

NATIONAL Assessment Centre Services (M11/12/11) **5008236-30009**

Date In: 19/06/2023 16:56	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 106819238m0157	E-mail (within 2hrs, A/C 2hrs)		
Veh No: 8610 1942c	1-Motor Claim Form		
D.O.A: 17/06/2023 13:57	1-Motor W/O (within 20 mins, 20 mins)		
OC: (79) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / OW: () Tel: Fax:

TP Particulars: Veh No: **8610 1942c** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Inc Status (W/O): N: 0-30%, P: 21-70%, F: 30-100%)

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 repair.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

XIA280177

Invoice Preparation Checklist:

1) All Accident Particulars (150%)	INC (55%)
2) Date Damage Assessment (150%)	500/540
3) TP Towing Fee	110
4) PE Follow-up through Survey (150%)	130
5) PE Follow-up through Survey (150%)	130
6) TIR Re-inspection	110
7) N/A: No DA / Survey	110
8) KTC Additional Services	110
9) N/A: No DA / Survey	110
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Checked by (Engr-In-Charge):

Signature: ()

Date: ()

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	19/06/2023 16:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/06/2023 13:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ1942C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GHWEE SOO YOW
NRIC No	SXXXX359G
Email Address	bsyghwee@gmail.com
Mobile Phone No	(Phone) +65-92221101
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4 picasso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011682200

DRIVER

Name of Driver	GHWEE SOO YOW
NRIC No	SXXXX359G
Date Of Birth	27/01/1962
Occupation	Outdoor

Date Of Driving Pass	14/04/1992
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92221101
Alt. Phone Number	-
Email Address	bsyghwee@gmail.com
Address	BLK 103 ANG MO KIO AVENUE 3 #10-1479
Address complement	-
Postcode	560103
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 - Change/cross lane
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)	3
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230617/2077

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ4736B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG FOO WAH
NRIC No	SXXXX537B
Contact Number	(Phone) +65-96793476
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	GHWEE SOO YOW
Gender	Male
Phone No	(Phone) +65-92221101
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGQ1942C
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

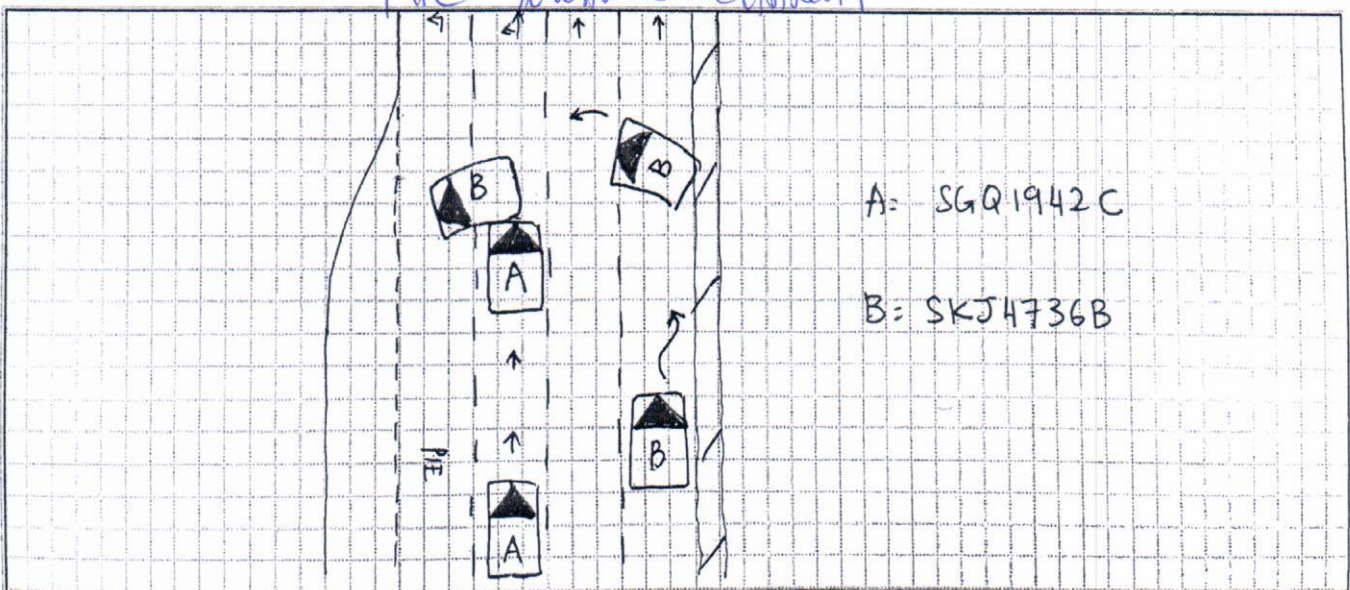
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Bejwee
Policyholder's Signature / Date & Time

