

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN08287B0002

Date In: 12/07/2023 17:38	Job description	Date & Time Completed	Done by
Ref No: N/A 07228007046/4	SAS e-filing		
Veh No: SDK 1128D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/07/2023 17:55	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: XE 6039P

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

N/A 2302401

Invoice Preparation Checklist

Ant (\$)

Ant

Est Bill

Add

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

1) AR: Accident Reporting (\$30);		
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:-		
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: 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	12/07/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 12:55 (SGT)
Exact Location of Accident	Telok Blangah Way, Singapore
Additional Location Information	BETWEEN BLK 27 AND 33
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK1128D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM TONG WENG
NRIC No	SXXXX023D
Email Address	eugenelim@era.com.sg
Mobile Phone No	(Phone) +65-90223122
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00060002303

DRIVER

Name of Driver	ANGELINE TAN POH HONG
NRIC No	SXXXX892Z
Date Of Birth	30/01/1966
Occupation	Indoor

Date Of Driving Pass	26/03/1986
Driving experience	37 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83223226
Alt. Phone Number	-
Email Address	eugenelim@era.com.sg
Address	50 WEST WEST COAST CRESCENT #06-08
Address complement	-
Postcode	128035
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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)	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	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800295999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND STATEMENT AND POLICE REPORT T/20230712/2116

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	XE6039P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	ANGELINE TAN POH HONG
Gender	Female
Phone No	(Phone) +65-83223226
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDK1128D
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.

Policyholder's Signature / Date & Time

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

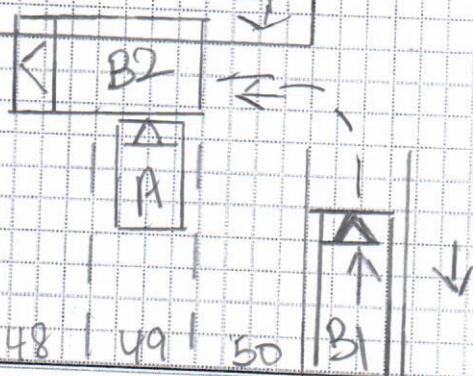
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

B1WN BLK 22/37 TRUK BANGATI WAY

A) SDK 1128D

B) XE 6039P



Describe Circumstance of the Accident

AT APPROX. 1255HR, I GOT INTO MY VEHICLE AND WAS GOING OFF (CARPARK LOT #40) AS I MOVED, I NOTICED A HUGE VEHICLE COMING ON MY RIGHT. I HAD TO STOP MY CAR IMMEDIATELY AND JAMMED MY BRAKES QUICKLY AND SOUNDED THE HORN CONTINUOUSLY.

THE DRIVER OF THIS TRUCK SPEED AS HE MADE A LEFT TURN INTO THE TRUNKING 2-WAY ROAD. IN SPITE OF MY SOUNDING OF HORN WHICH I WAS ALREADY STATIONARY.

THE INEVITABLE HAPPENED AS THE BACK OF THE TRUCK OBVIOUSLY DID NOT CLEAR AS THE TURNING RADIUS WASN'T SUFFICIENT IN SPITE OF THE TURN HE WAS TAKEN INTO THE OPPOSITE SIDE OF THE ROAD WHICH IS AGAINST TRAFFIC NOW.

THE DRIVER COULD BE HARD OF HEARING AND HAVE JUDGEMENT ISSUE, CLEARLY EXTREMELY DANGEROUS DRIVING IN THIS MANNER, OBVIOUS TO HIS SURROUNDINGS.

NOT FORGETTING THIS IS A HUGE VEHICLE COMING INTO AN OLDER ESTATE WITH MORE ELDERLY PEOPLE. HE APPEARED ENRAGED IMMEDIATELY AFTER THE ACCIDENT AS HE CAME OUT OF HIS VEHICLE. HE WAS ALONE, NO OTHER PERSON TRAVELLING WITH HIM.

THE VEHICLE IS EXTREMELY HUGE AND TALL. THE VEHICLE NUMBER IS XE6030P.

THE DRIVER IS EXTREMELY AGGRESSIVE, MATCHED TO THE VEHICLE.

IT WAS A RAINY DAY.

