

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date: 18/04/2023	Job description: SAS e-filing		
Ref No: NA/C7123003987/d4	E-mail (within 8hrs, Aft 2hrs)		
Veh No: SLT 37149	i-Motor Claim Form		
DOA: 17/04/2023 07:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKS 7056M	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] ()		

Date/Time	Actions

NA2301125		Invoice Preparation Checklist		Am't (\$)	Am't
Claimant's Particulars				Est. Bill	Add
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:		3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors' Comments:		5) FT: Follow-Through Survey (Resurvey) \$30			
Call 1:		For claiming against INC Only (wef 10 Jan 2005)			
Call 2/3:		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 (N-on 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	18/04/2023 14:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER JURONG TOWN HALL ROAD ENTRANCE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3714G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH AH LYE
NRIC No	SXXXX318D
Email Address	kenny.goh1205@gmail.com
Mobile Phone No	(Phone) +65-96247592
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	DMPCSNW00217252205

DRIVER

Name of Driver	GOH AH LYE
NRIC No	SXXXX318D
Date Of Birth	07/06/1962

Occupation	Indoor
Date Of Driving Pass	19/06/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96247592
Alt. Phone Number	-
Email Address	kenny.goh1205@gmail.com
Address	APT BLK 458 CHOA CHU KANG AVENUE 4
Address complement	# 11-205
Postcode	680458
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	KOH GEK GEOK
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/20230417/7031

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	SKS7056M
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJW1641D
Vehicle Manufacturer	Honda
Vehicle Model	City
Vehicle Variant	-
Vehicle Colour	Blue
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKT390M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLL9398M
Vehicle Manufacturer	Mazda
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)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FBP7358P
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Motorcycle
 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 KOH GEK GEOK
 Gender Female
 Phone No (Phone) +65-96247592
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained MUSCLE & CHEST PAIN
 Injured person in which vehicle? SLT3714G
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

IMPORTANT NOTICE

- IMPORTANT NOTICE**
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 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.

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**")

(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.

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

Sketch Plan

A hand-drawn sketch plan on a grid background. It shows a vertical road with a dashed center line. On the right side of the road, there are four rectangular buildings labeled C, A, B, and D from top to bottom. Building E is a trapezoidal shape located to the left of building D. An arrow labeled F points from building D towards the right, indicating a vehicle's path. To the right of the buildings, there is a list of vehicle registration numbers corresponding to the labels A through F.

A = SLT3714G
B = SKS7056M
C = SJW1641D
D = SKT390M
E = SLL9398M
F = FBP7358P

PIE towards Changi (After Jurong Town Hall Road Entrance)

Describe Circumstance of the Accident


Refer to Police Report

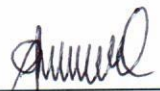
Police Report No. : T/20230417/7031

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

 18/4/2023
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 No. T/20230417/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2023 12:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH AH LYE			Address: 458 CHOA CHU KANG AVENUE 4 #11-205 SINGAPORE 680458		
ID Type / ID No.: NRIC NO / S1523318D			Contact No.: Home/Office: Mobile: 96247592		
Nationality: SINGAPORE CITIZEN			Email: KENNY.GOH1205@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 07/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2023 07:30	Type of Location: Straight Road
Location: PIE TOWARDS CHANGI AFTER JURONG TOWN HALL ENTRANCE				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7358P	Motorcycle	OTHERS				0
SJW1641D	Car	HONDA	CITY	Blue		2
SKS7056M	Car	KIA		Red		0
SKT390M	Car	OTHERS				0



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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL9398M	Car	MAZDA				0
SLT3714G	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT3714G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002172 52205	26/10/2022	25/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KOH GEK GEOK	ID No.	S1598583F
Related Vehicle	SLT3714G (Car)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/04/2023	Date	17/04/2023
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	GOH AH LYE	ID No.	S1523318D
Related Vehicle	SLT3714G (Car)	Contact No.	96247592
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



**SINGAPORE
POLICE FORCE**



T/20230417/7031

3 of 4

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

Report No. T/20230417/7031

CONTINUATION OF REPORT

Brief Details.

On 17.04.2023 (Mon) at about 07:30 hours along PIE towards Changi (After Jurong Town Hall Road Entrance), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard loud bangs from behind and the great impact pushed my vehicle to move forward and hit onto the front vehicle (C). When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 6 vehicles involved and I have 1 passenger in my vehicle (A).

Vehicle (A): SLT 3714G
Vehicle (B): SKS 7056M
Vehicle (C): SW 1641D
Vehicle (D): SKT 390M
Vehicle (E): SLL 9398M
Vehicle (F): FBP 7358P



**SINGAPORE
POLICE FORCE**



T/20230417/7031

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

4 of 4

Report No. T/20230417/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Signature Of Informant:

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

Date/Time:
17/04/2023 12:01

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/04/2023	Time: 07:30	(hh:mm) 24 hr format
Location PIE towards Changi (After Jurong Town Hall Road Entrance)		
Vehicle Number SLT3714G		
Insured Name Goh Ah Lye		
NRIC /FIN S1523318D	Contact Number 9624 7592	
Make Honda	Model Vezel	
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 DMPCSNW00217252205		
Name of Driver		(/) Same as Insured
NRIC /FIN S1523318D	Contact Number 9624 7592	
Date of Birth 07/06/1962		
Driving Pass Date 19/06/1984		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address kenny.goh1205@gmail.com		() NO EMAIL
Address of Driver BLK 458 Choa Chu Kang Avenue 4		
#11-205 Singapore 680458		
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 Passenger - conveyed ambulance (muscle & chest 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 SKS 7056M		
Veh C SJW 1641D		
Veh D SKT 390M		
Veh E SLL 9398M		
Veh F FBP 7358P		

Passenger: 1) KOH GEK GEOK (F)

Motor Private Car

MX1F

R SN

AN0420A

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.

DMPCSNW00217252205

Engine No.: LEB5955683

Cha. No.: RU31255666

1. Index Mark and Registration
Number of Vehicle

SLT3714G

AUTOSAFE

=====

2. Name of Policy Holder

GOH AH LYE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

26/10/2022

Named Drivers Ex Sect. I \$500.00
Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$3,000.00

Ex Sect. I - Age >= 26 \$500.00

4. Date of Expiry of Insurance

25/10/2023

* Age as at date of accident
EX ON WINDSCREEN \$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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 for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability
trial, speed-testing, the carriage of goods other than samples in connection with any trade or business
or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)
will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event
of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) 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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory