

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 01/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C7123005563/04	SAS e-filing		
Veh No: GBB 47E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/05/2023 15:50	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: SKR 7934J	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%. F: 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

NA2301625	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$30			
Cat. 2 / 3:	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	01/06/2023 13:16 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	994 BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG47E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEEKTOP PTE LTD
Company Reg No	2XXXXX868E
Email Address	evolution96auto@gmail.com
Mobile Phone No	(Phone) +65-90966559
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00014362302

DRIVER

Name of Driver	KIMBERLY OH KAIQIN (HU KAIQIN)
NRIC No	SXXXX187C
Date Of Birth	10/10/1993
Occupation	Outdoor

Date Of Driving Pass	10/12/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90044989
Alt. Phone Number	-
Email Address	kimberly.fsp@gmail.com
Address	APT BLK 449 BUKIT PANJANG RING ROAD
Address complement	# 04-581
Postcode	670449
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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	JESS CHUA
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 THE ATTACHED POLICE REPORT - T/20230601/7008

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	SKR7934J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ4622X
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	KIMBERLY OH KAIQIN (HU KAIQIN)
Gender	Female
Phone No	(Phone) +65-90044989
Address	APT BLK 449 BUKIT PANJANG RING ROAD
Address Complement	# 04-581
Post Code	670449
Approximate Age Years Old	-
Injuries Sustained	HEAD, SHOULDER, NECK AND BACK PAIN- GIVEN 4 DAYS OF MC
Injured person in which vehicle?	GBG47E
Were seat belts worn?	-
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

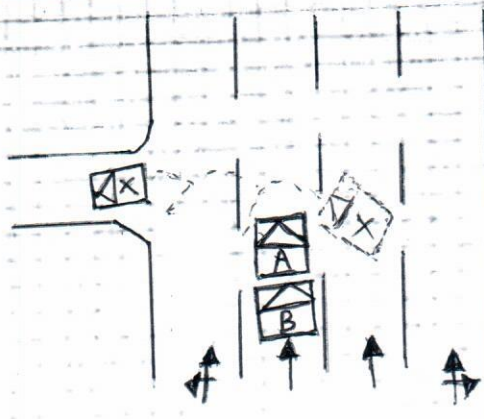
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

994 Bendemeer Road

Ueh A: GBG47E
Ueh B: SKR7934J
Ueh X: SJO 4622X



Describe Circumstances of the Accident

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

1/6/23



SINGAPORE POLICE FORCE



T/20230601/7008

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

1 of 3

Report No. T/20230601/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2023 11:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KIMBERLY OH KAIQIN			Address: 449 BUKIT PANJANG RING ROAD #04-581 SINGAPORE 670449		
ID Type / ID No.: NRIC NO / S8332187C			Contact No.: Home/Office: Mobile: 90044989		
Nationality: SINGAPORE CITIZEN			Email: KIMBERLY.FSP@GMAIL.COM		
Sex: Female	Age: 39	Date of Birth: 10/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Operation Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2023 15:50	Type of Location: Straight Road
Location: BENDEMEER ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG47E	Van	NISSAN	NV200	Black	Seriously Damaged	1
SKR7934J	Car					0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KIMBERLY OH KAIQIN	ID No.	S8332187C
Related Vehicle	GBG47E (Van)	Contact No.	90044989
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/05/2023	Date	31/05/2023
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time. I, Vehicle A (GBG47E) was traveling straight on Lane 3 of 994 Bendemeer Road. There's a Vehicle X (SJQ4622X) cut into my lane out of the sudden i then slowed down and stop without having any collision with the Vehicle X (SJQ4622X). Suddenly i felt a huge impact from the rear portion of my stationary vehicle. After i alighted i then realise that is Vehicle B (SKR7934J) that had collided onto my vehicle.

I wish to state that due to the huge impact i was injured with head,shoulder,neck and back pain. I went to NUH to consult the doctor and was given 4days mc.



**SINGAPORE
POLICE FORCE**



T/20230601/7008

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

3 of 3

Report No. T/20230601/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

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

Date/Time:
01/06/2023 11:22

Classification Of Case:

SEEKTOP PTE LTD

NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel: 86856789

This vehicle leasing agreement is made on the 22 MAY 2021

Agreement No.2021052201

VEHICLE LEASING AGREEMENT

BETWEEN

SEEKTOP PTE LTD (ROC NO:201937868E)

of known Address: NO: 60 JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel:
86856789 (Hereinafter referred to as " the Lessor")

AND

KIMBERLY OH KAIQIN

S8332187C HP: 90044989

BLK 449 BUKIT PANJIANG RING ROAD #04-581 S670449

VEHICLE

Make & Model	NISSAN NV200	Color	BLACK
ORD Date	19 MAY 2017	PlateNo:	GBG47E
Chassis No.	VM20102517	Vocational:	

Terms and conditions:

1. Scope of Agreement

This Vehicle Leasing Agreement ("Agreement") shall be binding upon the lessees wholly and/or all of the Lessees' agents, drivers, employees, representatives etc. even if replacement vehicle is taken by the Lessee. The Lessee shall be responsible for any replacement vehicle taken by any authorized person.

All driver are to have a minimum 1 year driving experience. Upon acceptance and execution of this Agreement, the Lessee shall guarantee that their designated driver has a valid driving license (of the appropriate Class depending on the Leased Vehicle).

2. Leasing Period

The Lessor agrees to lease the vehicle to the Lessee for the following period. MONTHLY (Daily / weekly / Monthly)

Start Date: 22 MAY 2021

End Date: 22 JUN 2023

Returning Date: _____

But Return on _____

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is S\$500 .

The MONTHLY (weekly / Monthly) leasing fees payable is \$1100 ("Leasing Fees") to be made payable in Advance transfer to

((OCBC CURRENT : 601472673001 OR PAYNOW UEN 201937868EOCB) ON every 23TH , and late payment charge will be \$20 per day.

Motor Commercial

MZ407/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)

R SN

BR0085A

Cov. Type:C

CERTIFICATE No.

DMCVSNA00014362302

Engine No.: HR16079587D

Cha. No.: VM20102517

1. Index Mark and Registration
Number of Vehicle

GBG47E

AUTOSAFE

=====

2. Name of Policy Holder

SEEKTOP PTE. LTD.

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

12/02/2023

(00:00:00)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

11/02/2024

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use.*

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.

(3) Use for social, domestic or pleasure purpose.

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: LAKE VIEW 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: _____
Tan Jia Hwei
Authorised Officer_____
Authorised Signatory

Date of Accident : 31/5/2023 Accident Time: 15:50 (24-HR-Format)
Accident Place 994: Bendermeir Rd
Vehicle No. (Car Plate No.) : GBE 47E Make/Model: Nissan NV200
Insurance Company : China Taiping Policy No: DMCVSN A00014362302
Owner or Company Name /IC No. : Seektop Pte Ltd (201937868E)
Owner or Company Contact No. : 90966559 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : Kimberly de taquin (58332187C)
DRIVER'S Date Of Birth : 10/10/1983 DRIVER'S License Pass Date 10 Dec 2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address : BIK 449 Bukit Panjang Ring Rd #04-581 (S) 670449
DRIVER'S Contact No./ Alt No. : 1) 9004 4989 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : evolution96auto@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): 02
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Driver (GBE 47E)

Other Party Driver's Particular (if any)

Vehicle No: SKR 7934J (B)	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:

(1) Jess chun (F)