

NATIONAL Assessment Centre Services (part 1 of 4)			
Date In: 31/08/2023 17:06	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: N/A/C12230034047	E-mail (with AIC 2013)		
Veh No: 8B 3164e	1-Motor Claim Form		
D.O.A: 31/03/2023 08:30	1-Motor W/O (whats app 2013, 2014, 2015)		
QC: TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		
Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: YN 7671-Y	INC () / Non-INC ()		
Owner / Driver: (Tel:		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Printed:	
Insured/Driver Liability: ()	% (Note: Hst Status (WO): 10-0-30%, P: 21-72%, P: 30-140%)		
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 Non-Inc 6788.0015) 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 of Incident:			
Location:			
Description:			
Witness:			
Driver/Owner:			
Contact No:			
Assigned Person:			
Checked by (Engr-In-Charge):			
Customer's Comments:			
C/L:			
P/S:			
Invoice Preparation Charges:		Amount:	
1) A/L: Accident Paperwork (\$30)		V.	
2) DA: Damage Assessment (\$100)		INC (\$55)	
3) TP: Towing Fee		\$10/\$45	
4) PE: Follow-Through Survey		\$132	
5) PE: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-Inspection		\$75	
7) N/A: DA + DMRT Survey		\$145	
8) NTUC Additional Fee:			
GR:			
*NS: Courtesy Car / Tel Allowance		\$5	
*NS: Repair Coordination		\$15	
*NS: Post Repair Inspection		\$15	
*NS: DV / Collect Excess Coordination		\$1	
*TP (H1): TP (Non-INC) replaces INC		\$20	
*NS: 1214s Motor		10	
Invoice dated:		Fee Charged:	
Total Fee:		Total Paid:	

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	31/03/2023 17:06 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/03/2023 08:30 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	TRAFFIC LIGHT JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3764G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH JIA LIN
NRIC No	SXXXX128A
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-81804008
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	DMHCSNW00005782300

DRIVER

Name of Driver	TOH JIA LIN
NRIC No	SXXXX128A
Date Of Birth	13/12/1986
Occupation	Outdoor

Date Of Driving Pass	14/04/2005
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81804008
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 484C CHOA CHU KANG AVENUE 5 #01-50
Address complement	-
Postcode	683484
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230331/2032

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	YN7671Y
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

Name of Driver	NG SIAM PHENG
NRIC No	SXXXX436Z
Contact Number	(Phone) +65-84083087
Address	-
Address complement	BLK 125 BEDOK NORTH ROAD #02-115
Postcode	460125
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	TOH JIA LIN
Gender	Male
Phone No	(Phone) +65-81804008
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLB3764G
Were seat belts worn?	Yes
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.

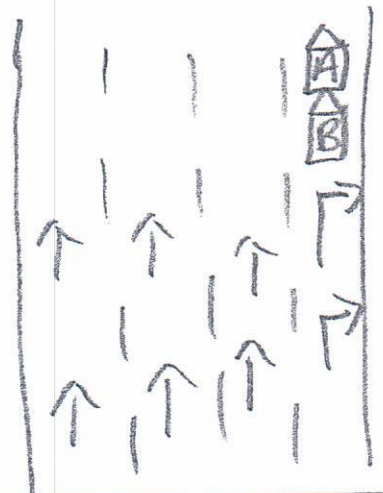
Policyholder's Signature / Date & Time

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

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

Sketch Plan

vehicle A SLB 3764G
vehicle B YN 7671Y



Describe Circumstance of the Accident

Refer to police Report

T/20230331/2032

Declaration

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

WS

Policyholders Signature / Date & Time

WS

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

WS 31/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)



**SINGAPORE
POLICE FORCE**



T/20230331/2032

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20230331/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2023 11:20	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant TOH JIA LIN			Address: 484C CHOA CHU KANG AVENUE 5 #01-50 SINGAPORE 683484	
ID Type / ID No.: NRIC NO / S8638128A			Contact No.: Home/Office:	Mobile: 81804008
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 13/12/1986	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 08:30	Type of Location:
Location: KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		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
SLB3764G	Car	TOYOTA	COROLLA AXIO 1.5X A	White	Seriously Damaged	0
YN7671Y	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB3764G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000057 82300	14/03/2023	03/04/2024



**SINGAPORE
POLICE FORCE**



T/20230331/2032

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20230331/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH JIA LIN	ID No.	S8638128A
Related Vehicle	SLB3764G (Car)	Contact No.	81804008
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	31/03/2023	Date Discharge	31/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG SIAM PHENG	ID No.	NIL
Related Vehicle	NIL	Contact No.	84083087
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/03/2023 at about 0830hrs, I was at a traffic light junction of Keppel Road and was waiting for the traffic light to turn right to Kampong Bahru Road. My vehicle (SLB3764G) was stationary at the point of time.

Suddenly I felt an impact from my rear and discovered that a heavy vehicle lorry (YN7671Y) had collided to my rear vehicle. I then alighted my vehicle and made a check on my vehicle. My vehicle sustained damages such as cracks and dents on the rear, the rear bumper was also back damaged.

I had no passenger at that point of time.

I then exchanged particulars with the lorry driver and left the scene afterwards. No police or ambulance were called. Subsequently I suffered pain on my neck and on my lower back due to the impact.

I visited Mount Alvernia Hospital A&E and I was granted MC for 5 days.

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ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 31/03/2023 Time: 08:30 Am (24 hr format)
Exact Location of Accident *	Keppel Road Traffic Light Junction
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SLB 3764G Make & Type: Toyota Axio
Name of Registered Owner *	Toh Jia Lin
NRIC / FIN / Passport / Co Regn No. *	S8638128A
Contact Number *	8180 4008 Email/Fax No: Winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
INSURANCE COMPANY (OWN VEHICLE)	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China EQ / Etiqa / MSIG / Tokio Marine / Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	DMHCSNW 0000 578 2300
DRIVER	
Name of Driver *	Toh Jia Lin
NRIC / FIN / Passport Number *	S8638128A Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Date of Birth *	13/12/1986 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	14/04/2005
Contact Number *	8180 4008
Address	Blk 484C Chon chuan Ave 5 #01-50 S (683484)
Email Address / Fax Number *	Email: Winsan_tingwei@hotmail.com Fax: -
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom?
Number of Passengers (including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) YN 7671Y	2)
Vehicle Make / Model / Colour	ISUZU / white	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	NG SIAM PHENG	
NRIC/Passport Number	S1639436Z	
Contact Number	8408 3087	
Address	Blk 125 Bedok North Road	#02-115 S(460125)
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Motor Hire Car

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)

MZ406L/B

N SN

AN0764A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00005782300

Engine No.: 2NR8501149

Cha. No. NRE1610009749

1. Index Mark and Registration
Number of Vehicle

SLB3764G

AUTOSAFE
=====

2. Name of Policy Holder

TOH JIA LIN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (15:04:11)
Ordinance or Enactment

14/03/2023

4. Date of Expiry of Insurance

03/04/2024

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

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.

TOH JIA LIN

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.: KENSO 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: KENSO LEASING PTE LTD

Authorised Officer

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