

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118092349

Date In: 12/18-15:56	Job description	Date & Time Completed	Done by
Ref No: NA/CT1801306124	SAS e-filing		
Veh No: SKV8824	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/18-10:40	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: SHR1370L 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

NA1804503	Invoice Preparation Checklist	Am't (\$) Int. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	17/07/2018 15:56
Date Of Accident	12/07/2018 10:40
Exact Location Of Accident	CAVENAGH RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8882Y
Insured/Policyholder	
Name Of Registered Owner	KEVIN CHEN JING
NRIC No	S7372196B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90261866
Alternative Phone No	OFFICE-90261866

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200
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	DMPCSN3087231701
Cover Note Number	

Driver

Name of Driver	TEO YI MING
NRIC No	S8312855J
Date Of Birth	27/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94598676
Fax Number	
Contact Number	OFFICE-94598676
EMail Address	NOEMAIL

Address	BLK 120 PENANG ROAD #06-178
Postcode	670120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - VALET
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180713/2013.

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	SGR1570L
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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)

DETAILS OF INJURED PERSON 1

Name

TEO YI MING

Approximate Age

Injuries Sustain

LEFT HAND & LEFT RIBCAGE

Injured person in which vehicle?

SKV8882Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

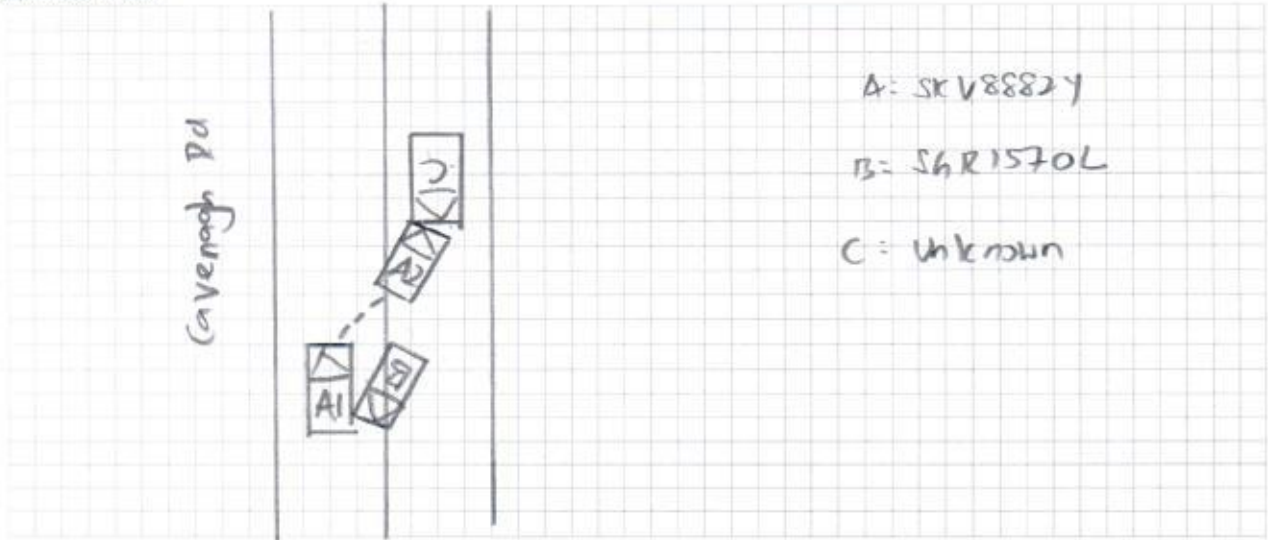


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180713/2013.

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ON STATED VANUE.
SUDENLLY VEHICLE B CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR
RIGHT PORTION. AFTER AN IMPACT, MY VEHICLE SWERVE TO THE RIGHT AND
HIT ONTO VEHICLE C FRONT PORTION

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 7 / 18) (DD/MM/YYYY), TIME: (10 : 40) (HH:MM)

LOCATION: Caveleigh rd funds Bukit Timah Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S1A 88824
b) INSURANCE COMPANY: GTI
c) POLICY NUMBER: DMPGNY3087221701
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) YES

2. INSURED / POLICY HOLDER

- A) NAME: Kevin Chen Ying (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7322963 CONTACT: 9076 1866
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9498676
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Voluntary worker

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: S6R 570L MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: Unknown MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)

(2)

* male

No of passenger
(including driver)

()

No of passenger
(including driver)

()

