

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 26/07/2023	Job description	Date & Time Completed	Done by
Ref No: NAL C1123007570/d4	SAS e-filing		
Veh No: SFY 34A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/07/2023 08:50	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: Pedestrian

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%. P: 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

NA2302228

Invoice Preparation Checklist

Amf (\$)

Amf

Claimant's Particulars:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge):

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

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 First Submission	26/07/2023 14:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2023 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY34A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH TYE LEE
NRIC No	SXXXX645Z
Email Address	JUDYKOH@COASTAL.COM.SG
Mobile Phone No	(Phone) +65-97366155
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00076862306

DRIVER

Name of Driver	KOH TYE LEE
NRIC No	SXXXX645Z

Date Of Driving Pass	17/10/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97366155
Alt. Phone Number	-
Email Address	JUDYKOH@COASTAL.COM.SG
Address	34 SENNETT TERRACE
Address complement	-
Postcode	466729
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	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

*PLEASE BE INFORMED THAT VEHICLE WAS NOT BROUGHT IN FOR PHOTO TAKING DUE TO OWNER ALREADY PLACE AT WORKSHOP AND IT IS ON THE PROCESS OF REPAIRING.

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	PFDESTRIAN
-----------------------------	------------

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 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

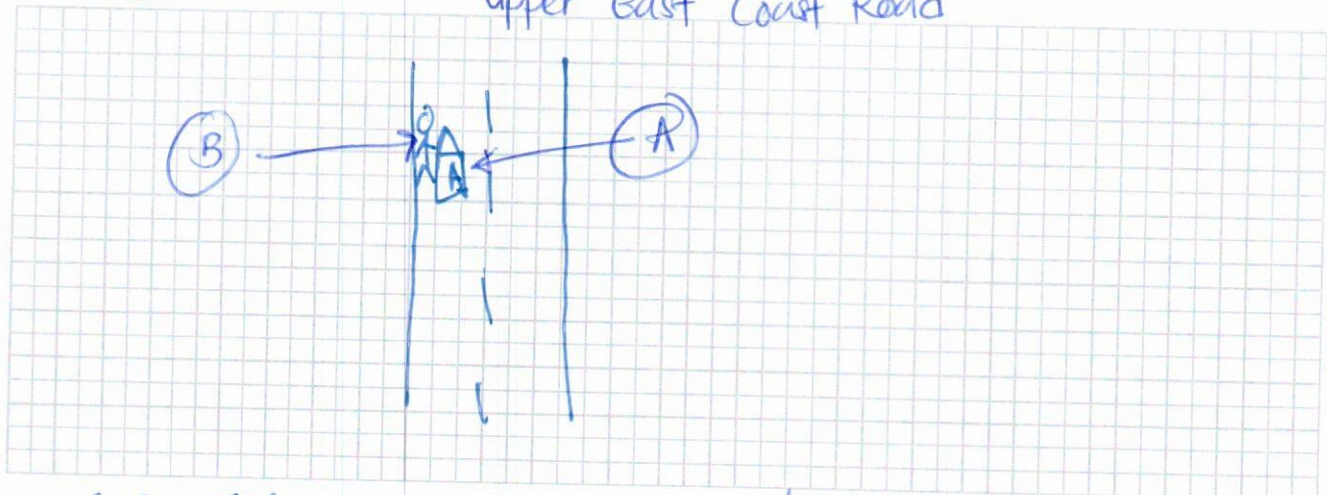
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

