

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 03/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAICT123006693/d4	SAS e-filing		
Veh No: SLJ 4883Y	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 02/07/2023 21:15	i-Motor Claim Form		
OD / <u>TP</u> / 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: SG 6086B	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

NA2301992

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	An
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Ad
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idao Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors Comments:-

Cat. 1:

Cat. 2 / 3:

## 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	03/07/2023 16:24 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2023 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4883Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE. LTD.
Company Reg No	2XXXXX962N
Email Address	charlottevehicles@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

### DRIVER

Name of Driver	YEO SENG BENG
NRIC No	SXXXX527A
Date Of Birth	23/04/1967

Occupation	Outdoor
Date Of Driving Pass	13/05/1996
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90266677
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	APT BLK 107 BUKIT PURMEI ROAD
Address complement	# 03-47
Postcode	090107
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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	Collided into Property
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 THE ATTACHED POLICE REPORT - T/20230703/7005

#### 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	SG6086B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	YEO SENG BENG
Gender	Male
Phone No	(Phone) +65-90266677
Address	APT BLK 107 BUKIT PURMEI ROAD
Address Complement	# 03-47
Post Code	090107
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND PAIN AND BACK PAIN
Injured person in which vehicle?	SLJ4883Y
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 willful 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

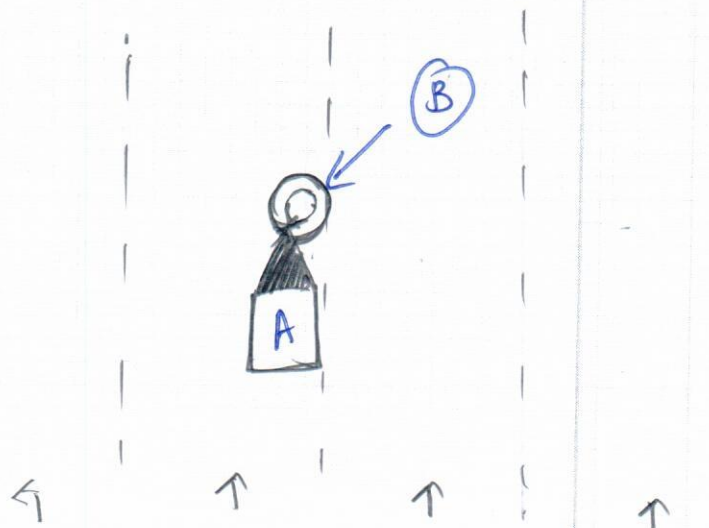
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Changi Before upper Serangoon Road Exit

A - SLJ 4883Y  
B - Tyre (SG 6086B)



Describe Circumstances of the Accident

On 2/7/23 at about 2115 hours at along PIE towards Changi before upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the road, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 15 days MC for my injury.


attached police Report - 7120230703/7005 -

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 03/7/2023

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

 3/8/2023

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20230703/7005

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

1 of 3

Report No. T/20230703/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/07/2023 10:01	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: YEO SENG BENG			Address: 107 BUKIT PURMEI ROAD #03-47 SINGAPORE 090107		
ID Type / ID No.: NRIC NO / S1796527A			Contact No.: Home/Office: Mobile: 90266677		
Nationality: SINGAPORE CITIZEN			Email: koiyeo@gmail.com		
Sex: Male	Age: 56	Date of Birth: 23/04/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car 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: 02/07/2023 21:15	Type of Location: Straight Road
Location:  PIE TOWARDS CHANGI BEFORE UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SG6086B	Bus/Coach/Mi nibus					0
SLJ4883Y	Car					1

**Details of Person Involved**

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



# SINGAPORE POLICE FORCE



T/20230703/7005

2 of 3

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

Report No. T/20230703/7005

## CONTINUATION OF REPORT

Driver			
Name	YEO SENG BENG	ID No.	S1796527A
Related Vehicle	SLJ4883Y (Car)	Contact No.	90266677
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

### Brief Details.

on 02/07/2023 at about 2115 hours at along PIE Towards Changi before Upper Serangoon Road Exit. I was travelling on the 3rd lane at the above mentioned road and suddenly, a tyre that belong to SG6086B was on the floor, I tried to avoid but was in vain and hit onto the front portion of my vehicle (A) causing damages to my vehicle. After the accident, I alight and I spoke to the driver of SG6086B and he told me that his office will contact me during office hours. I have one passenger onboard. After the accident, I consult a doctor and was given 05 days MC for my injury.