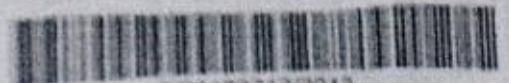
Email = Kevinchen@daewooenc.sg

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20180713/2013

1 of 3

Report No. T/20180713/2013

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 05:29	Vide Report No. E/20180712/0170	Station Diary No. 19
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Informant's Particulars

Name of Informant: TEO YI MING		Address APT BLK 120 PENDING ROAD #06-178 SINGAPORE 670120	
ID Type / ID No.: NRIC NO / S8312855J		Contact No. Home/Office:	Mobile: 94598676
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 27/04/1983	Type of Informant: Driver
Race Chinese		Language:	Institution / School Name:
Occupation: VALET DRIVER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2018 22:35	Type of Location: Straight Road
Location: Along Road 1 CAVENAGH ROAD towards Bukit Timah Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR1570L	Car				Seriously Damaged	0
SKV8882Y	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved:



**SINGAPORE
POLICE FORCE**



T/20180713/2013

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/201807

CONTINUATION OF REPORT

Driver			
Name	TEO YI MING	ID No.	S8312855J
Related Vehicle	SKV8882Y (Car)	Contact No.	94598676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 12th July 20187 at about 2235hrs, I was driving vehicle SKV8882Y(Black Mercedes) along Cavanagh road towards Orchard road. You had just picked up the vehicle from 190 Keng Lee road as a customer had requested for valet service. As I was driving, suddenly the vehicle SGR1570C,(Black Hyundai avante) from the opposite lane which was travelling towards the opposite direction, swerved right towards my vehicle. He was coming at high speed and I could not react on time, thus resulting in his vehicle hitting head on onto the vehicle I was driving. The impact sent my towards the opposite lane and also hitting onto a Honda stream. After the accident, I quickly came out of the vehicle and called for police assistance. Traffic police and ambulance came down to scene. There were 4 casualties who were checked by the paramedics. The car I was driving was badly damaged. Dented rims, crashed front and rear and several more. I am not sure on the estimated cost of repair for the vehicle. The car was not fitted with a car-cam. I feel pain at my left hand and also left ribcage. Vide incident: E/20180712/0170 TP IO Mariah

**SINGAPORE
POLICE FORCE**



T/20180713/2013

3 of 3

Report No. T/20180713/2013

Station Of Origin
Panjang N P C
Magar Road #01-05 SINGAPORE 677738
Tel No. 1800-8929999

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.

J /

Staff Sgt TAMILLMAARAN S/O LETCHMANAN

Signature Of Informant.

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2018 05:29

Officer In Charge Of Case.

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

SN 117

Authentication Stamp

NP168

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7372196B



Name

KEVIN CHEN JING

陈 静

Race

CHINESE

Date of birth

28-06-1973

Sex

M

Country of birth

CHINA



3709292



NRIC No. S7372196B



Date of issue

29-04-2005

APT BLK 268D PUNGGOL FIELD #15-167
SINGAPORE 824268

NRIC No: S7372196B

Date: 05/02/2012

No: 6991459

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8312855J



Name

TEO YI MING

张益铭

Race

CHINESE

Date of birth

27-04-1983

Sex

M

Country of birth

SINGAPORE



S8312855J

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S8312855J

Name

TEO YI MING

Birth Date: 27 Apr 1983

Issue Date: 01 Mar 2010



001833759B

9245

4544904



NRIC No. S8312855J

Date of issue
01-03-2010

Address

APT BLK 120 PENDING ROAD
#06-178
SINGAPORE 670120

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

		PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	19 Feb 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	24 Jun 2010
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	29 Jul 2010

S8312855J

S / No. 9000118337

NP 428A





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)

ORIGINAL

CERTIFICATE No.	DMPCSN3087231701	Engine No :27186030490037 ChaNo:WDD2120482A636817
1. Index Mark and Registration Number of Vehicle	SKV8882Y	AUTOSAFE =====
2. Name of Policy Holder	KEVIN CHEN JING	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01 October 2017	Named Drivers Ex Sect. I \$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... \$3,000.00
4. Date of Expiry of Insurance	30 September 2018	Ex Sect. I - Age >= 26..... \$500.00 * Age as at date of accident 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 \$51,000 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. : HUI HUA CREDIT PTE 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: HUI HUA CREDIT PTE LTD
Authorised Officer



匯華貸款私人有限公司
Hui Hua Credit Pte Ltd

Authorised Signatory