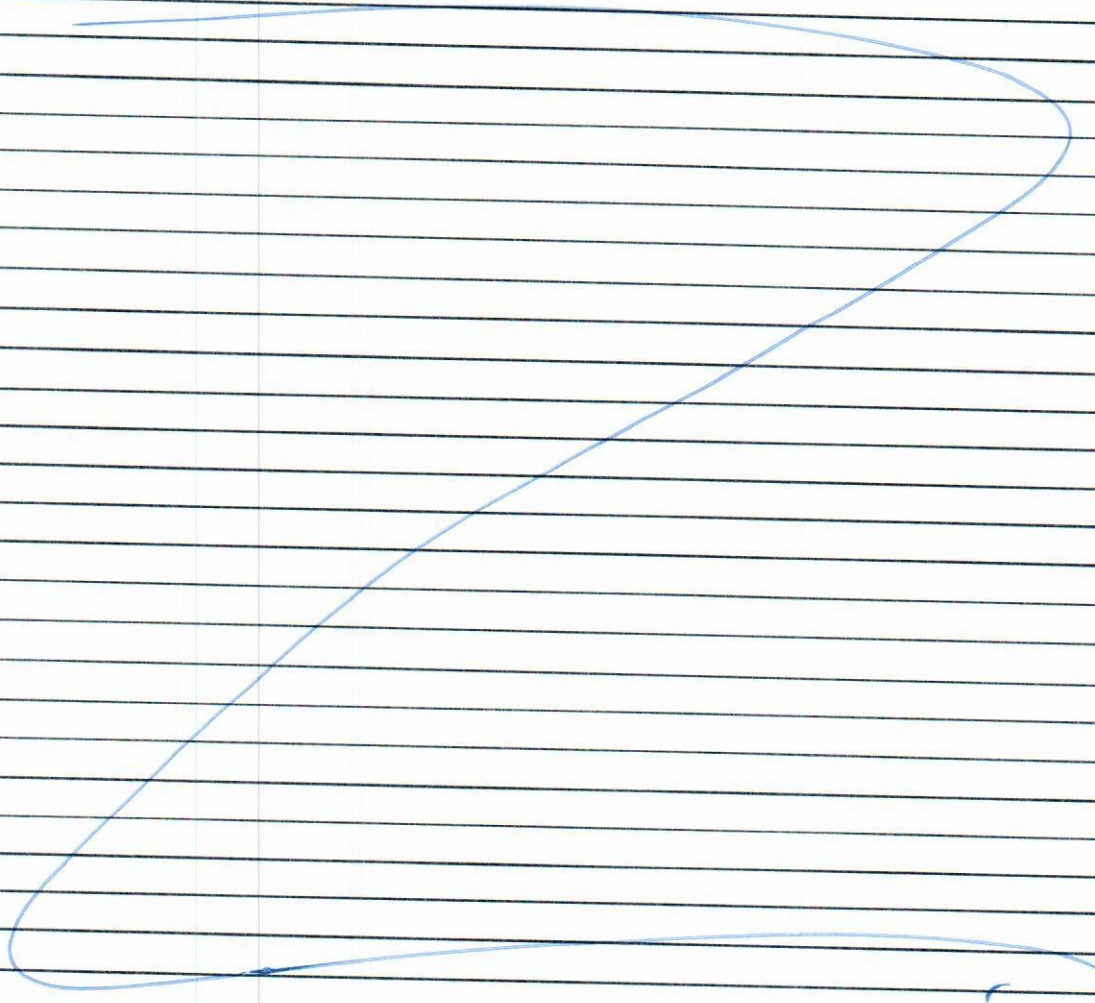
Sketch Plan



Describe Circumstances of the Accident

* Refere to police Report

* Incident was not report earlier on
due to no detail of personal
information was not Given



Declaration

We declare the foregoing particulars are true in every respect.

A handwritten signature in blue ink, appearing to be 'Zuh' or similar, written over a horizontal line.

Policyholder's Signature / Date &
Time

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

A handwritten signature in blue ink, followed by the date '28/7/2023', written over a horizontal line.

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230722/7024

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

1 of 3

Report No. T/20230722/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2023 11:41	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: KOH TYE LEE			Address: 34 SENNETT TERRACE SINGAPORE 466729		
ID Type / ID No.: NRIC NO / S1153645Z			Contact No.: Home/Office: Mobile: 97366155		
Nationality: SINGAPORE CITIZEN			Email: JUDYKOH@COASTAL.COM.SG		
Sex: Female	Age: 67	Date of Birth: 16/01/1956	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/07/2023 08:40	Type of Location: Straight Road
Location: UPPER EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFY34A	Car	TOYOTA	ESTIMA AERAS PREMIUM EDITION 2.4 2WD	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



SINGAPORE POLICE FORCE



T/20230722/7024

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

2 of 3

Report No. T/20230722/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFY34A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA00076862306	14/06/2023	13/06/2024

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Used	
Driver			
Name	KOH TYE LEE	ID No.	S1153645Z
Related Vehicle	SFY34A (Car)	Contact No.	97366155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Pedestrian			
Name	UNKNOWN	ID No.	UNKNOWN
Related Vehicle	NIL	Contact No.	92715812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was heading back home from my usual marketing session every Saturday morning. The accident took place as I was driving along Upper East Coast Road slightly after Evergreen Avenue. A lady pedestrian was standing on the side of the road, down from the pedestrian pathway on the 2 yellow lines when the left side mirror of my car hit her and she fell from the impact. It seems like she was trying to cross to the other side of the road which has 2 way traffic and I did not see her at all as it was a blind spot. I kept apologizing to her and offered to call an ambulance for her but she declined saying that there is no need to. She seems to have incurred cuts/abrasions on her forehead and right leg with bruises on her left arm from the fall of the impact from what I can see. She is staying at Evergreen Avenue and after the accident, she called her mother and sister to come out and they asked me for my mobile number and I provided it to them. As of now, she has yet to provide us with her details, we only have her mother's contact number which is 9271 5812 and her mother says that they will provide her daughter's name and other details to me later as they are busy right now.



**SINGAPORE
POLICE FORCE**



T/20230722/7024

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

3 of 3

Report No. T/20230722/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
22/07/2023 11:41

Classification Of Case:

Date of Accident : 22/07/2023 Accident Time: 08 50 (24-HR-FORMAT)
Accident Place : Upper east coast rd
Vehicle Reg. No (Car plate No.) : SFY 34A Vehicle Make/Model: Estima
Insurance Company : China taiping Policy No. DMPCSUA00076562306
Name of Registered Owner : ~~Company~~ / Individual Koh TYE Lee
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S11536452
: Co Contact No: _____ Owner's Contact No: 97366155
DRIVER'S Name : Koh TYE Lee DRIVER'S NRIC No: S11536452
DRIVER'S Date of Birth : 16/01/1956 DRIVER'S License Pass Date 17/10/1978
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 34 Sennett terrace S 466729
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)
Email Address : JUDYKOH@COASTAL.COM.SG
Weather & Road Surface : CLEAR & DRY \ ~~RAINING & WET~~ \ ~~AFTER RAIN & WET~~
Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ ~~Claim Own Insurance~~
Number of Passengers (including Driver): 1
Was the accident reported to the police? YES \ ~~NO~~
Was there any video Captured by car camera: YES \ ~~NO~~
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: Pedestrian
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____



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)

MX1F

R SN

AN0101A

Cov. Type C

CERTIFICATE No.

DMPCNA00076862306

Engine No.: 2AZ4A34737

Cha. No.: ACR507130023

1. Index Mark and Registration
Number of Vehicle

SFY34A

AUTOSAFE
=====

2. Name of Policy Holder

KOH TYE LEE

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations. (00:00:00)
Ordinance or Enactment

14/06/2023

Named Drivers Ex Sect. I \$S1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

* Age as at date of accident

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

13/06/2024

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 \$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.: 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:

Jordan Mitchell Chan

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