

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SLIP 23680003

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 28/06/2023 14:55 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/C7228006522/4 | SAS e-filing | | |
| Veh No: SMG 46510 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 27/04/2023 11:15 | 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: SMG 3154M

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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---|---|-------------|-----------|------|
| <p>1A2301914</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p> | Invoice Preparation Checklist | | Am't (\$) | Am't |
| | 1) AR : Accident Reporting (\$30); | | 1st Bill | Add |
| | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF : Towing Fee \$40/\$45 | | | |
| | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| OD: | | | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | | | |
| *N6: Repair Co-ordination \$10 | | | | |
| *N7: Post Repair Inspection \$25 | | | | |
| *N8: DV / Collect Excess Coordination \$5 | | | | |
| TP (N11) : TP (Non INC) against INC \$20 | | | | |
| 9) N12: Idac Mobile \$30 | | | | |
| 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 | 28/06/2023 14:55 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 27/04/2023 11:15 (SGT) |
| Exact Location of Accident | 1 Newton Rd, Singapore 307943 |
| Additional Location Information | NEWTON ONE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMG4651D |
| INSURED/POLICYHOLDER | |
| Is company? | |
| Name Of Registered Owner | Yes |
| Company Reg No | INK CREATIVE PTE. LTD. |
| Email Address | 2XXXXX465G |
| Mobile Phone No | ericteng88@hotmail.com |
| Alternative Phone No | (Phone) +65-89456706 |
| | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Prius |
| 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 - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1497 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMHCSNW00009552201 |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | TENG JIE RU, ERIC |
| NRIC No | SXXXX652G |
| Date Of Birth | 29/04/1988 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 17/10/2008 |
| Driving experience | 14 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89456706 |
| Alt. Phone Number | - |
| Email Address | ericteng88@hotmail.com |
| Address | BLK 17 TECK WHYE LANE #07-155 |
| Address complement | - |
| Postcode | 680017 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 | No Collision |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Choa Chu Kang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007659999 |
| Alt. Police Station Phone No | (Fax) +65-67644104 |
| Police Station Address | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20230428/2000

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 | SNC3154M |
| 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) | - |

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.

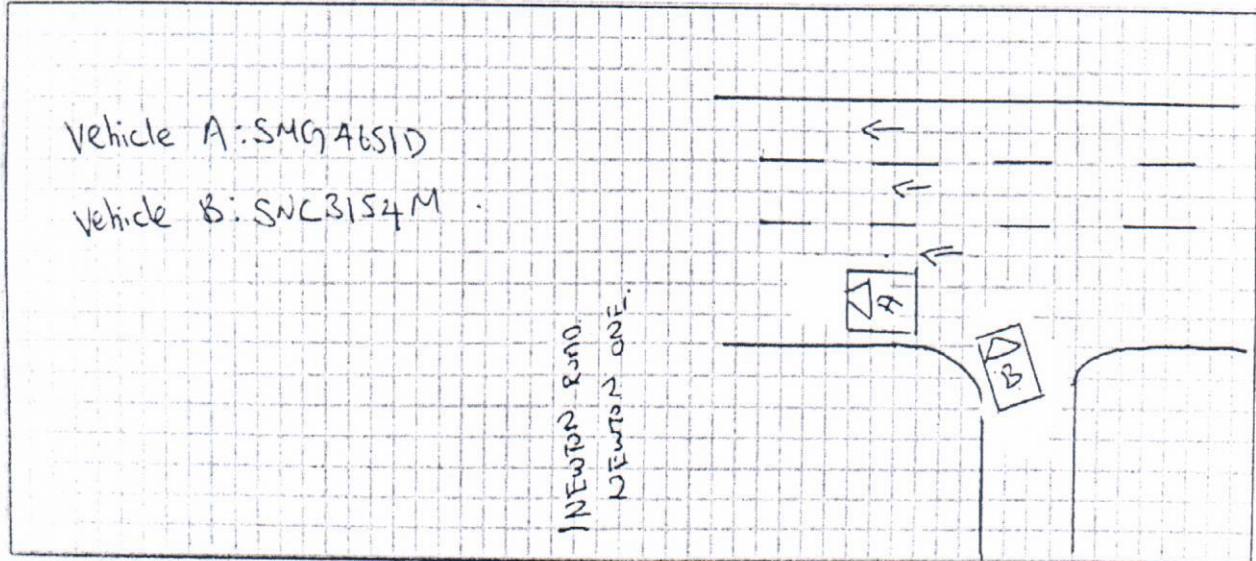
INK CREATIVE

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)