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

19/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

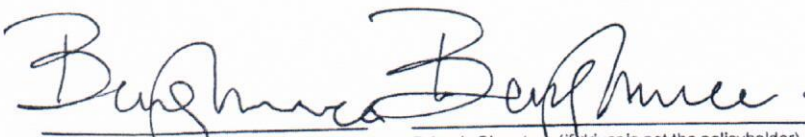


Describe Circumstance of the Accident

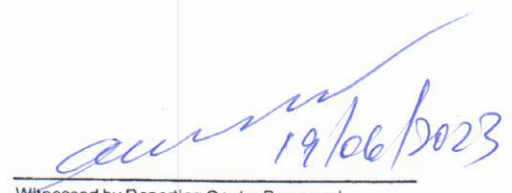
- REFER POLICE REPORT T/20230617/2077 -

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


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



**SINGAPORE
POLICE FORCE**



T/20230617/2077

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No: T/20230617/2077

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ1942C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000116 82200	06/07/2022	16/08/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver			
Name	GHWEE SOO YOW	ID No.	S1546359G
Related Vehicle	SGQ1942C (Car)	Contact No.	92221101
Hospital/Clinic	KEYSTONE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/06/2023	Date Discharge	17/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WONG FOO WAH	ID No.	S1186537B
Related Vehicle	NIL	Contact No.	96793476
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/06/2023 at about 1350hrs, I was driving my vehicle (SGQ1942C) along Pan Island Expressway (PIE) heading towards Changi near exit 17D. I had 2 passengers with me; one adult female and a boy. At that time, my vehicle was in lane 3. While my vehicle was travelling straight, I suddenly saw a car (SKJ4736B) coming from lane 1 and swerving into my lane. I depressed my brakes and felt an impact coming from the front left side of my vehicle. I then come to a complete stop and saw that his vehicle had stopped completely and was facing against the direction of traffic flow at lamppost no. 880F. I then alighted and we exchanged particulars.

Shortly after, I went to Keystone Clinic and Surgery as I felt some pain at my right neck and right back area and got 3 days medical leave from 17/06/2023 to 19/06/2023.

My passenger's particulars are as follows:

NAME: BAYAS GIJI MELECIO

FIN NO: G8849981L



SINGAPORE
POLICE FORCE



T/20230617/2077

4 of 4

Report No. T/20230617/2077

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 2 MUHAMMAD ZAIYAN BIN
HAJI AWALLUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/06/2023 17:22

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG LESLIE

Contact No.: 65476151

Classification Of Case:

NP168

(M)

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

Date of Accident: 17 / 06 / 2023 (dd/mm/yy) Time of Accident: 13 : 55 (24-HR-FORMAT)

Vehicle No.: SGQ 1942 C Vehicle Make & Model / Engine (cc): CITROEN C4 PICASSO 1.6(A) Private Hire: (Y) N

Exact location of Accident: ALONG PIE TOWARDS CHANGI

Policyholder's Name / IC No.: GHWE E SOO YOW (S1546359G) ROC/UEN (Company) _____

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 9222 1101 Company Contact No / Owner Contact No: _____

Driver's Address: APT BLK 103 ANG MO KIO AVENUE 3 #10-1479 (S) 560103

Owner Email address: bsyghwee@gmail.com Insurance Company: CHINA TAIPIING

Driver Email address: bsyghwee@gmail.com

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):** 3

*Passenger Name: N. A

Gender: Male / Female x(1)

*Passenger Name: N. A

Gender: Male / Female x(1)

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: GHWE E SOO YOW

Injuries Sustain: (3 DAYS MC) Injured Person in Which Vehicle: SGQ 1942 C

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

The Other Party(s) Details:

1. Driver's Name / IC No: WONG FOO WAH (S1186537B) Vehicle No: SKJ4736B

Driver's Contact No: 96793476 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 Hire Car

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)

MZ406L/B

E SN

AN0734A

Cov. Type:C

CERTIFICATE No. DMHCSNW00011682200

Engine No.: 10JBHD3015003

Cha. No.: VF73DBHZTFJ771662

1. Index Mark and Registration
Number of Vehicle

SGQ1942C

AUTOSAFE

=====

2. Name of Policy Holder

GHWEE SOO YOW

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

06/07/2022

(00:00:00)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

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

EX ON WINDSCREEN. S\$100.00

4. Date of Expiry of Insurance

16/08/2023

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.

GHWEE SOO YOW

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.

* 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: CARS SELECT PTE LTD

Authorised Officer

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

Authorised Signatory