

# NATIONAL Assessment Centre Services

Date In: 08/08/2023 15:39	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: X188/C712300481/4	E-mail (within 24hrs, A/C 24hrs)		
Veh No: 867 5611B	1-Motor Claim Form		
D.O.A: 30/09/2023 - 18:00	1-Motor W/O (within 24hrs, A/C 24hrs)		
QC (TP) Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: GBL 815D	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel: (	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: ( )	95 (Note: Use Status (WO): 11: 0-30%, 12: 21-70%, 13: 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 Cost : to e-mail Insurer URGENTLY.

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

Remarks: (INC No: 0718-0014)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police Report: ( )

Insurance Claim: ( )

X188/30/30	Invoice Preparation Checklist
1) All: Accident Reporting (1500)	
2) DA: Damage Assessment (1500)	INC (550)
3) TP: Towing Fee	\$50/\$45
4) PE: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Recovery)	\$50
6) TR: Towing Fee	\$75
7) NI: New DA & SMART Survey	\$145
8) NTUC Additional Services	
9) QC	
10) NI: Courtesy Car / Tot Allowance	\$55
11) NI: Repair Coordination	\$10
12) NI: Post Repair Inspection	\$20
13) NI: DV / Collect Excess Coordination	\$1
14) TP (11) (TP (INC) Invoice INC	\$20
15) TP (11) (TP (INC) Invoice INC	\$20
16) TP (11) (TP (INC) Invoice INC	\$20
17) TP (11) (TP (INC) Invoice INC	\$20
18) TP (11) (TP (INC) Invoice INC	\$20
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26) TP (11) (TP (INC) Invoice INC	\$20
27) TP (11) (TP (INC) Invoice INC	\$20
28) TP (11) (TP (INC) Invoice INC	\$20
29) TP (11) (TP (INC) Invoice INC	\$20
30) TP (11) (TP (INC) Invoice INC	\$20



## 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	03/05/2023 15:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/04/2023 10:00 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5411B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BOON POH HUAT
NRIC No	SXXXX493B
Email Address	ninja@carcity.com.sg
Mobile Phone No	(Phone) +65-96995539
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00019382201

#### DRIVER

Name of Driver	BOON POH HUAT
NRIC No	SXXXX493B
Date Of Birth	06/01/1971
Occupation	Outdoor

Date Of Driving Pass	20/09/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96995539
Alt. Phone Number	-
Email Address	ninja@carcity.com.sg
Address	BLK 975 JURONG WEST STREET 93 #06-399
Address complement	-
Postcode	640975
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	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)	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	-

#### PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

#### PASSENGER 3

Name	UNKNOWN PAX
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230501/2000

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... WITH TRAFFIC POLICE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBL815D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
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) ..... -

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person ..... BOON POH HUAT  
Gender ..... Male  
Phone No ..... (Phone) +65-96995539  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... SGT5411B  
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

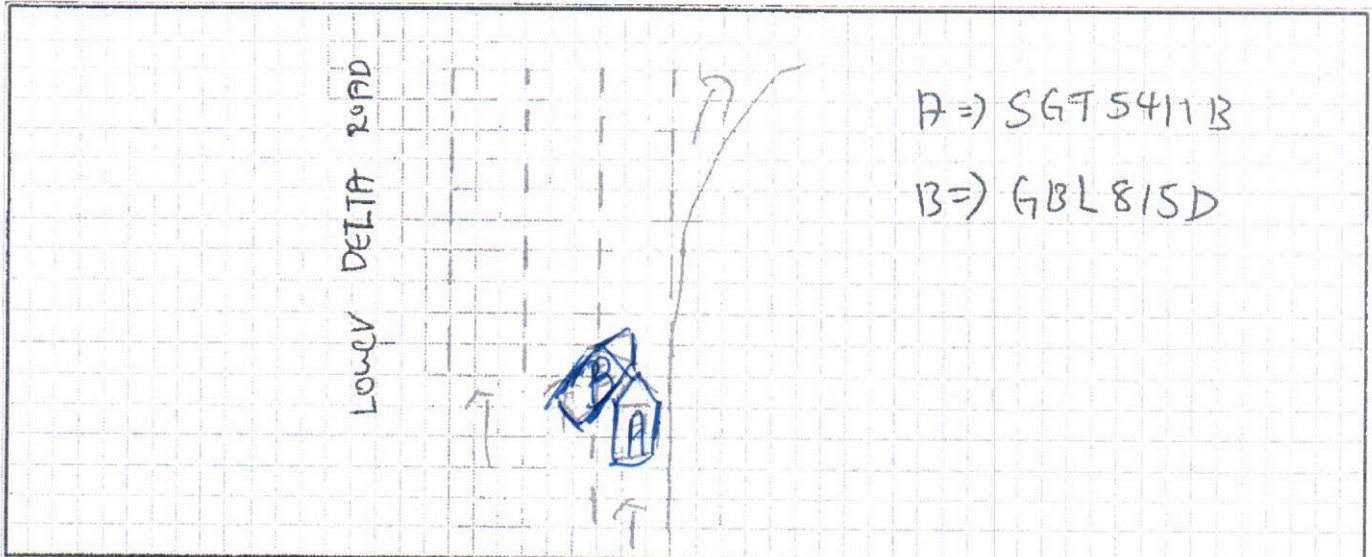
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes

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



Describe Circumstance of the Accident

Kindly refer to police report. 7/20230501/2000

Declaration

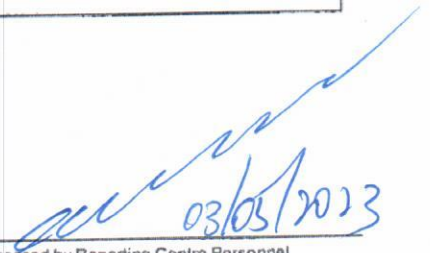
I/We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

