

NATIONAL Assessment Centre Services

[wef 1 Jan'08] MHA 118 / 60493

Date In: 12/12/16 - 16:08	Job description	Date & Time Completed	Done by
Ref No: NA/C7318022366/24	SAS e-filing		
Veh No: SLX 71096	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/18 - 19:10	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: KTG9267C 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

NA 8081 G

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		for Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
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 (Non INC) against INC \$20			
9) N12: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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 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 Report	12/12/2018 16:08
Date Of Accident	11/12/2018 19:10
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7109G
Insured/Policyholder	
Name Of Registered Owner	MR XU WEISHI
NRIC No	S2724165D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96609568
Alternative Phone No	OFFICE-96609568

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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	DMPCSN3035201800
Cover Note Number	

Driver

Name of Driver	XU WEISHI
NRIC No	S2724165D
Date Of Birth	01/01/1964
Occupation	INDOOR
Date Of Driving Pass	07/10/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609568
Fax Number	
Contact Number	OFFICE-96609568
Email Address	NOEMAIL

Address	71 HILLVIEW AVENUE #09-04
Postcode	669570
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181211/2161.

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	SKT9267C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED KASYFUL KABIR BIN ALI MOHAMED
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKG4832Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver VINCENT GOH CHEN TIONG
NRIC/Passport Number S7615000A
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLB1366U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KOH HUI SIN
NRIC/Passport Number G2469490P
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLH6464X
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.

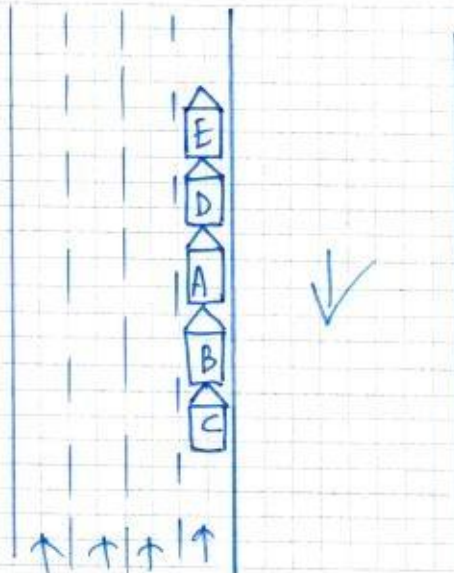

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

PIE Towards
Tua s.



- (A) SLX 7109G
- (B) SKT 9267C
- (C) SKG 4832Y
- (D) SLB 1366CL
- (E) SLH 6464X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement please Refer To
Police Report No: T/ 2018/211/2161

I wish to state that no & any passenger will go to see
doctor if feel any uncomfortable after this.

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.:

12/12/2018
12:00pm

VEHICLE NO : SLX 7109G

MAKE & MODEL : w/b C180

Date of Accident	11 / 12 / 18		
Time of Accident	1910 AM / <u>PM</u>		
Location of Accident	Along PIE Towards Tuen.		
Exact Purpose Usage	<u>Personal</u> / Private Hire (Uber / Grab) / Commercial		
NAME OF OWNER :	Xu wei Shi		
Contact No.	9660 9568		
Nric No	S2724165D		
Type Of Claim	<u>Third Party</u> / Own Damage / Reporting only		
Insurance Co.	China Taiping Insurance		
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
Policy No	DMPC SN 3035201800		
NAME OF DRIVER :	<u>As above</u> / If No :		
Nric No	As Above		Any Passenger: +1
Date Of Birth	01 / 01 / 1964		Name: Jiang Xiqo Bin
Occupation	Outdoor / Indoor (Director)		Gender: Male
Date Of Driving Pass	07 / 10 / 2013		Hp:
Gender	<u>Male</u> / Female		
Contact no	96609568		Office: — Home: —
Address	71 Hillview Ave #09-04 S(669570).		
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no) :		
Relationship	Employee / If No: <u>Owner</u> .		
Weather Condition	<u>Clear</u> / Raining / Other :		
Road Surface	Dry / <u>Wet</u> / Other :		
Any Injuries	<u>NO</u> / If Yes Who?		
Name			Contact :
Name			Contact :
Police Report	No / If Yes: Where? T/2018/12/11/2161.		
Vehicle B No :	SKT 9267C.		Any Passenger: ✓
Name Of Driver	Mohamed Kasyful Kabir Bin Oti Mohamed. (S9048369G).		
Contact No :			
Vehicle C No :	Vincent Goh Chen Tiong SKG 48324 (S761SADA)		Any Passenger: ✓
Vehicle D No :	Koh Hui Sin SLB 1366U. (G2469490P)		Any Passenger: ✓
Vehicle E No :	SLH 6464X		Any Passenger: ✓
Vehicle F No :			Any Passenger: ✓
Any Witness			
Witness Contact No			
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?			
			YES / <u>NO</u>
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE		
Address	1 Kaki Bukit Ave 6 #02-34		
	Kaki Bukit @ Auto Bay		
	Singapore 417883		
Email :	Xuwells@hotmail.com		Tel : 6745 7367 Fax : 6841 3390



