

# NATIONAL Assessment Centre Services

Form 1 (Jan 05)

MA 118019587

Date In: 8/2/18 14:40	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 18002558/14	SAS e-filing		
Veh No: SX 41822	E-mail (within 3hrs, AOC 3hrs)		
D.O.A: 8/2/18 11:50	i-Motor Claim Form		
OD (P) Reporting Only	i-Motor W/O (within OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKU 9310 E	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: 21-75%; 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

Claimant's Particulars:-	Invoice Preparation Checklist	Acc (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40.142		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Car 1:	For claiming against INC Only (wef 10 Jan 2025)		
Car 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	* N6: Courtesy Car / Tpt Allowance \$4		
	* N6: Repair Coordination \$17		
	* N7: Post Repair Inspection \$24		
	* N8: DV / Collect Excess Coordination \$4		
	TR (N11): TR (Non-INC) against INC \$10		
	9) N12: Idas Mobile \$1		
	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 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 ability.
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 Report	08/02/2018 14:40
Date Of Accident	08/02/2018 11:50
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4182L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MDM XUAN LI WEI
NRIC No	S7187068E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96313550
Alternative Phone No	OFFICE-96313550

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZZA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3038691700
Cover Note Number	-

### Driver

Name of Driver	ZHOU SHENGHUA
Passport No/FIN	G5892011N
Date Of Birth	07/10/1979
Occupation	INDOOR
Date Of Driving Pass	29/12/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96698226
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 519 BEDOK NORTH AVE 1 #09-392
Postcode	460519
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9310E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO TOH MACH
NRIC/Passport Number	
Contact Number	90192050F
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLG1788A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Veh A: SJX 482 L

Veh B: SKU 9310 E

Veh C: SLG 1788 A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I was travelling on cte towards city. The vehicle in front of me came to a stop and I have also stopped. Suddenly Veh B collided into me from behind. I then realised that it was Veh C that collided into Veh B to cause Veh B to collide into me.

## DECLARATION

I/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:

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

### ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 02 / 18) (DD/MM/YYYY), TIME: (11 : 50) (HH:MM)

LOCATION: Cte towards city before Braddell exit.

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 4182 L
- b) INSURANCE COMPANY: China Taiping.
- c) POLICY NUMBER: DMPCSN 3038691700
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Subaru Impreza.
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private.
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

#### 2. INSURED / POLICY HOLDER

- a) NAME: Xuan Liwei (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7187068 E CONTACT: 96313550
- c) ADDRESS: B1K 519 Bedok North Ave 1  
#09-392 S(460519)

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

#### 3. DRIVER

- a) NAME: Zhou Shenghua (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G5892011 N CONTACT: 96698226
- c) ADDRESS: B1K 519 Bedok North Ave 1  
#09-392 S(460519)

\*d) DATE OF BIRTH: (07 / 10 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

#### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKU 9310 E MODEL: Honda city.

b) DRIVER'S NAME: Teo Toh mach

c) NRIC/FIN/PASSPORT: S0192059 F CONTACT:

#### 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLG 1788 A MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

admin1@96motorsports.com

2 person

m



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7187068E



Name

XUAN LIWEI

玄 力 伟

Race

CHINESE

Date of birth

24-06-1971

Sex

F

Country of birth

CHINA



4964198



NRIC No. S7187068E

Date of issue

19-04-2013

APT BLK 519 BEDOK NORTH AVENUE 1 #09-392  
SINGAPORE 460519

NRIC No:

S7187068E

Date:

02/10/2017



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**JIANG SHAN ENGINEERING PTE. LTD.**

Sector: **MANUFACTURING**

Name  
**ZHOU SHENGHUA**  
Occupation  
**CARPENTER SUPERVISOR**

S Pass No.  
**0 5734427-**

Date of Application  
**02-09-2016**

Date of Issue  
**19-09-2016**

Date of Expiry  
**19-09-2018**

**L7212730**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G5892011N**

Name:  
**ZHOU SHENGHUA**

Birth Date: **07 Oct 1979**

Issue Date: **29 Dec 2016**

Valid Till **28/12/2021**

**002643076E**

**VISIT PASS**  
Immigration Regulations

Name  
**ZHOU SHENGHUA**

Date of Birth: **07-10-1979** Sex: **M** Nationality: **CHINESE**

FIN: **G5892011N** Date of Issue: **19-09-2016** Date of Expiry: **19-09-2018**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3C** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver **29 Dec 2016**

**NP 428A**

Licence No: **G5892011N**

## 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)

CERTIFICATE No.	DMPCSN3038691700	Engine No : EL15D668924 Chassis No: JF1GE3KS59G004395
1. Index Mark and Registration Number of Vehicle	SJX4182L	
2. Name of Policy Holder	MDM XUAN LI WEI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 JUNE 2017	NAMED DRIVERS EX SECT. I.....\$650.00 IN ADDITION TO NAMED DRIVERS EX: EX SECT. I - AGE <= 25.....\$3,000.00 EX SECT. I - AGE >= 26.....\$500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	11 JUNE 2018	EX ON WINDSCREEN.....\$100.00
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 \$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

\* 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.



Countersigned By:

Authorised Officer

Authorised Signatory