Sketch Plan



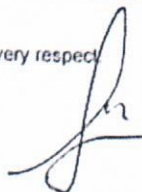
Describe Circumstance of the Accident

REFER TO POLICE REPORT J/20230428/9000

Declaration

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

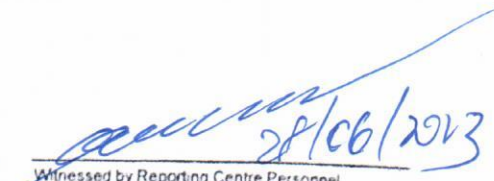
INC CREATIVE



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)

 28/06/2013



**SINGAPORE
POLICE FORCE**



J/20230428/2000

1 of 2

POLICE REPORT (NP299)

Report No. J/20230428/2000

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 28/04/2023 00:26 | | Vide Report No. T/20230427/2129 | | Station Diary No. 4 | |
| Name Of Informant TENG JIE RU, ERIC | | Address APT BLK 17 TECK WHYE LANE #07-155 SINGAPORE 680017 | | | |
| ID Type / ID No. NRIC NO / S8813652G | | Contact No. Home/Office | | Mobile 89456706 | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation Private-hire car driver | | Sex Male | Age 34 | Date of Birth 29/04/1988 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 27/04/2023 11:45 | | Location Of Incident 1 NEWTON ROAD NEWTON ONE SINGAPORE 307943 | | | |
| Brief details. | | | | | |

On 27/04/2023 around 1145, While I was in mine car SMG4651D waiting for passengers outside of One Newton Condominium. While waiting for my passengers on the road side, I notice that this vehicle came out of the condominium, very close to my car. Next moment the driver of SNC3154M alighted his car and say that I bang his car. I walk towards the rear of my car I did not see any damages on mine car at all.

Ther driver scolded me for stopping my vehicle outside the condominium and demanded for my particulars. I then asked for his handphone; however, he refused to provide and threaten to claim

Signature Of Officer Recording The Report:
J / SGT 2 CHEN CHOW KOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/04/2023 00:26

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (1) LOUIS HO JIAN XIONG
Contact No.:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230428/2000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230428/2000

insurance from me. I noticed that there were deep dent and scratches at the left front of the vehicle which wasn't cause by me. I am making this report for recording purposes.

Driver Particulars:

S1234097D

Mohamed Haniffa S/O Mydin Pillay

Blk 439C Bukit Batok West Avenue 8 #05-955

SNC3154M

Signature Of Officer Recording The Report:
J / SGT 2 CHEN CHOW KOON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (1) LOUIS HO JIAN XIONG
Contact No.:

Signature Of Informant:

Date/Time:
28/04/2023 00:26

Classification Of Case:

ACCIDENT STATEMENT



ACCIDENT DATE (27 / 04 / 2013) (DD/MM/YYYY), TIME (11 : 15) (HH:MM)

LOCATION: 1 NEWTON ROAD NEWTON ONE S 307943

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM614651D
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMHC5W0009552231
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Prius
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ink Creative Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 20110846561 CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teng Jie RU Eric (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S88136524 CONTACT: 89456706
 c) ADDRESS: 17 TECK WHYE LANE #02-155 S. 680017

* d) DATE OF BIRTH: (29 / 04 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22 NOV 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNC 3154M MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (01)

No of passenger
 (including driver)
 (02)

No of passenger
 (including driver)
 ()

Email = eric.teng88@hotmail.com

fax =

Motor Hire Car

MZ407

R SN

AN0656A

Gov. 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. | DMHCSNW00009552201 | Engine No.: 2ZR6886814 Chassis No.: ZVW506052111 |
| 1. Index Mark and Registration Number of Vehicle | SMG4651D | AUTOSAFE ***** |
| 2. Name of Policy Holder | INK CREATIVE PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 20/06/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 19/06/2023 | |

5. Persons or Classes of Persons entitled to drive*

Any employee or any person who is driving with the Policyholder's order or with their 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*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

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.: MOTOR 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 LAY YONG
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