

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA18034205

Date In: 12/11/05-16:15	Job description	Date & Time Completed	Done by
Ref No: NA/CT21500687/24	SAS e-filing		
Veh No: SKF V8520	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 9/3/05-15:20	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: SLT1218K 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:-	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	Am't (\$)	Am't (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	12/03/2018 16:15
Date Of Accident	09/03/2018 15:20
Exact Location Of Accident	HAVELOCK RD TWDS UPPER PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4852U
Insured/Policyholder	
Name Of Registered Owner	MR LIU BIN
NRIC No	S2635075A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90019816
Alternative Phone No	OFFICE-90019816

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 2.0L GTDI
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	DMPCSN3026401704
Cover Note Number	

Driver

Name of Driver	HUO RUO WEI
NRIC No	S2635076Z
Date Of Birth	15/12/1962
Occupation	INDOOR
Date Of Driving Pass	14/12/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94898586
Fax Number	
Contact Number	OFFICE-94898586
Email Address	NOEMAIL

Address	45 DUKU ROAD
Postcode	429203
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180312/2079.

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	SLT1218K
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.
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 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.:

Vehicle No.	JKF 4832u		Model / Make	JAGUAR XF
Date of Accident	07/03/19			
Time of Accident	1520	HRS		
Location of Accident	HAWLOCK ROAD TOWARDS UPPER PICKERING ST			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	LIM BIN			
Telephone No.	H/P: 90019816	Home:	Office:	
NRIC	S2635075A			
Address	45 DUKU ROAD S(429203)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	CHINA TAIPIK			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	DMPESN302640704			
Name of Driver	As Above If No, LIM RUO WEL			
NRIC	S2635076E	Any Passengers: NIL		
Date of birth	15 DEC 1962			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	14 DEC 2007			
Gender	Male	/	Female	
Contact No.	H/P: 9494586	Home:	Office:	
Address	45 DUKU ROAD S(429203)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		OWNER
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SL71218K	Any Passengers:		
Name of Driver	Contact No.:			
Vehicle C No.	Any Passengers:			
Vehicle D No.	Any Passengers:			
Vehicle E no.	Any Passengers:			
Vehicle F No.	Any Passengers:			
Vehicle G No.	Any Passengers:			
Witness Name	Witness Contact:			
Accident Portion	LEFT FRONT PORTION			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg			



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180312/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2018 15:33	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: HUO RUO WEI		Address: 45 DUKU ROAD SINGAPORE 429203	
ID Type / ID No.: NRIC NO / S2635076Z		Contact No.:	Mobile: 94898586
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 15/12/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TEACHER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HAVELOCK ROAD NEW BRIDGE ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF4852U		JAGUAR	XF 2.0L GTDI	Black	Slightly Damaged	0
SLT1218K	Car	BMW	X3 SDRIVE 20I M SPORT HID SR NAV	White		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180312/2079

CONTINUATION OF REPORT

Driver			
Name	HUO RUO WEI	ID No.	S2635076Z
Related Vehicle	SKF4852U	Contact No.	94898586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9 March 2018 at about 3:17pm, I was driving vehicle SKF4852U along Havelock Road when a vehicle SLT1218K swerved from the right lane into mine. I immediately stepped on my brakes and shortly after we both drove off. At about 6:40pm, I discovered that there was a scratch on my front left bumper. I then went back to replay the in-car camera footage and saw that there was likely to be a small collision that have occurred. However I did not realize it as I did not feel the collision.



**SINGAPORE
POLICE FORCE**



T/20180312/2079

3 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180312/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHAN LIP YANG, DEMIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2018 15:33
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING  SINGAPORE POLICE FORCE Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2635075A



Name



LIU BIN

劉斌

Race

CHINESE

Date of Birth

03-03-1961

Sex

M

Country of Birth

CHINA



OWNER

2944752



NRIC No. S2635075A

Blood Group Date of issue

O+ 20-02-1997

45 DUKU ROAD
SINGAPORE 429203

NRIC No. S2635075A

Date: 15/12/2012

No: 7284659

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2635076Z



Name

HUO RUO WEI



霍若薇

Race
CHINESE

Date of Birth Sex
15-12-1962 F

Country of Birth
CHINA

S2635076Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2635076Z

Name

HUO RUO WEI

Birth Date: 15 Dec 1962

Issue Date: 14 Dec 2007



001552052B

DRIVER

3004955



NRIC No. S2635076Z



Blood Group Date of Issue
A+ 26-01-1998

45 DUKU ROAD
SINGAPORE 429203

NRIC No. S2635076Z

Date: 15/12/2012 No: 7234660

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

14 Dec 2007



Licence No: S2635076Z

NP 428A



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.
Co. Reg. No. 200708284E

MCL/NDE
R SN
AN0421A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No:	DNPCSN3026401704	Engine No :140113040237204PT Chano:SAJAC05NADPS81254
1. Index Mark and Registration Number of Vehicle	SKF4852U	AUTOSAFE *****
2. Name of Policy Holder	MR LIU BIN (NON-DRIVER)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 April 2017	Named Drivers Ex Sect. I S\$750.00 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	29 April 2018	
5. Persons or Classes of Persons entitled to drive*		

Any 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 loss 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:XITESSE SOLUTIONS.....
Authorised Officer

.....
Authorised Signatory