SINGAPORE POLICE FORCE



T/20181211/2161

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20181211/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 22:48	Vide Report No.: E/20181211/0125	Station Diary No.: 124
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Informant's Particulars

Name of Informant: XU WEISHI			Address: 71 HILLVIEW AVENUE #09-04 SINGAPORE 669570	
ID Type / ID No.: NRIC NO / S2724165D			Contact No.: Home/Office:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2018 19:10	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE TOWARDS TUAS				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG4832Y						0
SKT9267C	Car					0
SLE1366U	Car					0
SLH6464X	Car					0
SLX7109G	Car	MERCEDES BENZ	C180K	Silver	Seriously Damaged	1



SINGAPORE POLICE FORCE



T/20181211/2161

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20181211/2161

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX7109G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30352018 00	17/05/2018	16/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	XU WEISHI		ID No. S2724165D
Related Vehicle	SLX7109G (Car)		Contact No. 96609568
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 11/12/2018 at 1909hrs, I was driving my car (Reg no: SLX7109G) at the first lane along PIE towards Tuas. Subsequently, the car (Reg no: SLB1366U) in front of mine stopped immediately. I managed to stop in time to avoid collision.

The car (Reg no: SKT9267C) behind me, collided at the rear of my car which made my car collide with the car in front. There is a chain collision involving 5 cars.

1st car: SLH6464X
2nd car: SLB1366U
3rd car: SLX7109G (mine)
4th car: SKT9267C
5th car: SKG4832Y

The car driver of the 4th vehicle was conveyed to the hospital. I am not injured. The front portion and rear portion of my car is damaged.

Traffic police attended ref: E/20181211/0125 - In-charge: IO Yusmastari, Contact: 65476214. Traffic police advice to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20181211/2161

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20181211/2161

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 /

Sgt 3 MUHAMMAD ASHRAF BIN RAHUMAN
SHAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

11/12/2018 22:48

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man with glasses.

License Number: S2724165D

Name: XU WEISHI

Birth Date: 01 Jan 1964

Issue Date: 07 Oct 2013

Barcode: 002231992G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2724165D

Portrait photo of a man.

Name: XU WEISHI

徐 巍 石

Race: CHINESE

Date of birth: 01-01-1964

Sex: M

Country of birth: CHINA

8612382

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

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: 07 Oct 2013

Licence No: S2724165D

NP 428A

8612382

Barcode

NRIC No: S2724165D

Portrait photo of a man.

Nationality: CHINESE

Date of issue: 07-04-2004

71 HILLVIEW AVENUE #09-04
SINGAPORE 869570

NRIC No: S2724165D

Date: 16/05/2016

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.	DMPCSN3035201800	Engine No : 27191031330706 Chassis No: WDD2040452A421224
1. Index Mark and Registration Number of Vehicle	SLX7109G	
2. Name of Policy Holder	MR XU WEISHI	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 MAY 2018	NAMED DRIVERS EX SECT. I.....S\$1,500.00 IN ADDITION TO NAMED DRIVERS EX:
4. Date of Expiry of Insurance	16 MAY 2019	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
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 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. : HONG LEONG FINANCE 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.

Countersigned By:


Authorised Officer


Authorised Signatory