

NATIONAL Assessment Centre Services (not to be used) SUK 23570003

Date In: 24/07/2023 13:28	Job description	Date & Time Completed	Done by
Ref No: XBM/C1280054244	SAS e-filing		
Veh No: SUK 4844 G	E-mail (within 24hrs, A/C 2013)		
D.O.A: 27/07/2023 11:35	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (within 24hrs, A/C 2013)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: SUK 22684	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note: Hst Status (W/O): 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 info of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC to be used: 0788-0018)

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: ()

Medical Report: ()

Other: ()

<p>XA2301579 / XA2301580</p> <p>Insurance Particulars:</p> <p>Policy No:</p> <p>Contract No:</p> <p>Assigned Portion: 100%</p> <p>Checked by (Engi-In-Charge):</p> <p>Signature: ()</p> <p>Date: ()</p>	<p>Invoice/Preparation Charge:</p> <p>1) A/R: Accident Processing (\$300)</p> <p>2) D/A: Damage Assessment (\$1000) INC (\$50)</p> <p>3) T/P: Towing Fee (\$100/\$150)</p> <p>4) P/T: Follow Through Survey (\$100)</p> <p>5) P/T: Follow Through Survey (Emergency) (\$50)</p> <p>6) T/R: Re-inspection (\$75)</p> <p>7) N/A: New D/A / SMRT Survey (\$140)</p> <p>8) N/A: Additional Services</p> <p>Q/R:</p> <p>*N/A: Courtesy Car / Tel Allowance (\$5)</p> <p>*N/A: Repair Coordination (\$15)</p> <p>*N/A: Post Repair Inspection (\$30)</p> <p>*N/A: DV / Collect Excess Coordination (\$1)</p> <p>*N/A: TP (INC) / TP (Non-INC) / TP (INE) (\$20)</p> <p>*N/A: (144) Motor (\$10)</p> <p>In-plate filed</p> <p>File Charged</p>
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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	29/05/2023 13:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/05/2023 17:35 (SGT)
Exact Location of Accident	Sembawang, Singapore
Additional Location Information	TOWARDS GAMBAS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK4844G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHIEW GUAT
NRIC No	SXXXX814I
Email Address	shirleykohcg@gmail.com
Mobile Phone No	(Phone) +65-97626641
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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	Private car
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00008442300

DRIVER

Name of Driver	KOH CHIEW GUAT
NRIC No	SXXXX814I
Date Of Birth	14/12/1970
Occupation	Outdoor



Date Of Driving Pass	13/03/1993
Driving experience	30 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97626641
Alt. Phone Number	-
Email Address	shirleykohcg@gmail.com
Address	BLK 211 CHOA CHU KANG CENTRAL #10-116
Address complement	-
Postcode	680211
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)	2
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
Gender	Female

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/20230528/7047

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	SNK2268H
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	KOH CHIEW GUAT
Gender	Female
Phone No	(Phone) +65-97626641
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNK4844G
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 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. 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

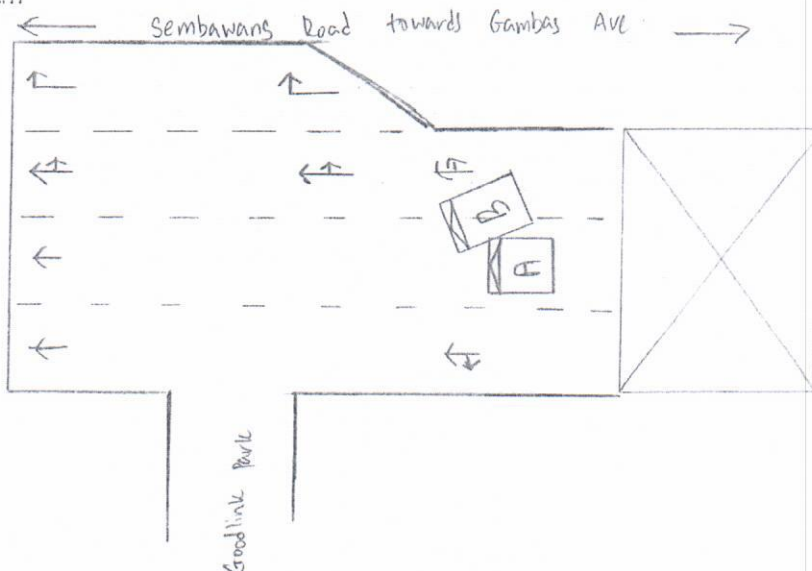
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


29/05/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SNK 4844G

Veh B: SNK 2268H

Describe Circumstances of the Accident

Refer to police Report no: 7/20230528/7047.

