

NATIONAL Assessment Centre Services (not a contract) **NA230570001**

Date In: 25/05/2023 09:41	Job description	Date & Time Completed	Done by
Ref No: NA230570001	SAS e-filing		
Veh No: SCA 866TG	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 21/05/2023 06:50	1-Motor Claim Form		
OC: TP Reporting Only	1-Motor W/O (within 2hrs, A/C 2hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Veh No: GX8666A	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (WO): 1: 0-30%, 2: 21-70%, 3: 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 repeller.

() 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 Recovery Photo (Repair Cost > \$3000) ()		

Injury:

Date of Injury:

Location:

Witness:

Police:

Insurance:

Other:

NA2301533	Invoice Preparation Charge	
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$10/\$15	
4) PC: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Part-time)	\$50	
6) TR: Re-insurance	\$75	
7) NI: New DA + SMRT Survey	\$140	
8) NTUC Additional Fee		
9) NTUC		
*No: Courtesy Car / Transport Allowance	\$5	
*No: Repair Coordination	\$15	
*No: Post Repair Inspection	\$20	
*No: DV / Collect Excess Coordination	\$1	
*TP (NI) / TP (Non-INC) / Vehicle INC	\$70	
*NTUC 1st Month	10	
Invoice Total		
Net 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	25/05/2023 09:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 06:50 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	(TUAS) BEFORE EXIT 17
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8567G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIN KAR LEONG
NRIC No	SXXXX605D
Email Address	isaac.chin0918@gmail.com
Mobile Phone No	(Phone) +65-82876068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	1368

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00213412100

DRIVER

Name of Driver	CHIN KAR LEONG
NRIC No	SXXXX605D
Date Of Birth	18/09/1989
Occupation	Indoor

Date Of Driving Pass	25/05/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-82876068
Alt. Phone Number	-
Email Address	isaac.chin0918@gmail.com
Address	BLK 406 BEDOK NORTH AVENUE 3 #06-191
Address complement	-
Postcode	460408
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	Raining
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?	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 Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
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 POLICE REPORT G/20230521/7067

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	GX8646A
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DAS DIP KUMAR
Passport No/FIN	GXXXX074Q
Contact Number	(Phone) +65-93688462
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	CHIN KAR LEONG
Gender	Male
Phone No	(Phone) +65-82876068
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLA8567G
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:

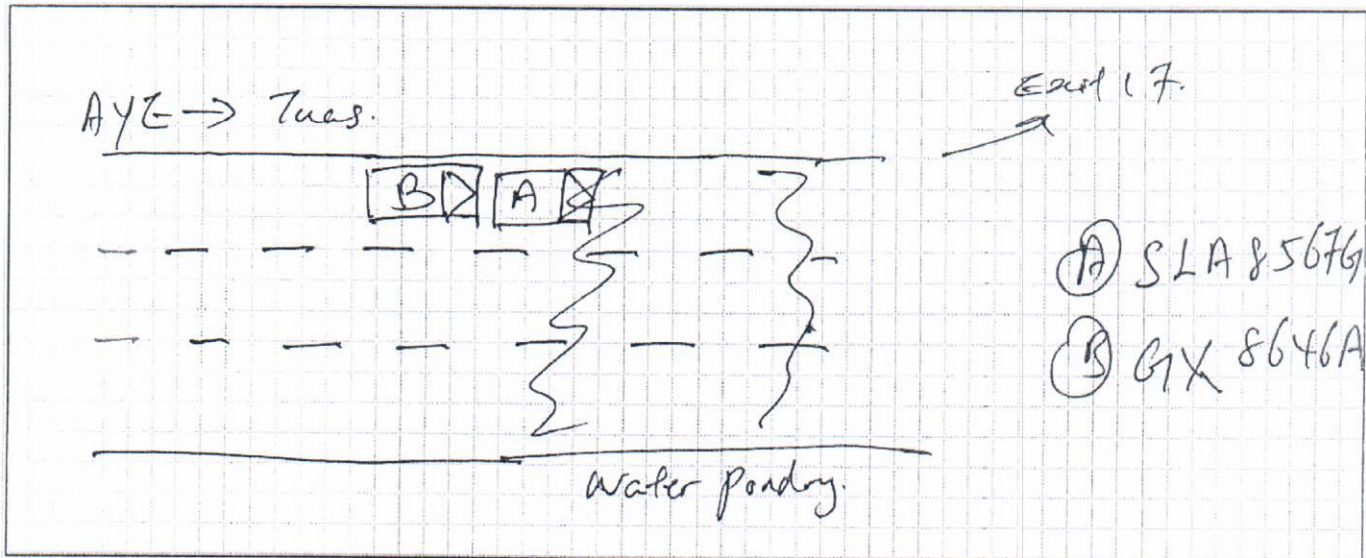
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CY.
Policyholder's Signature / Date & Time

