	Female

PASSENGER 6

Name	JASON LIM YI SHENG
Gender	Male

PASSENGER 7

Name	SYLVESTER LIM CAI JIA
Gender	Male

PASSENGER 8

Name

Gender

TAN AI TING

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/20230324/7076

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 GBU39U

Vehicle Manufacturer Toyota

Vehicle Model Hiace

Vehicle Variant -

Vehicle Colour -

Vehicle Category Commercial vehicle

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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKV296S

Vehicle Manufacturer Honda

Vehicle Model Jazz

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

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.

x *Raymond Hui*

Policyholder's Signature / Date & Time

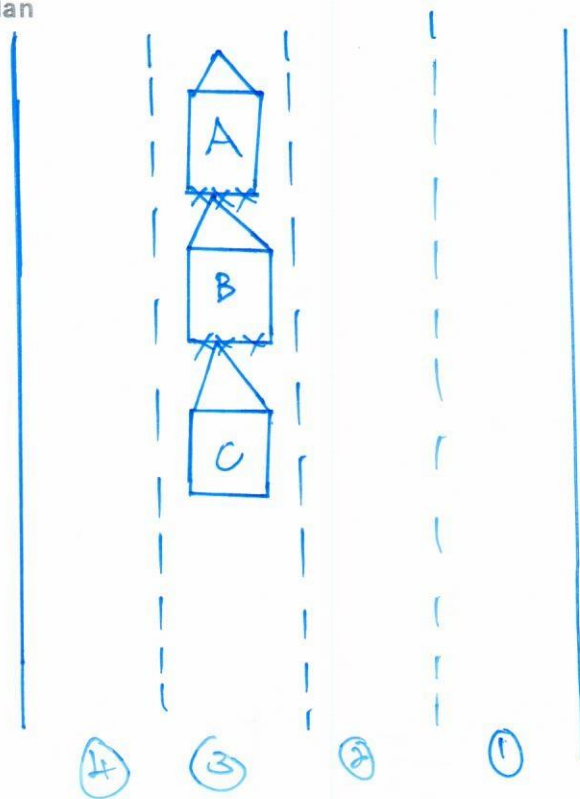
Man

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

gumail 27/3/23

Witnessed by Reporting Centre Personnel

Sketch Plan



① PC 295K

② GBU 39 U

③ SKN 296 S

TPE AFTER PUNGOL ROAD

Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

x Raymond Hitt
Policyholder's Signature / Date &
Time

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

gummed 27/3/23
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230324/7076

1 of 4

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

Report No. T/20230324/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2023 21:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MAURICE LIM JIAN DI			Address: 16A SOMMERVILLE ROAD SINGAPORE 358239		
ID Type / ID No.: NRIC NO / S9831325G			Contact No.: Home/Office: Mobile: 87983896		
Nationality: SINGAPORE CITIZEN			Email: MADWOLF1997@HOTMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 16/09/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2023 14:10	Type of Location:
Location: TAMPINES EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC295K	Van					8

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20230324/7076

2 of 4

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

Report No. T/20230324/7076

CONTINUATION OF REPORT

Driver			
Name	MAURICE LIM JIAN DI	ID No.	S9831325G
Related Vehicle	PC295K (Van)	Contact No.	87983896
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time, I was driving PC295K along TPE(Changi) with 8 passengers on board.

My front passenger, Marcus Toh Koon Kee, and I were sending our friends namely:

Edmund Yeo Yi Zhi M
Mayber Tan Yun Hong F
Keane Yeo Junhao M
Melissa Khoo Kailing F
Jason Lim Yi Sheng M
Sylvester Lim Cai Jia M
Tan Ai Ting F

to the airport.

I had gradually come to a stop due to traffic conditions near to Punggol Road exit and I was waiting for the vehicles in front to move off when one massive impact hit onto the rear of my vehicle.

The 9 of us, who were all belted, were caught by surprise by the impact.

My body lurched forward and resulted in me jamming my wrist against the steering.

Upon alighting, I realised that my vehicle was involved in a 3 car chain collision involving:

PC295K
GBD39U
SKV296S

where my vehicle was the first vehicle.

After dropping our friends off, I started feeling soreness in my neck, shoulders, wrist and lower back areas.

Marcus also complained of the similar injuries and as such, we proceeded to seek treatment



**SINGAPORE
POLICE FORCE**



T/20230324/7076

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230324/7076

CONTINUATION OF REPORT

at my family doctor Intemedical Potong Pasir the same evening.

Marcus and I were given 5 days MC each for injuries caused by the accident.

I am unsure if our friends had suffered injuries as they are currently overseas.



SINGAPORE POLICE FORCE



T/20230324/7076

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

4 of 4

Report No. T/20230324/7076

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:

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

Date/Time:
24/03/2023 21:15

Classification Of Case:

Date of Accident : 24/08/23 Accident Time: 1410 HRS (24-HR-Format)
Accident Place : TPE AFTER FUNGLOL RD
Vehicle No. (Car Plate No.) : PC 295 K Make/Model: TOYOTA HIACE
Insurance Company : CHINA TAIPING Policy No: DMBLSRW00007042000
Owner or Company Name /IC No. : HP PROPERTY AND FACILITY SERVICES PTE LTD
Owner or Company Contact No. : LIM HONG PHAN Owner's Hp 96699893 Company Tel
DRIVER'S Name / IC No. : MAURICE LIM JIAN DI
DRIVER'S Date Of Birth : 16/09/1998 DRIVER'S License Pass Date 23/08/2018
Relationship of Owner & Driver : Spouse (Parent) Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 16A SOMMERVILLE ROAD
DRIVER'S Contact No./ Alt No. : 1) 8798 3896 2) _____
DRIVER'S Occupation : INDOOR \ (OUTDOOR) (e.g. working inside or outside office)
Email Address : MADNOLF1997@HOTMAIL.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): 9
Was there any video Captured by car camera: YES \ (NO)
Exact purpose for which vehicle was being used at time of accident: Private use \ (Work Purpose)
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: (B) EBU 39 U

Vehicle Make \Model: TOYOTA HIACE

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle. No: (C) SKV 296 S

Vehicle Make \Model: HONDA JAZZ

Name Driver: _____

IC No. Driver/Contact: _____

* NEW – Passenger's name & gender:



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 Bus

MZ601

N SN

AN0622A

Cov. Type:F

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.

DMB1SNW00007042200

Engine No.: 1KD2091350

Cha. No.:JTFST22P900010488

1. Index Mark and Registration
Number of Vehicle

PC295K

2. Name of Policy Holder

HP PROPERTY AND FACILITY SERVICES PTE. LTD.

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

03/05/2022
(00:00:00)

Excess Sect. II S\$3,000.00

4. Date of Expiry of Insurance

02/05/2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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. : 360 CREDIT & LEASING 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:

SAFETY INSURED PTE LTD

Authorised Officer



杨亚美

Authorised Signatory

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