THERE IS ALSO A SECURITY CAMERA MANAGED BY THE POLICE AT BLOCK 27. STN46363 WAS PARKED OPPOSITE LOT 60 - ADDITIONAL FOOTAGE

Declaration

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

POLICE REPORT 1/20230712/2016

Policyholder's Signature / Date & Time

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

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

12/07/2023



SINGAPORE POLICE FORCE



T/20230712/2116

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20230712/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 17:05		Vide Report No.: A/20230711/0065		Station Diary No.: 66
Informant's Particulars				
Name of Informant: ANGELINE TAN POH HONG		Address: 50 WEST COAST CRESCENT #06-08 SINGAPORE 128035		
ID Type / ID No.: NRIC NO / S1750892Z		Contact No.: Home/Office: Mobile: 83223226		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 57	Date of Birth: 30/01/1966	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Unemployed		Driving Licence Information: Class: 3 Date of Expiry: 26/03/1985		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2023 12:55	Type of Location: Car Park
Location: TELOK BLANGAH RISE				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDK1128D	Car	MERCEDES BENZ	B180	Black	Slightly Damaged	0
XE6039P	Garbage Truck		Palfinger	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDK1128D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			



**SINGAPORE
POLICE FORCE**



T/20230712/2116

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20230712/2116

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANGELINE TAN POH HONG	ID No.	S1750892Z
Related Vehicle	SDK1128D (Car)	Contact No.	83223226
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 26/03/1985
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LEE CHUANYI	ID No.	G8239330M
Related Vehicle	NIL	Contact No.	92982068
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 11/07/2023, at about 1255hrs, my vehicle (SDK1128D) was parked at lot 49 at Blk 33 Telok Blangah Way. I was already inside my vehicle and about to drive out. After inching forward, I immediately braked my vehicle as there was a large truck (XE6039P) turning into my lane from the right. I also sounded my horn as I saw him approaching on my right.

The truck had turned and eating up to both of the lanes. The rear wheel of the truck collided onto the front portion of my vehicle. My front portion of my vehicle was damaged. I wish to state the driver alighted from his vehicle and confronted me. The driver was very aggressive and started shouting at me. I felt that his vehicle drove towards the carpark was dangerous and fast in his manner of driving. I felt intimidated as such I called for police assistance. I wish to state that there was Police CCTV footage which captured the whole incident. The CCTV is located at Blk 27 Telok Blangah Way.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20230712/2116

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Report No. T/20230712/2116

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

SGT 1 FIRDANSHAH BIN
MOHAMED RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

Signature Of Informant:

Date/Time:

12/07/2023 17:05

Classification Of Case:

NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 11 JULY 2023	TIME OF ACCIDENT : 1255HR +/-
VEHICLE NO : SDR 1126D	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : MERU B180	LOCATION : CARPARK @ M/33 TUK BLANCAJ WAY
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : TAIPINGCA	POLICY NO :
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : LIM TONG WENG	NRIC : S1735023D
ADDRESS : 50 WEST COAST CRESC 406-08	CONTACT NO : 9022
EMAIL ADDRESS :	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : ANSARUWE TAN	NRIC : S17500018 CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : SPOUSE	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 30/01/1966	DRIVING PASSING DATE : 26/03/1986
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : XE 639 XE 6039P	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



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 Private 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)

MX1E

R SN

AN0005A

Cov. Type:C

CERTIFICATE No.

DMPCSNA00060002303

Engine No.: 27091031010065

Cha. No.: WDD2462422J409463

1. Index Mark and Registration
Number of Vehicle

SDK1128D

AUTOSAFE

2. Name of Policy Holder

LIM TONG WENG

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

01/05/2023

(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

30/04/2024

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: OCBC BANK LTD AS HP OWNER

* 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: Chng Pei Wen Adeline

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SNR0237B0002 Vehicle Registration No: SDK1128D
Name (as shown in NRIC) DALYALINIE TAN POH HONG NRIC/FIN/Passport No : 8XXX8922
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83223226
Email Address : _____
Date of Accident : 11/07/2023 Time of Accident : 12:55.
Place of Accident : TRUCK BUNGALOW WAY BTW BIK 27 AND 33
Insurance Company: CHINA AIRWAYS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO OWN DAMAGE CLAIMS

Policyholder / Driver's Signature
Date:

14/07/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: