

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 31/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C123007742/d4	SAS e-filing		
Yeh No: GIBK1492	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/07/2023 19:30	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:	Yeh No: SNF 5460A	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

NA2302279

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	An
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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) NI: Idao 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: Idao Mobile \$0		
	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	31/07/2023 15:51 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG ROAD TOWARDS SERANGOON CENTRAL SLIP ROAD INTO ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK149Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG LEASING PTE LTD
Company Reg No	2XXXXX520E
Email Address	SGLEASING@OUTLOOK.COM
Mobile Phone No	(Phone) +65-94888856
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00025642300

DRIVER

Name of Driver	TIAN ZHI RONG JOSEPH
NRIC No	SXXXX927G
Date Of Birth	05/07/1995

Occupation	Indoor
Date Of Driving Pass	21/06/2016
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93827696
Alt. Phone Number	-
Email Address	SGLEASING@OUTLOOK.COM
Address	APT BLK 662 HOUGANG AVENUE 4
Address complement	# 04-393
Postcode	530662
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	SHERYL SEE YAN WEN
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/20230731/7057

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	SNF5460A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BEE KIANG
NRIC No	SXXXX697E
Contact Number	(Phone) +65-87882121
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	TIAN ZHI RONG JOSEPH
Gender	Male
Phone No	(Phone) +65-93827696
Address	APT BLK 662 HOUGANG AVENUE 4
Address Complement	# 04-393
Post Code	530662
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	GBK149Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHERYL SEE YAN WEN
Gender	Female
Phone No	(Phone) +65-83387821
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND LEG-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	GBK149Z
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 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.

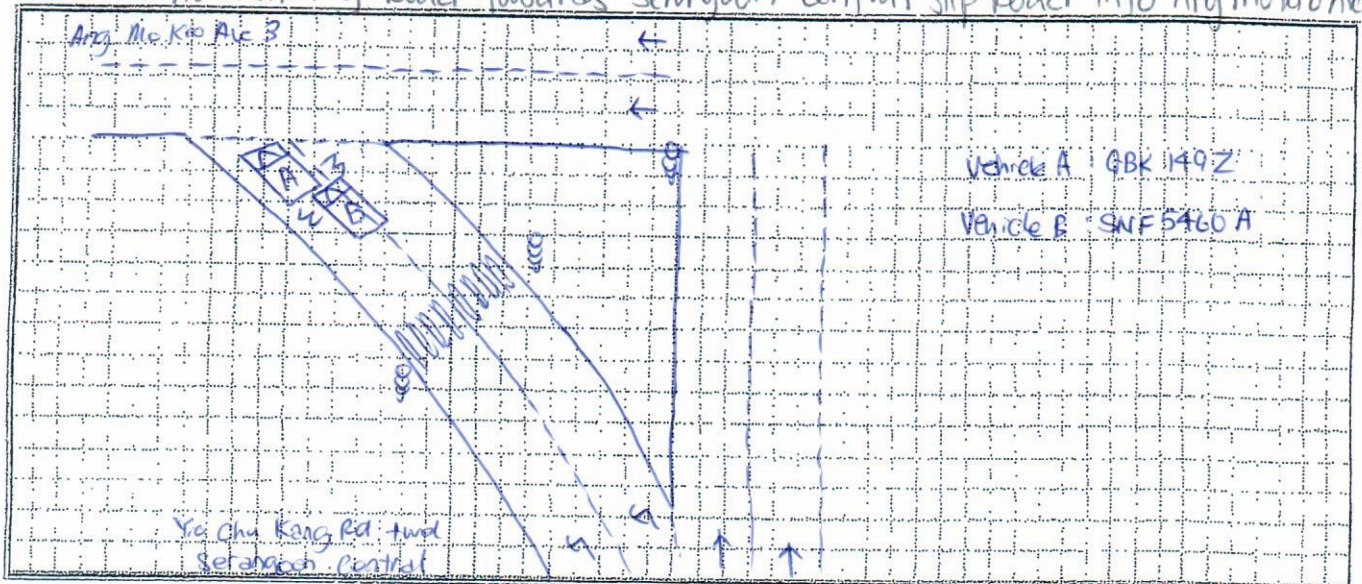


Policyholder's Signature / Date & Time

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

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

Sketch Plan Yio chukang Road towards Serangoon central slip Road into Ang mo kio Ave 3



Describe Circumstance of the Accident

As per police Report

Report No : T/20230731/7057

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink.

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

A handwritten signature in blue ink, followed by the date '31/7/23'.

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



SINGAPORE POLICE FORCE



T/20230731/7057

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

1 of 3

Report No. T/20230731/7057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2023 14:21	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TIAN ZHI RONG JOSEPH			Address: 662 HOUGANG AVENUE 4 #04-393 SINGAPORE 530662		
ID Type / ID No.: NRIC NO / S9523927G			Contact No.: Home/Office: Mobile: 93827696		
Nationality: SINGAPORE CITIZEN			Email: JOSEPH TIAN7@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 05/07/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: DELIVERY 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: 27/07/2023 19:30	Type of Location: SLIP ROAD
Location: LORONG NAPIRI				
Weather: Clear		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
GBK149Z	Van	NISSAN	NV200	Grey	Slightly Damaged	1
SNF5460A	Car	TOYOTA	SIENTA	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20230731/7057

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

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Report No. T/20230731/7057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIAN ZHI RONG JOSEPH	ID No.	S9523927G
Related Vehicle	GBK149Z (Van)	Contact No.	93827696
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	SHERYL SEE YAN WEN	ID No.	S9843514Z
Related Vehicle	GBK149Z (Van)	Contact No.	83387821
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/07/2023	Date	29/07/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	TAN BEE KIANG	ID No.	S6915697E
Related Vehicle	GBK149Z (Van)	Contact No.	87882121
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

Brief Details.

