

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 24/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C1123007466/d4	SAS e-filing		
Veh No: 8JP 702E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/07/2023 10:10	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: SMU 6331R	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

NA2362205	Invoice Preparation Checklist	Am't (\$)	
Claimant's Particulars	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
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: Idao Mobile \$0		
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	24/07/2023 14:27 (SGT)
Reported by	Actual Driver
Date of Accident	23/07/2023 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVENUE 2 TOWARDS WOODLANDS AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP702E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNICOAT PTE LTD
Company Reg No	2XXXXXX424R
Email Address	STEVENAMH87@GMAIL.COM
Mobile Phone No	(Phone) +65-65708311
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00258442200

DRIVER

Name of Driver	ANG MENG HWEE
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Occupation	Outdoor
Date Of Driving Pass	23/11/2012
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98214826
Alt. Phone Number	-
Email Address	STEVENAMH87@GMAIL.COM
Address	APT BLK 472 CHOA CHU KANG AVENUE 3
Address complement	# 14-153
Postcode	680472
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	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	LOW MEI SAN
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 STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU6331R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	IAN FRANCIS S/O JOHN
NRIC No	SXXXX748Z
Contact Number	(Phone) +65-94895087
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	CHILD
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW MEI SAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PREGNANT AND PAIN ON THE BODY
Injured person in which vehicle?	SJP702E
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.

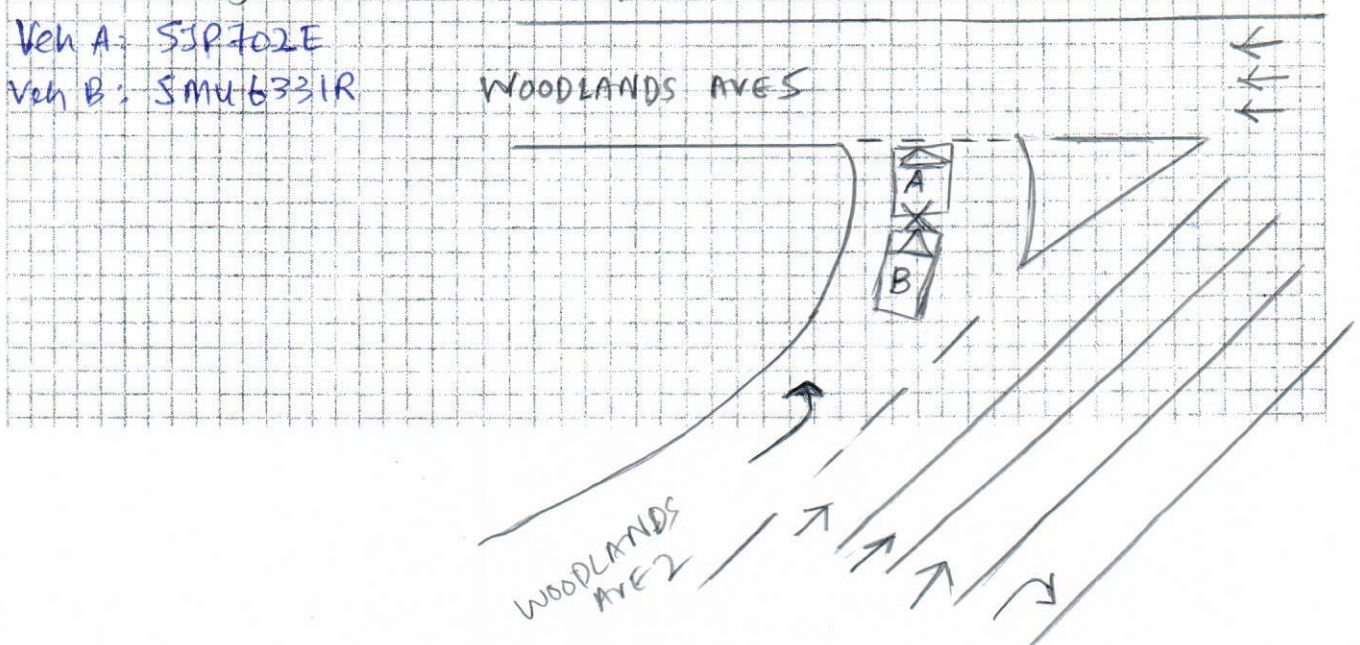


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Along Woodlands Avenue 2 Towards Woodlands Avenue 1



Describe Circumstances of the Accident

On 23-7-23 at about 10:10am, whilst driving along Woodlands Ave 2 towards Woodlands Ave 5, I stop at the slip Road waiting for main Road Traffic to clear, suddenly vehicle (B) SMU 6331R came from behind and hit on to the rear portion of my vehicle (A) STP702E

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

24/07/2023
11:15am

24/7/2023



SINGAPORE POLICE FORCE



T/20230724/7066

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

1 of 3

Report No. T/20230724/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2023 15:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ANG MENG HWEE			Address: 472 CHOA CHU KANG AVENUE 3 #14-153 SINGAPORE 680472		
ID Type / ID No.: NRIC NO / S8737180H			Contact No.: Home/Office: Mobile: 98214626		
Nationality: SINGAPORE CITIZEN			Email: stevenamh87@gmail.com		
Sex: Male	Age: 35	Date of Birth: 20/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Construction 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: 23/07/2023 10:10	Type of Location: Slip Road from Woodlands Ave 2 to Woodlands Ave 5
Location: WOODLANDS SQUARE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJP702E	Car	TOYOTA	Camry	Black	Seriously Damaged	1



