

NATIONAL Assessment Centre Services

Date: 15/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23004961/d4	SAS e-filing		
Veh No: PC 6797P	E-mail (within 2hrs, AP 2hrs)		
DOA: 12/05/2023 19:40	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: SME 96124	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	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	Action

NA2301434	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
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: Idas 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: Idas Mobile \$0		
	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	15/05/2023 18:20 (SGT)
Reported by	Actual Driver
Date of Accident	12/05/2023 19:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOWER DELTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6797P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKO LIMOUSINE SERVICES
Company Reg No	5XXXX944M
Email Address	skolimousine@gmail.com
Mobile Phone No	(Phone) +65-98215057
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00009722200

DRIVER

Name of Driver	ONG ZEMING
NRIC No	SXXXX765E
Date Of Birth	11/06/1987
Occupation	Outdoor

Date Of Driving Pass	11/04/2013
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98215057
Alt. Phone Number	-
Email Address	ongzeming@gmail.com
Address	APT BLK 117 BEDOK NORTH ROAD
Address complement	# 08-229
Postcode	460117
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230513/2041
 * THERE ARE 7 PASSENGERS ON THE VEHICLE.
 *DETAILS OF PASSENGERS IS UNAVAILABLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME9612U
Vehicle Manufacturer	Honda

Vehicle Model	.....	Vezei
Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	Private car
Name of Driver	.....	LAM HAI MUN
NRIC No	.....	SXXXX800H
Contact Number	.....	(Phone) +65-90024937
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	.....	ONG ZEMING
Gender	.....	Male
Phone No	.....	(Phone) +65-98215057
Address	.....	APT BLK 117 BEDOK NORTH ROAD
Address Complement	.....	# 08-229
Post Code	.....	460117
Approximate Age Years Old	.....	-
Injuries Sustained	.....	BACK AND NECK -GIVEN 5 DAYS OF MC
Injured person in which vehicle?	.....	PC6797P
Were seat belts worn?	.....	-
Was this injured conveyed to hospital by ambulance?	.....	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please ~~report~~ 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 ~~use~~ use and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~also~~ 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~~ 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.