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

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



03/05/2013





# SINGAPORE POLICE FORCE



T/20230501/2000

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230501/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2023 00:42	Vide Report No.: A/20230430/0073	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: BOON POH HUAT			Address: APT BLK 975 JURONG WEST STREET 93 #06-399 SINGAPORE 640975		
ID Type / ID No.: NRIC NO / S7101493B			Contact No.: Home/Office: Mobile: 96995539		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 06/01/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PRIVATE HIRER			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: 30/04/2023 10:00	Type of Location: Straight Road
Location:  LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL815D	Van	PEUGEOT		White	Slightly Damaged	0
SGT5411B	Car	TOYOTA	WISH 1.8 A	Blue	Seriously Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT5411B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000193 82201	16/10/2022	15/10/2023



# SINGAPORE POLICE FORCE



T/20230501/2000

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230501/2000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	BOON POH HUAT	ID No.	S7101493B
Related Vehicle	SGT5411B (Car)	Contact No.	96995539
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	30/04/2023	Date Discharge	30/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details:**

On 30/4/2023 at about 1000hours, I was driving my vehicle SGT5411B and was travelling along Lower Delta Road towards Kampung Bahru Road. I had three passengers inside my car, one adult and two children, aged 10 and 11 years old. At that point of time, I was travelling along the right most lane when suddenly, there was another van bearing plate number GBL815D who had wanted to cut into my lane.

Prior to this, he had attempted three times to want to cut into my lane. After I came out of the expressway, he came near my car and had suddenly braked. Suddenly the traffic light was amber, thus he rushed forwards. However, the light changed to red in my favor thus I slowly came to a stop.

I then saw the same van again after I continued driving, and I had wanted to approach the said van and ask him why he had driven so dangerously however he suddenly started driving off again. I then continued driving and again he came close to my car and had hit my left mirror. He then attempted to cut again, however, he cut in from his lane to my lane. At that point of time, I was driving on the right most lane and the said van and came in from my left side. Our cars then collided, and I stopped my car and went down to make a check.

I then called for Police who later come to scene and assist us.

First time such incident had happened. I suffered some injury on the back of my neck and shoulders area. My passengers then informed that they would go and see the doctor on their own.

I do have an in-car camera inside my car and TP then took my SD Card memory card. I did not exchange particulars with the said driver. My car was unable to move anymore as the wheels were misaligned. I am unsure of the total cost of damages.





**SINGAPORE  
POLICE FORCE**



T/20230501/2000

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20230501/2000

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

J/

STAFF SGT NUR SYAFIQAH  
BINTE ABDUL LATIFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/05/2023 00:42

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:



**SINGAPORE POLICE FORCE**  
**ACKNOWLEDGEMENT SLIP**

Ref: Report No:

A/20230430/0073

I.O. <sup>Sufyan</sup>  
~~Sufyan~~  
65476428

I,

SSS T091036 Amiin

(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of

Traffic Police

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One Gnet 32GB micro SD HC (M) -

2

3

4

5

6

7

8

9

10

from

Boon Poh Huat S7101493B

(SGT 5411B)

of

Blk 975 Jurong West St 93 #06-399 S(640975)

(Address / Police Station / NPC / NPP)

on

30/04/2023

at

1255 hrs

(Date)

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

Received by:

(Signature)

BOON POH HUAT S7101493B

(Name, NRIC or Passport No. / Rank and No.)

Signature

SSS T091036 Amiin

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:



M

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 30/04 2023 (dd/mm/yy) Time of Accident: 10 : 00 (24-HR-FORMAT)

Vehicle No.: SGT5411B Vehicle Make & Model / Engine (cc): TOYOTA WZSH Private Hire: (Y) N

Exact location of Accident: LOWER DELTA ROAD

Policyholder's Name / IC No.: BOON POH HUAT ROC/UEN (Company): 11

Driver's Name / IC No.: 57101493B (As Above) ☒

Driver's Contact No.: 96995539 Company Contact No / Owner Contact No: 11

Driver's Address: BLK 975 JURONG WEST STREET 93 #06-399 S(640975)

Owner Email address: ninja@citycity.com.sg Insurance Company: CHINA TAIPING

Driver Email address: 061011971 20/09/1993

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

**\*No. of Passengers (Including Driver):** 4

\*Passenger Name: Passenger 1 (F)

Gender: Male / Female x( )

\*Passenger Name: Passenger 2 (M)

Gender: Male / Female x( )

Passenger 3 (M)

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No Remarks: with POLICE

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: BOON POH HUAT

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: 11

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: JURONG WEST NPC

### **The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBL 815D

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



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

### 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, 1999 (Malaysia)

MZ406L/B

R SN

AN0567A

Gov. Type C

CERTIFICATE No	DMHCSNW0019382201	Engine No. 1ZZ2876415 Chassis No. ZNE100360472
1. Index Mark and Registration Number of Vehicle	SQT5411B	AUTOSAFE *****
2. Name of Policy Holder	BOON POH HUAT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment	16/10/2022	Excess Sect I \$51,250.00 Excess Sect I (Outside Singapore) \$52,500.00 Excess Sect II \$51,250.00 Excess Sect II (Outside Singapore) \$52,500.00 EX ON WINDSCREEN \$5100.00
4. Date of Expiry of Insurance	15/10/2023	
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.  BOON POH HUAT	
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 - SPEED CREDIT 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: Wang Chong Yu  
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

### IMPORTANT NOTICE

If you sell your motor vehicle this NOTICE is IMPORTANT  
And MUST be complied with

Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 88), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company concerned. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 88).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agreed to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

重要通告