On 27/07/2023 at around 1930hrs , i was driving my vehicle (GBK 149 Z) along Yio Chu Kang Road towards Serangoon Central Slip road into Ang Mo Kio ave 3 on the left lane , i slowed down and stop my vehicle behind the give way line to look for on-coming vehicles . out of a sudden , Vehicle B (SNF 5460 A) collided into the rear right portion of my vehicle.
After the accident , I felt discomfort in my neck and my passenger felt discomfort on her back & leg area. i went to Mount Alvernia with my passenger to consult a doctor and was given a 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230731/7057

3 of 3

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

Report No. T/20230731/7057

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:
31/07/2023 14:21

Classification Of Case:

VEHICLE NO: <u>GBK 1492</u>	MAKE & MODEL: <u>Nissan NV200</u>	AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT: <u>27/ 07 / 2023</u>	CC: <u>1-5</u>	
TIME OF ACCIDENT: <u>1930</u> HRS		
LOCATION OF ACCIDENT: <u>Yio Chu kang Rd tnd Serangoon Central Slip Rd into Ang Mo Kio Ave 2</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>SG Leasing Pte Ltd</u>		
TEL NO:	H/P: <u>9488 8856</u>	OFFICE: HOME:
NRIC: <u>201317520E</u>		
ADDRESS: <u>15 Yishun Industrial Street 1 #01-08 Wm 5 S768091</u>		
EMAIL: <u>SGLEASING@OUTLOOK.COM</u>		
CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>		
FLEET POLICY: <u>YES / NO</u>		
INSURANCE COMPANY: <u>China Taiping</u>		
TYPE OF COVERAGE: <u>Comprehensive / Third Party / Third Party Fire & Theft</u>		
POLICY NO: <u>DMCVSNW00025642300</u>		
NAME OF DRIVER: <u>AS ABOVE / IF NO: Tian zhi Rong Joseph</u>		
NRIC: <u>S9523927G</u>	ANY PASSENGER: <u>1 (1F)</u>	
DATE OF BIRTH: <u>05 / 07 / 1995</u>	LICENCE PASSED DATE: <u>21 / 06 / 2016</u>	
OCCUPATION: <u>OUTDOOR / INDOOR</u>		
GENDER: <u>MALE / FEMALE</u>		
CONTACT NO:	H/P: <u>9382 7696</u>	OFFICE: HOME:
ADDRESS: <u>Blk 662 Hougang Avenue 4 #04-393 S 530662</u>		
EMAIL: <u>Hirer</u>		
DOES DRIVER OWNED ANY VEHICLE: <u>NO</u> IF YES, REG NO:	INSURER:	
RELATIONSHIP:		
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:		
ROAD SURFACE: <u>DRY</u> / WET / OTHER:		
ANY INJURIES: <u>NO</u> / IF YES, WHO?		
NAME & CONTACT: <u>Tian zhi Rong Joseph (9382 7696)</u>		
NAME & CONTACT: <u>Sheryl See Yan Wen (8338 7821)</u>		
POLICE REPORT: <u>NO</u> / IF YES, WHERE? <u>Traffic Police</u>		
NOTICE OF INTENDED PROSECUTION GIVEN? <u>NO</u> / IF YES, WHO?		
VEHICLE B REG NO: <u>SNF 5460 A</u>	ANY PASSENGERS: <u>N/A</u>	
NAME OF DRIVER: <u>Tan Bee Kiang</u>	CONTACT NO: <u>8788 2121</u>	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? <u>YES / NO</u>		
WAS THERE ANY AUDIO RECORDED? <u>YES / NO</u>		
ACCIDENT SCENE PHOTOS TAKEN? <u>YES / NO</u>		
ACCIDENT PORTION: <u>Rear Right Portion</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR: <u>Twincar Automotive Pte Ltd</u>		
CONTACT NO: <u>68420051 / 67440510</u>		
CONTACT PERSON: <u>Steve 88215151</u>		
FAX NO: <u>67410510</u>		
WORKSHOP EMAIL: <u>sales@n51.com.sg</u>		



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 Commercial

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)

MZ407/C

N SN

AN0663A

Cov. Type:C

CERTIFICATE No.

DMCVSNW00025642300

Engine No.: K9KE628D716893

Cha. No.: VSKYBAM2020180755

1. Index Mark and Registration
Number of Vehicle

GBK149Z

AUTOSAFE

=====

2. Name of Policy Holder

SG LEASING PTE. LTD.

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

09/03/2023

(09:33:35)

Excess Sect. I. S\$1,500.00

Excess Sect. II S\$1,500.00

4. Date of Expiry of Insurance

08/03/2024

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use:

(1) Use in connection with the Policyholder's business and Hirer's Business.

(2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business and Hirer's Business.

(3) Use for social, domestic or pleasure purpose.

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* 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

Issued By:

Authorized Officer

Reg. No.:
SGMR 21167B

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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