

NATIONAL Assessment Centre Services (part 1 of 2) **NA 22450004**

Date In: 05/04/2023 17:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA 22450004	E-mail (within 24hrs, A/C 2hrs)		
Veh No: SNB 3605J	1-Motor Claim Form		
D.O.A: 04/04/2023 01:40	1-Motor W/O (Whats: 02 hrs, 24 hrs)		
QC: TP (Reporting Only)	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: **VFG 3504** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est Status (WO): 10-0-30%, P: 21-79%, P: 80-140%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of rep/rep.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time: ()

Location: ()

Signature: ()

NA 2200993

Invoice Preparation Checklist:

1) A/R: Accident Reporting (\$20)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PC: Follow-Through Survey	\$15
5) PT: Follow-Through Survey (Recovery)	\$10
6) TR: Ref/Speeder	\$25
7) NI: Haul DA + SMRT Survey	\$140
8) NIUC Additional Fee (\$10)	
9) QC	
*NI: Courtesy Car / Tot Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$15
*NI: DV / Collect Excess Coordination	\$5
*TP (NI) / TP (Non-INC) / Invoice INC	\$20
10) NI: 12/12/23	10

Invoice dated: () Fee Charged: ()

Checked by (Engr-In-Charge): ()

Customer's Signature: ()

TP: ()

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	05/04/2023 17:39 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 01:40 (SGT)
Exact Location of Accident	Near 6X2M+GW Padang Tengku, Pahang, Malaysia
Additional Location Information	K L HIGHWAY (BEFORE EXIT 603)
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB3605J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO KAH NGAI
NRIC No	SXXXX556D
Email Address	alexbeh.pc@gmail.com
Mobile Phone No	(Phone) +65-94598993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00014192201

DRIVER

Name of Driver	KAM WAI YUEN
NRIC No	SXXXX839A
Date Of Birth	02/10/1981
Occupation	Indoor

Date Of Driving Pass	26/04/2017
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-97109729
Alt. Phone Number	-
Email Address	ronaldkam20@gmail.com
Address	BLK 323C SUMANG WALK #06-927
Address complement	-
Postcode	823323
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	VFG3504
Vehicle Category	Private car

PASSENGER 1

Name	HO KAH NGAI
Gender	Male

PASSENGER 2

Name	WONG YOOT LEN
Gender	Female

PASSENGER 3

Name	YONG WAI POH
Gender	Male

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 SKETCH AND POLICE REPORT T/20230405/7057

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	VFG3504
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)	-

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

KL HIGHWAY (BEFORE EXIT 603)

Describe Circumstance of the Accident

I WAS DRIVING ALONG LANE 1 ON THE HIGHWAY.

THE VEHICLE IN FRONT SLOWED DOWN, I FOLLOWED TO

SLOW DOWN. SUDDENLY, I FELT AN IMPACT FROM

THE REAR. I ALIGHTED AND FOUND MY VEHICLE

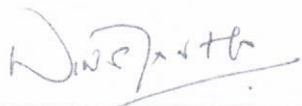
I COLLIDED BY VEHICLE B. BOTH OF US LODGED

A POLICE REPORT AT MALAYSIA.

POLICE REPORT T/20230405/7057

Declaration

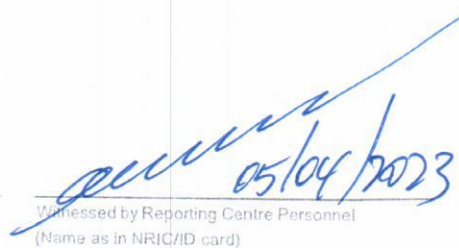
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


05/04/2023

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



**SINGAPORE
POLICE FORCE**



T/20230405/7057

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

1 of 3

Report No. T/20230405/7057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2023 16:27	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KAM WAI YUEN			Address: 323C SUMANG WALK #06-927 SINGAPORE 823323		
ID Type / ID No.: NRIC NO / S8156839A			Contact No.: Home/Office:		Mobile: 97109729
Nationality: SINGAPORE CITIZEN			Email: RONALDKAM20@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 02/10/1981	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 Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/04/2023 13:40	Type of Location: KL highway
Location: WOODLANDS SQUARE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 80 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
SNB3605J	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230405/7057

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

2 of 3

Report No. T/20230405/7057

CONTINUATION OF REPORT

Driver				
Name	KAM WAI YUEN		ID No.	S8156839A
Related Vehicle	SNB3605J (Car)		Contact No.	97109729
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.