B. 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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

15/05/2023

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

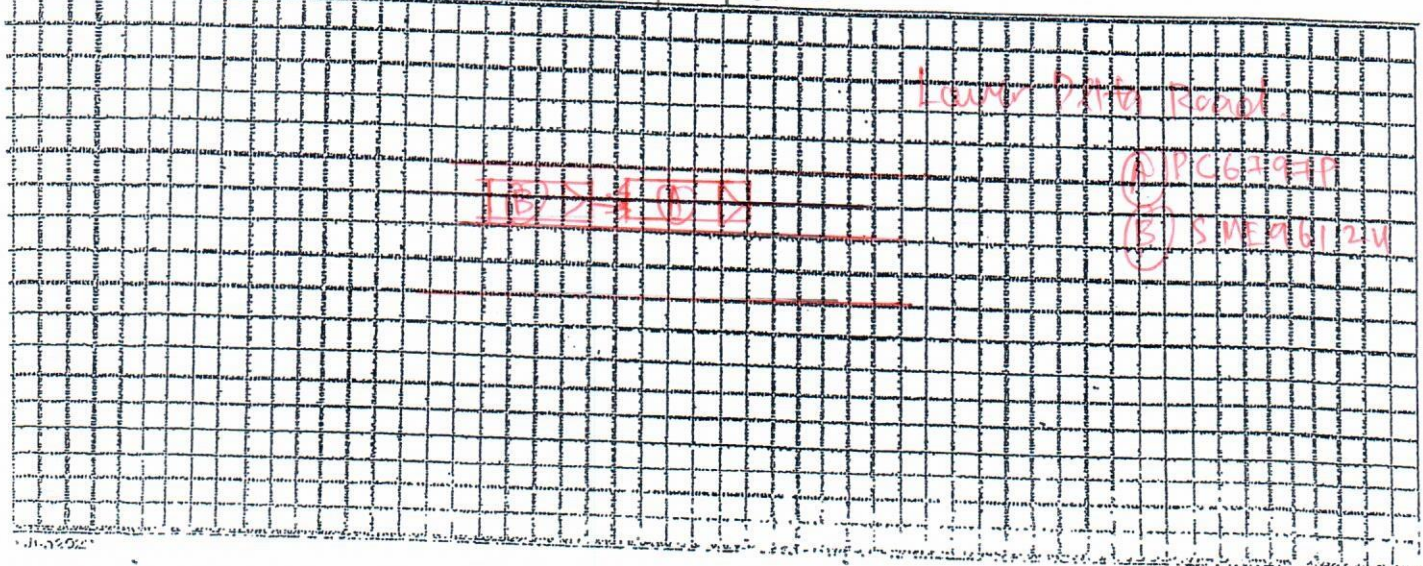
15/05/2023

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

15/05/23

Sketch Plan

Lowell Delta Road



Describe Circumstance of the Accident

Pls Refer to Police Report T/20230513/2041

Declaration

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



Policyholder's Signature / Date & Time

15/05/2023

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time 15/05/2023

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



SINGAPORE POLICE FORCE



T/20230513/2041

1 of 3

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20230513/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 12:37		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: ONG ZEMING			Address: APT BLK 117 BEDOK NORTH ROAD #08-229 SINGAPORE 460117		
ID Type / ID No.: NRIC NO / S8743765E			Contact No.: Home/Office: Mobile: 98215057		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 11/06/1987	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: self employed			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2023 19:40	Type of Location: Straight Road
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
PC6797P	Bus/Coach/Mi nibus				Slightly Damaged	7
SME9612U	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230513/2041

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

2 of 3

Report No. T/20230513/2041

CONTINUATION OF REPORT

Driver			
Name	ONG ZEMING	ID No.	S8743765E
Related Vehicle	PC6797P (Bus/Coach/Minibus)	Contact No.	98215057
Hospital/Clinic	SATA Commhealth Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2023	Date Discharge	13/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 12/05/2023, at about 7.41pm, I was driving my mini-bus one white in color Toyota Hiace bearing plate number PC6797P along Lower Delta Rd near to block 106 Jln Bukit Merah.

I was driving along the said road and the traffic during the time was heavy as such it was a slow moving traffic. I was focusing on the traffic ahead of me as it was moving very slowly. As the traffic in front of me started to move, I was also about to move my vehicle when I felt an impact coming from the rear of my vehicle. The impact caused my vehicle to surge forward. That is when I realize that a Silver in color Honda Vezel bearing plate number SME9612U had hit onto my vehicle. I made a check on my passengers and no one was injured as such I stepped out of my vehicle. During the time there were 7 passengers in my vehicle.

I made a check on my vehicle and there was a dent on the rear bumper of my vehicle. The rear door of my vehicle was also unable to be opened. I exchange particulars with the other driver before leaving.

After the incident, I felt pain on the back of my neck and my back as such I went to seek medical assistance. I was given 5 days of MC.

I have an in car camera installed on the front and rear of my vehicle. I have a footage of the incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20230513/2041

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

3 of 3

Report No. T/20230513/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 3 KHAIRUL ILYAS BIN
ISHAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

13/05/2023 12:37

Classification Of Case:

NP168

ACCIDENT STATEMENT

Customer on at 10:00am
on 15/4/23

ACCIDENT DATE: 12/05/2023 (DD/MM/YYYY) TIME: 19:40 (HH:MM)
LOCATION: Lower Delta Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PC6797P
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace AUTO / MANUAL
f) TYPE: (SEDAN / COUPE / MPV / VAN / Lorry / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: SKO Limousine Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53346944M CONTACT: 98215057
c) ADDRESS: Blk 117 Bedok North Road #08-229
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
d) DRIVER
e) NAME: Ong Zeming (MALE / FEMALE)
f) NRIC/FIN/PASSPORT: 58743765E CONTACT: 98215057
g) ADDRESS: Blk 117 Bedok North Road #08-229

* d) DATE OF BIRTH: 11/06/1987 (DD/MM/YYYY)
b) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Bedok I.P.C.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SME 9612 U MODEL:
b) DRIVER'S NAME: Lam Hai Mun
c) NRIC/FIN/PASSPORT: 57980800 H CONTACT: 90024937

9. THIRD PARTY VEHICLE

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

Video: Yes. Email: to rspu@lrcauto.com

Email = ong zeming@gmail.com / skolimousine@gmail.com
Fax =
Address =

not a passenger
() side driving driver
(8)

not a passenger
including driver
(NA)

not a passenger
including driver
()

Motor Bus

CERTIFICATE OF INSURANCEMotor 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)

MZ601

E SN

AN0580A

Cov. Type: C

CERTIFICATE No.

DMB1SNW00009722200

Engine No.: 1KD2736582

Cha. No.: KDH2230033434

1. Index Mark and Registration
Number of Vehicle

PC6797P

AUTOSAFE

=====

2. Name of Policy Holder

SKO LIMOUSINE SERVICES

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

07/06/2022

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

18/09/2023

EX ON WINDSCREEN. S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

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.

* 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: _____

ODDS 5/1 EN

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