

NATIONAL Assessment Centre Services

SLT 23560002

16/05/2023 15:11
 NPA/CT223004984
 SAM 38410
 15/05/2023 16:38

Job description: SAS e-filing
 E-mail (within 2hrs, A/C 2hrs)
 1-Driver Clean Form
 1-Motor VVO (Within 24 hrs, 72 hrs)
 1-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand in Owner/Driver

Date & Time Completed: Done by:

TP: Reporting Only

Particulars: VEH No: SLT 2084Y INC () / Non-INC ()
 Tel: Fax:
 Owner / Driver: Tel:
 Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: () (Note: Inc Status (VO): 11: 0-30%, 12: 31-70%, 13: 80-140%)
 Year of Registration: Warranty: YES () / NO ()
 Excess (\$): Loading: \$1,000 () / \$2,000 ()

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

Total Loss Cost: (to e-mail Insurer URGENTLY)

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()
 Apply for Transport Allowance () / Courtesy Car ()
 QC Check / Post Repair Inspection ()
 Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

XA230147

Checked by (Engr-In-Charge):

Invoice Preparation Checklist:

1) All Accident Documents (950)	
2) DA: Damage Assessment (1000)	INC (550)
3) TP: Towing Fee	\$10/\$12
4) PE: Follow-Up (150)	\$12
5) PE: Follow-Up Survey (Basic 27)	\$30
6) PE: Follow-Up Survey (Basic 27)	\$30
7) TR: Damage Report	\$11
8) TR: Follow-Up Survey	\$11
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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	16/05/2023 15:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 16:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	SLIP ROAD TOWARDS MOULMEIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3441D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHOON TECK
NRIC No	SXXXX234D
Email Address	garuda.derek@gmail.com
Mobile Phone No	(Phone) +65-93821799
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 hire
Transmission	Auto
CC	1317

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00016182200

DRIVER

Name of Driver	NG CHOON TECK
NRIC No	SXXXX234D
Date Of Birth	14/07/1971
Occupation	Outdoor

Date Of Driving Pass	07/12/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93821799
Alt. Phone Number	-
Email Address	garuda.derek@gmail.com
Address	BLK 75 WHAMPOA DRIVE #16-350
Address complement	-
Postcode	320075
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	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	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 POLICE REPORT T/20230515/7082

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	SLT2084Y
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG CHOON TECK
Gender	Male
Phone No	(Phone) +65-93821799
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJM3441D
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 Authorised Driver.
- 3 Information provided must be as truthful and accurate as possible. Any willful 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 The 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.

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

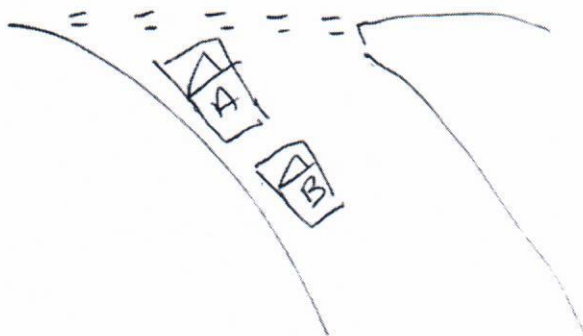
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

16/05/2023

Sketch Plan

Slip road of CTE Exit to Marlmain.



Veh A: SJM 3441D

Veh B: SLT 2084Y

Describe Circumstances of the Accident

Refer to police report

REFER TO POLICE REPORT T/20230515/7082

Declaration

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

16/05/2023



SINGAPORE POLICE FORCE



T/20230515/7082

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

1 of 3

Report No. T/20230515/7082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2023 19:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG CHOON TECK			Address: 75 WHAMPOA DRIVE #16-350 SINGAPORE 320075		
ID Type / ID No.: NRIC NO / S7123234D			Contact No.: Home/Office: Mobile: 93821799		
Nationality: SINGAPORE CITIZEN			Email: GARUDA.DEREK@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 14/07/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2023 16:30	Type of Location:
Location: BALESTIER ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM3441D	Car	HONDA	FIT 1.5 HYBRID A	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM3441D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000161 82200	03/09/2022	02/09/2023



**SINGAPORE
POLICE FORCE**



T/20230515/7082

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

2 of 3

Report No. T/20230515/7082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHOON TECK	ID No.	S7123234D
Related Vehicle	SJM3441D (Car)	Contact No.	93821799
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SJM3441D was travelling along CTE.

I then exit CTE moulmein Road.

I was on the slip road to Moulmein Road and I came to a stop before the giveway line to check for traffic.

Suddenly vehicle SLT2084Y came from behind and hit onto my vehicle's rear portion.

The impact was great and causes my right hand to slip and hit onto my steering.

After a while I start to feel pain on my neck, shoulders and lower back areas.

I then proceeded to Livewell Medical Family Clinic to seek treatment and I was given 3 days MC.



SINGAPORE POLICE FORCE



T/20230515/7082

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

3 of 3

Report No. T/20230515/7082

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:

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

Signature Of Interpreter:
Not applicable

Date/Time:
15/05/2023 19:39

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168

Date of Accident: 15/5/2023 Accident Time: 1630HR (24-HR-Format)
Accident Place: CTE Exit Maulmein (Slip road to Moulmein)
Vehicle No. (Car Plate No.): SJM3441D Make/Model: Honda Fit
Insurance Company: CNTP Policy No: DMHCSNW00016182200
Owner or Company Name IC No: Ng Chan Teck S7123234D
Owner or Company Contact No: 93821799 Owner's Hp: — Company Tel: —
DRIVER'S Name IC No: As Above
DRIVER'S Date Of Birth: 14/7/1971 DRIVER'S License Pass Date: 7/12/2015
Relationship of Owner & Driver: Spouse Parents Children Sibling Employee Others:
DRIVER'S Address: BIK 75 Whampoa Drive #16-350 S320075
DRIVER'S Contact No./ Alt No.: 1) — 2) —
DRIVER'S Occupation: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address: garuda.derek@gmail.com
Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES (X) NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
Any Injury (If YES, Pls state): Yes, neck, shoulder, back

Other Party Driver's Particular (if any)

Vehicle No:	<u>SLT 2084Y</u>	Vehicle No:	
Vehicle Make Model:		Vehicle Make Model:	
Name Driver:		Name Driver:	
IC No. Driver Contact:		IC No. Driver Contact:	

* NEW - Passenger's name & gender:



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

MZ406LJB

N SN

AN0759A

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.

DMHCSNW000

Engine No.: LEB5070647

Chs. No. GP53416084

1. Index Mark and Registration
Number of Vehicle

019706091

AUTOSAFE

2. Name of Policy Holder

NG CHOON TECK (HUANG CHUNDE)

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

03/09/2022
(11.05.03)

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

02/09/2023

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.

NG CHOON TECK (HUANG CHUNDE)

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.: 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: POSITIVE AUTO
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