- (A) SLJ4883Y  
(B) SG6086B



**SINGAPORE  
POLICE FORCE**



T/20230703/7005

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

3 of 3

Report No. T/20230703/7005

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:  
03/07/2023 10:01

Classification Of Case:

# W Y Teh Family Clinic and Surgery

W Y TEH FAMILY CLINIC AND SURGERY  
462, TAMPINES STREET 44 #01-60  
SINGAPORE 520462  
Tel: 67836802

## Medical Certificate

**Date of Visit:** 03-Jul-2023

**MC No.:** MC2307035750

This is to certify that

**Name:** YEO SENG BENG

**NRIC:** S1796527A

is Unfit for Work

for 5 day(s) from 03-Jul-2023 to 07-Jul-2023

**Remarks:**

DR TEH WEN YANG JOEL  
FAMILY PHYSICIAN  
MED (GEN & GEN)

Doctor Name: Joel Teh  
MCR: M11254B

Blk 462 Tampines Street 44 #01-60 Singapore 520462  
Tel: 6783 6802 Fax: 6783 6039

# W Y Teh Family Clinic and Surgery

W Y TEH FAMILY CLINIC AND SURGERY  
462, TAMPINES STREET 44 #01-60  
SINGAPORE 520462  
Tel: 67836802

## INVOICE

YEO SENG BENG (S1796527A)  
107 BUKIT PURMEI ROAD  
03 - 47  
090107

Invoice No. : GPC 012304  
Invoice Date : 03 Jul 2023  
ACRA No. : 53155854A  
Doctor : Joel Teh

ITEM NAME	QTY	TOTAL
Consultation General Service		\$30.00
Final Bill		\$30.00
Payment received by Cash - RE/008630		\$30.00
Outstanding Balance		\$0.00

Blk 462 Tampines Street 44 #01-60 Singapore 520462  
Tel: 6783 6802 Fax: 6783 6039

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 04 / 2023 (DD/MM/YYYY), TIME: 21 : 15 (HH:MM)

LOCATION: PIE towards Changi before Upper Serangoon Road Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLJ48834  
 b) INSURANCE COMPANY: China Taiping  
 c) POLICY NUMBER: DMHUSNA00017352200  
 d) POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  
 e) MAKE & MODEL: honda vezel hybrid AUTO / MANUAL  
 f) TYPE: [SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS]  
 g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Hire  
 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: IAxis prestige Leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 202121962N CONTACT: 96971707  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Yeo Seng Beng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1796527A CONTACT: 90266677  
 c) ADDRESS: 107 Bukit Purmei Road #03-47 Singapore 090107

- \* d) DATE OF BIRTH: 23 / 04 / 1967 (DD/MM/YYYY)  
 e) OCCUPATION: [INDOOR / OUTDOOR]  
 f) YEARS OF DRIVING EXPERIENCE: 30 years 13/11/1996

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS  
 b) ROAD SURFACE: [DRY / WET / OTHERS]  
 6. WAS ANYBODY INJURED (YES / NO) Right hand & back pain  
 7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: Ubi Traffic Police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG 6086B (Type) MODEL: BUS / COACH / MINIBUS  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
 (including driver)

(2)  
(1P)

\* No of passengers  
 (including driver)

( )

\* No of passengers  
 (including driver)

( )

Carri =

fax =

VIDEO = Yes with driver



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

### 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)

MZ406L/B

E SN

AN0055A

Cov. Type:C

CERTIFICATE No.

DMHCSNA00017352200

Engine No.: LEB5918373

Cha. No.:RU31218362

1. Index Mark and Registration  
Number of Vehicle

SLJ4883Y

AUTOSAFE  
=====

2. Name of Policy Holder

1AXIS PRESTIGE LEASING PTE LTD

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

15/02/2023

Excess Sect. I . SS\$2,000.00

Excess Sect. I (Outside Singapore) SS\$4,000.00

Excess Sect. II SS\$1,500.00

Excess Sect. II (Outside Singapore) SS\$3,000.00

EX ON WINDSCREEN . SS\$100.00

4. Date of Expiry of Insurance

18/09/2023

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.

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.: MONEymax LEASING 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: Chai Huilin Lynn

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