Declaration

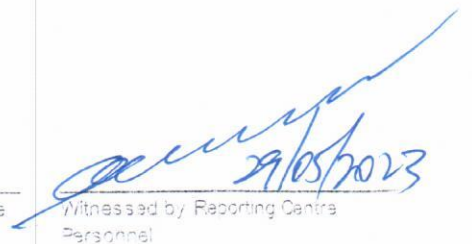
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



29/05/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230528/7047

1 of 3

Report No. T/20230528/7047

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2023 19:06	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: KOH CHIEW GUAT	Address: 211 CHOA CHU KANG CENTRAL #10-116 SINGAPORE 680211	
ID Type / ID No.: NRIC NO / S7044814I	Contact No.: Home/Office:	Mobile: 97626641
Nationality: SINGAPORE CITIZEN	Email: SHIRLEYKOHCG@GMAIL.COM	
Sex: Female	Age: 52	Date of Birth: 14/12/1970
Type of Informant: Driver		
Race: Chinese	Language: English	
Occupation: Phv driver	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2023 17:30	Type of Location:
Location: SEMBAWANG 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	Conditio	No of
SNK4844G	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230528/7047

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

2 of 3

Report No. T/20230528/7047

CONTINUATION OF REPORT

Driver				
Name	KOH CHIEW GUAT		ID No.	S7044814I
Related Vehicle	SNK4844G (Car)		Contact No.	97626641
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving SNK4844G along Sembawang Road towards Yishun direction.

I was ferrying 1 female passenger at that time.

I was driving along the middle of 3 lanes going straight when SNK2268H, which was initially along the lane on my right, abruptly swerved into my vehicle's path.

I immediately jammed on my brakes and attempted to swerve to my left in a bid to avoid the collision but it was to no avail as said vehicle still slammed into the right portion of my vehicle.

The impact was great and my body rocked sideways due to the impact, resulting in me knocking my left knee and spraining my ankle as a result.

Later the same evening, I also started feeling soreness and stiffness in my neck and back areas as well.

The following morning, the pain in the above mentioned areas got worse and I decided to seek treatment at Unihealth Jurong East.

I was given 5 Days MC for injuries caused by the accident.

I am unsure if the passenger I was ferrying was injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20230528/7047

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

3 of 3

Report No. T/20230528/7047

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:
28/05/2023 19:06

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

NP168

DATE OF ACCIDENT : 27/5/2023

TIME : 12:35 pm.

LOCATION : Sembawang Road. towards Gambas Ave.

JUL 6

INFORMANTS PARTICULARS

- 1) VEHICLE NO.: SNK 4844G MODEL: TOYOTA YARIS
- 2) INSURANCE CO.: CHINA TAIPING POLICY NO.: DMHCSNW00008442300
- 3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY REPORTING ONLY (PLS CIRCLE)
- 4) OWNER NAME: KOH CHIEW GUAT I/C S7044814I TEL: 9762 6641
- 5) OWNER EMAIL: Shirleykohcg@gmail.com ALTERNATIVE PHONE NO.:
- 6) DRIVER NAME: KOH CHIEW GUAT I/C S7044814I TEL: 9762 6641
- 7) DRIVER OCCUPATION: Grab Driver EMAIL: Shirleykohcg@gmail.com
- 8) RELATIONSHIP WITH OWNER: OWNER
- 9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:
- 11) WEATHER CONDITION CLEAR / RAINING / OTHERS
- 12) ROAD SURFACE DRY / WET / OTHERS
- 13) ANY SCENE PHOTOS: YES NO
- 14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: work
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE: YES / NO
- 17) NO. OF PASSENGERS (INCLUDING DRIVER): 2 A) PASSENGER NAME: Unknown
- 18) No. of Vehicle Involved (including own vehicle): 2 MALE / FEMALE
B) PASSENGER NAME: MALE / FEMALE

12/03/1993

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1
- 1) VEHICLE NO.: SNK 2268H MODEL:
 - 2) DRIVER NAME: I/C
 - 3) ADDRESS:
 - 4) CONTACT NO.: INS CO.:
- VEHICLE 2
- 1) VEHICLE NO.: MODEL:
 - 2) DRIVER NAME: I/C
 - 3) ADDRESS:
 - 4) CONTACT NO.: INS CO.:

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)
IF YES, FOREIGN VEHICLE NO.:
FOREIGN VEHICLE CATEGORY:

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW:-
- 2) NAME & NRIC: TEL:
- 3) RELATIONSHIP WITH INVOLVED PARTIES:

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN:
- 2) WAS ACCIDENT REPORTED TO POLICE (YES / NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES / NO).

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)

N SN

AN0695A

Cov. Type:C

CERTIFICATE No.

DMHCSNW00008442300

Engine No.: M15AY561142

Cha. No.: MXPJ103066428

1. Index Mark and Registration
Number of Vehicle

SNK4844G

AUTOSAFE

=====

2. Name of Policy Holder

KOH CHIEW GUAT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (00:00:00)
Ordinance or Enactment

19/04/2023

Excess Sect. I . SS\$1,250.00
Excess Sect. I (Outside Singapore) SS\$2,500.00

Excess Sect. II SS\$1,250.00

4. Date of Expiry of Insurance

18/04/2024

Excess Sect. II (Outside Singapore). SS\$2,500.00

EX ON WINDSCREEN . SS\$100.00

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.

KOH CHIEW GUAT

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.: HONG LEONG FINANCE 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: TECK WEI CREDIT PTE LTD

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