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

Report No. T/20230724/7066

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMU6331R	Car	VOLKSWAGO N		Silver	Slightly Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOW MEI SAN	ID No.	S9083438Z
Related Vehicle	SJP702E (Car)	Contact No.	93965950
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	23/07/2023	Date	23/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	ANG MENG HWEE	ID No.	S8737180H
Related Vehicle	SJP702E (Car)	Contact No.	98214626
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 23 July 2023 at about 10.10am, I was driving along Woodlands Ave 2 when I signalled to turn left into Woodlands Ave 5. When I reached the slip road, I stopped and checked for oncoming cars from my right. Upon stopping, the vehicle that I was driving (SJP702E) was hit from the rear by another vehicle (SMU6331R) and my vehicle was pushed forward to the centre lane of Woodlands Ave 5. I then quickly steered my vehicle to be parallel with the lanes to avoid another accident with the oncoming cars. We then checked on each other's conditions and proceeded to shift our vehicle to the left side of the road along Woodlands Ave 5.

I have front in-car camera video.

My wife, Low Mei San, was the front passenger in my vehicle (SJP702E) and is approx 6 months pregnant during the time of the accident.



**SINGAPORE
POLICE FORCE**



T/20230724/7066

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

3 of 3

Report No. T/20230724/7066

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

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

Date/Time:
24/07/2023 15:55

Classification Of Case:

From : Premium Carz Services Pte Ltd

ACCIDENT STATEMENT

Tel : 6636 9100

Fax : 6636 9113

Email : candice@premiumcarz.com.sg

Date	23-7-23	
Time	10.10 AM	
Location	ALONG WOODLANDS AVE 2 TWDS WOODLANDS AVE 5	
VEHICLE (A)	SJP702E	MODEL: TOYOTA CAMRY
Name of owner	UNICOAT	
NRIC No	/ ROC NO 200603424R	
Date of Birth		
Occupation	Indoor /	Outdoor
Gender	Male /	Female
Contact	HP:	Tel: 65708311
Address	1 BUKIT BATOK CRESCENT #09-62 WCEGA PLAZA S658064	
Driving Passed date		
Email Address	StevenAMH87@gmail.com	
Type of claim	Own Damaged / <u>Third Party</u> / Reporting Only	
Exact purpose of use	<u>Private</u> / Commercial / Hire & Reward	
Insurance Company	CHINA TAIPIING INS	
Type of Policy	<u>Comprehensive</u> / Third Party, Fire&Theft / Third Party Only	
Policy number	DMPCSN W00258442200	
Name of driver	ANG MENG HWEI	
NRIC no	S8737180H	
Date of birth	20-11-1987	
Occupation	Indoor /	<u>Outdoor</u>
Gender	<u>Male</u> /	Female
Contact	9821 4826	
Address	BK 472 CHOA CHU KANG AVE 3 #14-153 S680472	
Driving Passed date	23-11-2012	
Email Address	StevenAMH87@gmail.com	
Relationship with the Insured	Owner / Children / Spouse / <u>Employee</u> / Others:	
Does the driver own any other vehicle	<u>No</u> / if Yes : Vehicle no:	Ins. Co:
Type of Collision	<u>Head to Rear</u> (TP hit Insured)	
Weather conditions / Road surface	<u>Clear</u> / Raining - <u>Dry</u> / Wet / Others:	
Any Police Report lodged	<u>No</u> / Yes : Where?	
Notice of Intended Prosecution Given?	<u>No</u> / Yes : Against who?	
Anybody injured in the accident?	No / <u>Yes</u> : Who / Vehicle no? SJP702E passenger (F) Mei San	
Any other material or property damaged?	No / <u>Yes</u>	
Any foreign vehicle involved?	<u>No</u> / Yes : Vehicle no:	
Any video captured by car camera?	<u>No</u> / Yes	
Number of passengers(including driver)	Male - 1 / Female - 1 (Low Mei San)	
VEHICLE (B) - THIRD PARTY	SMU 6331R	
Name of driver	IAN FRANCIS S/O JOHN	
NRIC / FIN no. / Passport number	S87097488	
Contact	9489 5087	
Number of passengers(including driver)	Male - 1 / Female - 1 child - 1	
Insurance Company		
Details of Witness	Name : <u>NA</u>	HP :
	Email :	
Other Vehicles	(C) <u>NA</u>	(D)
Number of passengers (including driver)	Male - / Female -	Male - / Female -



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)

MX4F

N SN

AN0678A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00258442200

Engine No.: 1AZE138414

Cha. No.:MR053BK4107046122

1. Index Mark and Registration
Number of Vehicle

SJP702E

AUTOSAFE

=====

2. Name of Policy Holder

UNICOAT PTE LTD

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

08/12/2022

(00:00:00)

Named Drivers Ex Sect. I

\$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

4. Date of Expiry of Insurance

07/12/2023

* Age as at date of accident

EX ON WINDSCREEN .

\$S100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on 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:*

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 \$S500 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. : HONG LEONG FINANCE 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: LEE KOK LEONG (LI GUOLIANG)

Authorised Officer

Authorised Signatory