

NATIONAL Assessment Centre Services

Date In: 02/01/20	Job description	Date & Time Completed	Done by
Ref No NA/CTE120000079/13	SAS e-filing		
Veh No 5ME1720T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 29/12/19 2015	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: (M GARAGE	Tel:	Fax:
TP Particulars:	Veh No: BLR1511	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%; 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

NA2000318	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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			
	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:-			
	ON*			
	*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 (N-n INC) against INC \$20			
	9) N12: Idac Mobile 30			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2/3:	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 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	02/01/2020 16:43
Date Of Accident	29/12/2019 22:15
Exact Location Of Accident	NORTH SOUTH HIGHWAY
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS

DETAILS OF OWN VEHICLE	
Vehicle Registration Number SME1720T	
Insured/Policyholder	
Name Of Registered Owner	LOW ZHANMING,EUWEN(LIU ZHANMING)
NRIC No	SXXXX259E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90695547
Alternative Phone No	OTHERS-90695547
Vehicle Particulars	
Manufacturer	BMW
Model	328i
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	DMPCSN3064221800
Cover Note Number	
Driver	
Name of Driver	LOW ZHANMING,EUWEN(LIU ZHANMING)
NRIC No	SXXXX259E
Date Of Birth	16/05/1994
Occupation	INDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90695547
Fax Number	
Contact Number	OTHERS-90695547
EMail Address	NOEMAIL

Address	806 THOMSON ROAD #13-12
Postcode	298189
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BLR1511 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
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: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK SREMBAN NEGERI SEMBILAN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: TRAFIK SEREMBAN/023011/19

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	BLR1511
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number QTR6143
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number WA6976
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:

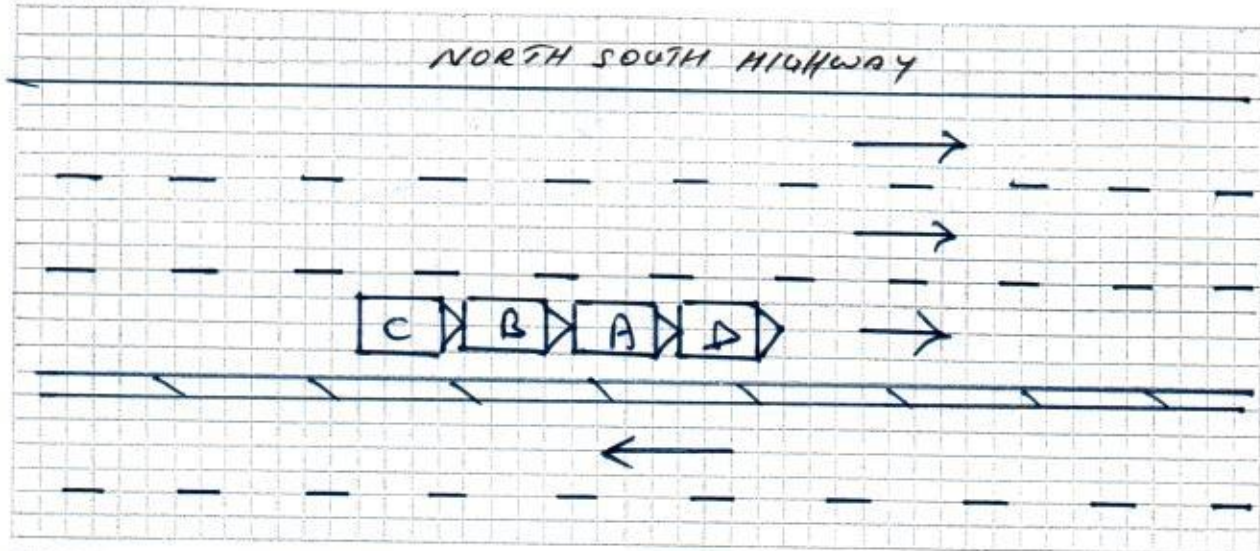
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SME 1720 T
(B) BLR 1511
(C) QTR 6143
(D) WA 6976 M

Refer to Malaysia Police Report

Report No :-

TRAFIK SEREMBAN/023011/19

Total 4 vehicles involved in this chain collision

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

CHARTERED ACCOUNTANTS



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK SEREMBAN
Daerah : SEREMBAN
Kontinjen : NEGERI SEMBILAN
No. Repot : TRAFIK SEREMBAN/023013/19
Tarikh : 29/12/2019
Waktu : 2332 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R190360
No. Repot Bersangkut : TRAFIK
SEREMBAN/023011/19

Butir-butir Penerima Repot :

Nama : AZRUL BIN ABDUL LATIF
No. Badan : R202493
Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada) :

Nama : ---
No. Pasport : ---
Alamat : ---
No. K/P (Baru) : ---
Bahasa Asal : ---
No. Polis/Tentera : ---

Butir-butir Pengadu :

Nama : EUWEN LOW ZHANMING
No. K/P (Baru) : ---
No. Sijil Beranak : ---
Umur : 25 Tahun 7 Bulan
Pekerjaan : PENUNTUT
Alamat Tinggal : NO #13-12 806 THOMSON ROAD SINGAPORE , 298189 SINGAPORE
Alamat IbuBapa : ---
Alamat Pejabat : ---
No. Tel (Rumah) : ---
Emel : ---
No. Polis/Tentera : ---
Jantina : Lelaki
Keturunan : Cina
No. Pasport : K0233486E
Tarikh Lahir : 16/05/1994
Warganegara : SINGAPORE
No. Tel (Pejabat) : ---
No. Tel (Bimbit) : 6590695547