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

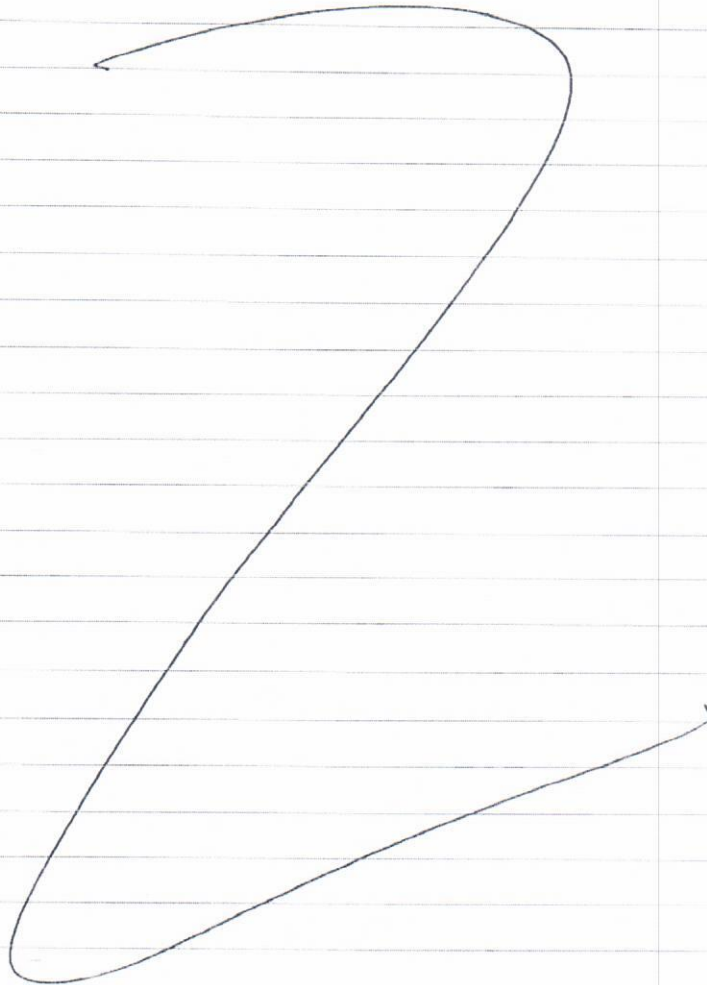
25/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report G/20230521/7067



Declaration

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

Cy
Policyholder's Signature / Date & Time

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

[Signature] 25/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



G/20230521/7067

1 of 2

POLICE REPORT (NP299)

Report No. G/20230521/7067

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 21/05/2023 20:30	Vide Report No.	Station Diary No.
Name Of Informant CHIN KAR LEONG	Address 406 BEDOK NORTH AVENUE 3 #06-191 SINGAPORE 460406	
ID Type / ID No. NRIC NO / S8980605D	Contact No. Home/Office: Mobile: 82876068	
Nationality SINGAPORE CITIZEN	Email Address ISAAC.CHIN0918@GMAIL.COM	
Occupation Procurement engineer	Sex Male	Age 33
Institution/School Name	Date of Birth 18/09/1989	Race Chinese
	Language English	
Date/Time Of Incident 21/05/2023 06:56 - 21/05/2023 06:56	Location Of Incident AYE In front of SPH Print Centre	

Brief details.

Due to heavy rain and road flooded, I'm driving around 50-60 km/h this morning - My vehicle No: SLA8567G. When I was about to exit AYE with my speed reduce - about 30 - 40km/h (toward to Jurong Island Port), I heard a loud bang.
To my realize, my car was hit by lorry - GX 8646A.

The driver alight and questioning me why did i stop, I told him, i only reduce speed inorder to exit AYE and did not stopped my vehicle.

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: 21/05/2023 20:30
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Eunus NPP Kiosk



**SINGAPORE
POLICE FORCE**



G/20230521/7067

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230521/7067

My car back booth was dented with the lights almost dropped off and i m not able to open the booth.
Back bumper give way, dented and alignment run off. As for the lorry. right headlight dropped off and
front dented. None of us was injured during the accident.
Video and camera took on spot.

The lorry driver's particular as below:

Lorry driver name: DAS DIP KUMAR

Work Permit No: G3458074Q

Subjects Involved			
Victim			
Person Name	CHIN KAR LEONG		
ID Type	NRIC NO	ID No	S8980605D
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Procurement engineer	Address	406 BEDOK NORTH AVENUE 3 #06-191 SINGAPORE 460406
Mobile No	82876068	Is Informant A Victim?	Yes
Person Name	CHIN KAR LEONG (Informant)		

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: 21/05/2023 20:30
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Eunus NPP Kiosk

(M)

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

Date of Accident: 21/05/2023 (dd/mm/yy)

Time of Accident: 180650 hrs. (24-HR-FORMAT)

Vehicle No.: SLA8567G Vehicle Make & Model / Engine (cc): Ayuda Accent 5D Private Hire: (Y/N)

Exact location of Accident: AYE C Tuas Before Exit 17

Policyholder's Name / IC No.: Chn Kar Leong ROC/UEN (Company) S8980605D

Driver's Name / IC No.: (As Above) ☐

Driver's Contact No.: 82876068 Company Contact No / Owner Contact No:

Driver's Address: Blk 406 Bedok North Ave 3 #06-191 S (460406)

Owner Email address: isaac.chin0918@gmail.com Insurance Company: China Taiping

Driver Email address:

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): 1

*Passenger Name:

Gender: Male / Female x()

*Passenger Name:

Gender: Male / Female x()

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:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Chn Kar Leong

Injuries Sustain: 5 Injured Person in Which Vehicle: SLA8567G

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Das Dip Kumar / G 3458074Q Vehicle No: G28646A

Driver's Contact No: 93688462 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:

Motor Private Car

MX1F

N SN

AN0584A

Cov. Type:C

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)

CERTIFICATE No

DMPCSNW00213412100

Engine No.: G4LCGU576526

Cha. No.: KMHCT41BTGU107529

1 Index Mark and Registration
Number of Vehicle

SLA8567G

AUTOSAFE

2 Name of Policy Holder

CHIN KAR LEONG

3 Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment13/10/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

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

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

* Age as at date of accident

EX ON WINDSCREEN S\$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.

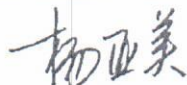
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability
trial, speed-testing, the carriage of goods other than samples in connection with any trade or business
or use for any purpose in connection with the Motor TradeExcess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)
will be doubledOne 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: HUANG GUOQING TERRY
Authorised Officer

Authorised Signatory