

NATIONAL Assessment Centre Services

Date: 08/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/C1123004684/d4	SAS e-filing		
Veh No SKX 2270S	E-mail (within 2hrs, A/C 2hrs)		
DOA 06/05/2023 03:05	I-Motor Claim Form		
OD/TP/Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	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: SNJ 5445Z	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% P: 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

NA2301344	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idao 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: Idao Mobile 30		
	Invoice date	Fax Charge	
	Invoice date	Fax Charge	

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	08/05/2023 14:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 03:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KRAMAT LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX2270S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TIAN SIANG
NRIC No	SXXXX966Z
Email Address	tsjw730910@gmail.com
Mobile Phone No	(Phone) +65-98904624
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00007232300

DRIVER

Name of Driver	CHUA TIAN SIANG
NRIC No	SXXXX966Z
Date Of Birth	03/10/1973
Occupation	Outdoor

Date Of Driving Pass	11/12/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98904624
Alt. Phone Number	-
Email Address	tsjw730910@gmail.com
Address	APT BLK 852 WOODLANDS STREET 83
Address complement	# 10-242
Postcode	730852
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	DRIZZLING
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230506/2021

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	SNJ5445Z
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

3. Consent under the Personal Data Protection Act (PDPA)

(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.

Sketch Plan

Vehicle B
Reverse
hit onto
Vehicle A

Describe Circumstance of the Accident

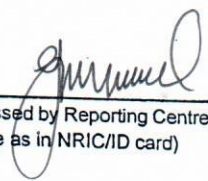
Refer To Police Report NO: T/20230506/2021

Declaration

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


Policyholder's Signature / Date & Time

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

 8/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20230506/2021

1 of 3

Report No. T/20230506/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/05/2023 05:19

Vide Report No.:
E/20230506/0035

Station Diary No.:
23

Informant's Particulars

Name of Informant: CHUA TIAN SIANG			Address: APT BLK 852 WOODLANDS STREET 83 #10-242 SINGAPORE 730852	
ID Type / ID No.: NRIC NO / S7335966Z			Contact No.: Home/Office: Mobile: 98904624	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 03/10/1973	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2023 03:05	Type of Location: Straight Road
Location: ORCHARD ROAD			
Weather: Drizzling		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Traffic Volume: Heavy
			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX2270S	Car	TOYOTA	HARRIER PREMIUM 2.0 A	White	Slightly Damaged	0
SNJ5445Z	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20230506/2021

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20230506/2021

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX2270S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000072 32300	04/04/2023	03/04/2024

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Driver

Use of Pedestrian Crossing: NA

Name	CHUA TIAN SIANG	ID No.	S7335966Z
Related Vehicle	NIL	Contact No.	98904624
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 the above mention date, time and location I was at the said location to pick up one of my passenger via Grab booking. While waiting for the passenger along Kramat lane near to the exit of the carpark of Concorde Hotel, I spotted one vehicle - SNJ5445Z went against the flow of traffic into the service road of the exit of the carpark. The said vehicle then reversed and collided onto my vehicle left rear bumper. The said vehicle also made a 3-point turn and turn exit out from the service rd. The said vehicle came to a stop and the driver was seen arguing another group of subjects.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20230506/2021

3 of 3

Report No. T/20230506/2021

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 3 GOH SHU HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

Signature Of Informant:

Date/Time:
06/05/2023 05:19

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 6/5/2023 (DD/MM/YYYY) TIME: 03:05 A.M (H/M/AM)

LOCATION: Kramat Lane

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKX 2270 S
 b) INSURANCE COMPANY: China Tai Ping
 c) POLICY NUMBER: DMHCSNW00007232300
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: 10YOTA HARRIER AUTO / MANUAL
 f) TYPE: SALOON (COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PR Hire
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO
 IF NO, PLEASE STATE THIRD PARTY C/D / REPORTING ONLY

2. INSURED / POLICY HOLDER

a) NAME: Chua Tian Siang (MALE / FEMALE)
 b) NRIC / FIN / PASSPORT: S7335966-Z CONTACT: 9890 4624
 c) ADDRESS: Blk 852 Woodlands St 83
#10-242, S730852

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: As Above (MALE / FEMALE)
 b) NRIC / FIN / PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

d) DATE OF BIRTH: 3/10/1973 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 11/12/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS Drizzling
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: NIL

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SNJ 5445 Z MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC / FIN / PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC / FIN / PASSPORT: _____ CONTACT: _____

passenger
 () including driver

passenger
 Don't know
 including driver
 ()

passenger
 including driver
 ()

tsjw730910@gmail.com

Email = tsjw730910@gmail.com

Phone =

Address =



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, 1995
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1964 (Malaysia)

M240518

IN 324

AN0580A

Car Type C

CERTIFICATE No.

DMHC SNW00007232300

Engine No.: 321B872332

Chas. No. 28U60063064

1. Index Mark and Registration Number of Vehicle

SKX2270S

2. Name of Policy Holder

CHUA TIAN SIANG

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

04/04/2023

(13/04/28)

4. Date of Expiry of Insurance

03/04/2024

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

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.

CHUA TIAN SIANG

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. - TATCO 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:

ODD

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