Pengadu Menyatakan :

ON 29 DECEMBER 2019, TIME AT 2216 HOURS, I DROVE A CAR PLATE NUMBER SME1720T TYPE BMW 328i WITH 1 PASSANGER FROM JOHORE TO KUALA LUMPUR USING LEBUH RAYA UTARA SELATAN. WHEN ARRIVED AT KM 257.7 (U) LRUS, I DROVE AT RIGHT LINE, TRAFIC GOING SLOW, SO I SLOW DOWN MY VEHICLE THEN STOPPED. SUDDENLY A CAR PLATE NUMBER BLR 1511 TYPE PROTON FROM REAR HIT MY REAR BUMPER CAUSING MY CAR MOVE FORWARD THEN HIT A SUV PLATE NUMBER WA6976M TYPE SUBARU XV WHO WAS ALREADY STOPPED AT MY FRONT WAY. ME AND MY PASSANGER HAVE NO INJURY. MY VEHICLE DAMAGE AT REAR: REAR BUMPER, EXSAUST PIPE, REAR SENSOR, AND MY FRONT DAMAGE IS: FRONT BUMPER, FRONT GRILL, BOTH HEADLAMP, FRONT BONNET, AND OTHER DAMAGES NOT SURE YET. THIS IS MY REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R202493 | 29/12/2019 11:44:09 PM

KONST 20190101 D. ABD. LATIF
RUAGIAN SIASATAN & PENGUATKUASAAN
TRAFIK IPO SEREMBAN



CAWANGAN TRAFIK
IBUPEJABAT POLIS DAERAH SEREMBAN 2,
70300, SEREMBAN
POLIS DIRAJA MALAYSIA
06-6033222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : EUWEN LOW ZHANMING
No Kad Pengenalan / Paspot : K0233486E
No Repot Polis : TRAFIK SEREMBAN/023013/19
Tarikh @ Masa Repot Polis : 29/12/2019 @ 23:32
Pengesahan Penerimaan Repot :

KONTAK :
Tandatangan Ketua Pejabat Pertanyaan
TRAFIK IPO SEREMBAN

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R190360) SJN MOHD SHAHRIZAN BIN MOHD SAZALI ✓
Tempat Tugas : BUKIT AMAN, Bukit Aman
No Telefon Pejabat : No Telefon Bimbit : 014-8791965 ✓

Tarikh @ masa Perjumpaan :

Pengesahan Penerimaan Repot :

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:00 Tengah Hari
03:00 Petang - 4:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan
Dokumen :

Tandatangan Pegawai Kaunter
Pembekalan Dokumen

460 013 6089804

please email to
mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date:	29/12/19	Time: 2216hrs	(hh:mm) 24 hr format
Location	North-South Highway		
Vehicle Number	SME 1720T		
Insured Name	LOW ZHAMMAY, EUWEN		
NRIC / FIN	S9419259E	Contact Number	9069 5547
Make	BMW	Model	328I A
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes If No, Pls select: (/) Third Party () Reporting			
Insurance Company	CHINA TAIPING		
Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only			
Policy Number	DMPCSN 3064221800		
Name of Driver	(/) Same as Insured		
NRIC / FIN	Contact Number		
Date of Birth	16-05-1994		
Driving Pass Date	11/12/2013		
Occupation (/) Indoor () Outdoor			
Gender (/) Male () Female			
Email Address	(/) NO EMAIL		
Address of Driver	806 THOMSON ROAD #13-12 S (298189)		
Was driver an employee of the Insured's Company? () Yes (/) No			
If No, Relationship of the Driver with the Insured			
(/) Owner () Spouse () Friend () Relative () Children () Sibling			
Does the Driver Own Any Other Vehicle? () Yes (/) No			
If Yes, Vehicle Registration Number of Driver's Own Vehicle			
Insurance Company of Driver's Own Vehicle			
Weather Conditions (/) Clear () Raining () Others			
Road Surface (/) Dry () Wet () Others			
Was any foreign vehicle involved in this accident? (/) Yes () No			
Was anybody injured in the accident? () Yes (/) No			
If yes, injured detail			
Was there any video captured by Car Camera? () Yes (/) No			
Was the Accident reported to the Police? () Yes (/) No If yes attach police report			
DETAILS OF 3 rd party		Name / Nric	Contact
Veh B	B2R 1511		
Veh C	QTR 6143		
Veh D	WA 6976M		
Veh E			
Veh F			

2 persons including driver - one female passenger



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384-E

MX1E
E SN
AN0450A
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, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMPCSN3064221800 Engine No :A6200199N20B20A
Chano:WBA3A56050NP02443

1. Index Mark and Registration Number of Vehicle SME1720T AUTOSAFE
=====

2. Name of Policy Holder LOW ZHANMING, EUWEN
(LIU ZHANMING)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 29 September 2019 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 09 January 2020

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. : DBS 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: CHUA SUAT LAY SALLY
Authorised Officer

Authorised Signatory