I was driving along Lane 1 on the highway . The vehicle in front slowed down , i followed to slow dow suddenly , i felt an impack from the rea . I alighted and found my vehicle collided by vehicle B . Both of us lodged a police report at malaysia



**SINGAPORE
POLICE FORCE**



T/20230405/7057

3 of 3

Report No. T/20230405/7057

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
05/04/2023 16:27

Classification Of Case:



CAWANGAN TRAFIK
 IBU PEJABAT POLIS DAERAH SUBANG JAYA,
 POLIS DIRAJA MALAYSIA,
 JALAN PERSIARAN KEWAJIPAN USJ 8,
 47600 SUBANG JAYA, SELANGOR
 0378627087

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : KAM WAI YUEN
 No Kad Pengenalan / Paspot : S8156839A
 No Repot Polis : TRAFIK SUBANG JAYA/006371/23
 Tarikh @ Masa Repot Polis : 04/04/2023 @ 14:43
 Pengesahan Penerimaan Repot :

.....
 Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R128133) SJA AZRI BIN SHAMSUDIN
 Tempat Tugas : BUKIT AMAN , Bukit Aman
 No Telefon Pejabat : No Telefon Bimbit : 012-8670641
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

.....
 Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

.....
 Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis : 08:30 Pagi - 01:00
 Tengah Hari 02:00 Petang - 04:00
 Petang Jumaat : 08:00 Pagi - 12:00
 Tengah Hari 02:30 Petang - 04:00
 Petang Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1.Salinan Repot Polis	<input type="checkbox"/>
2.Gambar Kenderaan	<input type="checkbox"/>
3.Rajah Kasar Kemalangan	<input type="checkbox"/>
4.Keputusan Siasatan	<input type="checkbox"/>
5.Lain-lain Dokumen	<input type="checkbox"/>

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
 Dokumen :

.....
 Tandatangan Pegawai Kaunter

ACCIDENT STATEMENT

Date of accident: 04/04/2023

Time: 01:40PM

Location of accident: KL HILGHWAY (BEFORE EXIT 603)

Details of Own Vehicle

Vehicle Number: SNB3605J

Make/Model: TOYOTA VIOS

Insurer: CHINA TAIPING

Eng. cc & Transmission: _____

Policy No: DMHCSNW00014192201

Policy Type: C/TPFT/TPO

Name: HO KAH NGAI

NRIC/FIN no.: S1750556D

Email: Alexbeh.pc@gmail.com

Contact no.: 9459 8993

Name: KAM WAI YUEN

NRIC/FIN no.: S8156839A

Email: _____

Contact no.: 9710 9729

Occupation: Indoor / Outdoor

D.O.B: 02-10-1981

Address: BLK 323C SUMANG WALK #06-027 SINGAPORE 923323

Driving pass date: 26-APR-2017

Relationship with Policyholder: RELATIVE

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: _____

Passenger (incl. Driver): 4 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	<u>HO KAH NGAI</u>	<u>WONG YOOT LEN</u>
Gender:	<u>Male</u> / Female	Male <u>Female</u>

3
YONG WAI POH
MALE

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	_____	_____
Contact no.:	_____	_____

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
-		Yes/ No	Yes/ No
-		Yes/ No	Yes/ No

Details of Other Vehicle(s)

	Vehicle B	Vehicle C
Vehicle no.:	<u>VFG 3504</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type and Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder/

Workshop: _____

driver

Signature: _____



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 Hire Car

MZ406L/B

R SH

AN0679A

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.	DM6HCSNW00014192201	Engine No.	2NR5533091
		Chassis No.	MR2B23F3901230239
1. Index Mark and Registration Number of Vehicle	SNB3605J	AUTOSAFE	*****
2. Name of Policy Holder	HO KAH NGAI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17/06/2022 (00:00:00)	Excess Sect I	SG\$1,250.00
		Excess Sect I (Outside Singapore)	SG\$2,500.00
		Excess Sect II	SG\$1,250.00
4. Date of Expiry of Insurance	16/06/2023	Excess Sect II (Outside Singapore)	SG\$2,500.00
		EX ON WINDSCREEN	SG\$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 HO KAH NGAI		
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. TOYOTA FINANCIAL SERVICES SINGAPORE 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

ABWIN 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