

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA 0019239

Date In: <u>11/12/10-11:30</u>	Job description	Date & Time Completed	Done by
Ref No: <u>10/1022002/1/12</u>	SAS e-filing		
Veh No: <u>446224</u>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <u>11/12/10-11:30</u>	i-Motor Claim Form		
OD: <u>TP</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>446224</u>	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: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors Comments: Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Am't (\$) Est. Bill	Am't (\$) 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) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idao 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 (Non INC) against INC \$20				
9) N12: Idao 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 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	12/02/2020 11:30
Date Of Accident	08/02/2020 20:10
Exact Location Of Accident	CHENG YAN PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC626X
Insured/Policyholder	
Name Of Registered Owner	MA JUNXIANG
NRIC No	SXXXX267A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96330409
Alternative Phone No	OFFICE-96330409

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	DMPCSN3065151900
Cover Note Number	

Driver

Name of Driver	MA JUNXIANG
NRIC No	SXXXX267A
Date Of Birth	19/05/1988
Occupation	INDOOR
Date Of Driving Pass	16/02/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96330409
Fax Number	
Contact Number	OFFICE-96330409
Email Address	NOEMAIL

Address	BLK 532 BUKIT BATOK STREET 51 #13-148
Postcode	650532
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200211/7027.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ368X
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

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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)

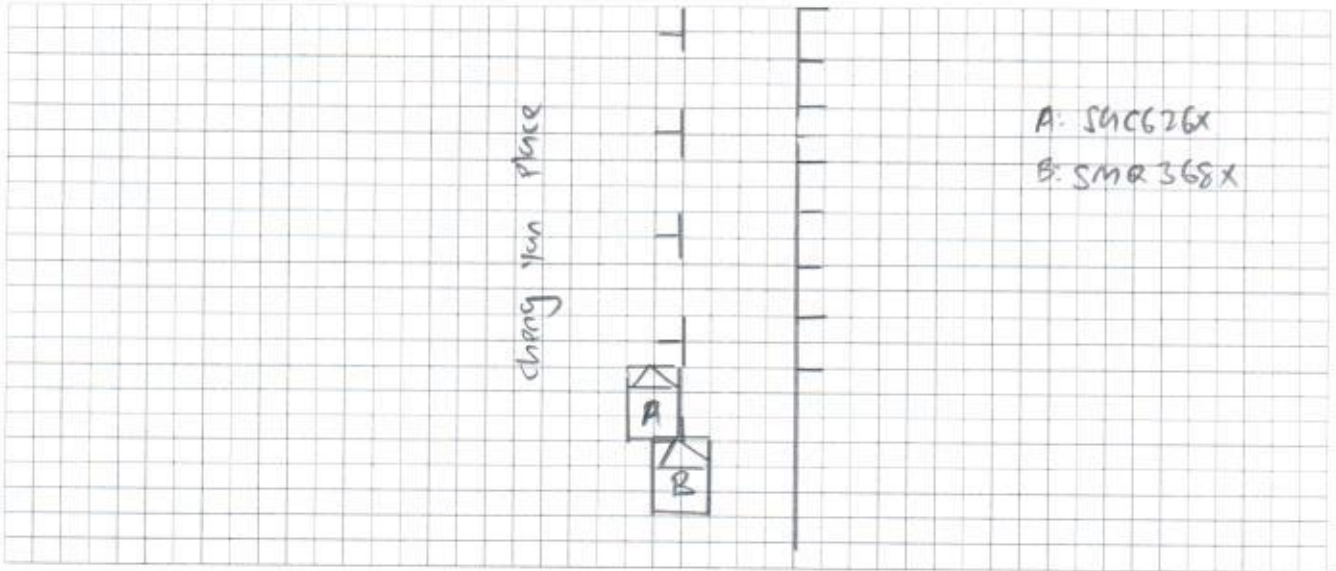
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report + 7/10/2021/1/2027.

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.:



SINGAPORE POLICE FORCE



T/20200211/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200211/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 19:44		Vide Report No.: A/20200208/0159		Station Diary No.:	
Informant's Particulars					
Name of Informant: MA JUNXIANG			Address: APT BLK 532 BUKIT BATOK STREET 51 #13-148 SINGAPORE 650532		
ID Type / ID No.: NRIC NO / S8817267A			Contact No.: Home/Office: Mobile: 96330409		
Nationality: SINGAPORE CITIZEN			Email: MA_Junxiang@spf.gov.sg		
Sex: Male	Age: 31	Date of Birth: 19/05/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2020 20:10	Type of Location: Straight Road
Location: CHENG YAN PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC626X	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	White		0
SMQ368X	Car	HYUNDAI		Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC626X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30651519 00	28/08/2019	27/08/2020



**SINGAPORE
POLICE FORCE**



T/20200211/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200211/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MA JUNXIANG	ID No.	S8817267A
Related Vehicle	SGC626X (Car)	Contact No.	96330409
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I parked my vehicle along the said location at the last parallel parking lot on the left side of the road at about 1815hrs. When I returned to my vehicle at about 2025hrs, I discovered scratches at the rear right portion of my vehicle with red paint transferred. My in-car camera managed to capture a red hyundai avante parked very closely directly behind my vehicle. When the said red car tried to leave the place at about 2011hrs, the front left portion of the red car collided onto my vehicle rear right portion. The driver did not stop to make a check but continued to drive away. A Cctv from a shop house managed to capture the red car plate as SMQ368X



**SINGAPORE
POLICE FORCE**



T/20200211/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200211/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NORAMEERA BINTE MOHAMED HUSSEIN
Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/02/2020 19:44

Classification Of Case:

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

02 Sep 2019

Our ref 0209190203N061006600

MA JUNXIANG
APT BLK 532 BUKIT BATOK STREET 51
#13-148
SINGAPORE 650532

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SLP5693R
With SGC626X**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SLP5693R, now has the number SGC626X.

The vehicle details after the transaction are:

Transaction No. : 20190902170534409506
Vehicle Registration No. : SGC626X (Previously SLP5693R)
Vehicle Make : B.M.W.
Vehicle Model : 316I 1.6 AT D/AB 4DR ABS HID
Chassis No. : WBA3A16010NS36258
Engine No./ Motor No. : B504J552N13B16A / -

What You Need To Do:

- You must show the new number SGC626X on your vehicle by 05 Sep 2019.

Please change the number plates on this vehicle to show SGC626X by 05 Sep 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.



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. 200208384E

MX1E
E SN
AN0667A
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.

DMPCSN3065151900

Engine No :B504J552N13B16A
Chano:WBA3A16010NS36258

1. Index Mark and Registration
Number of Vehicle

SLP5693R

AUTOSAFE
=====

2. Name of Policy Holder

MA JUNXIANG

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

28 August 2019
(10:51 Hours)

Named Drivers Ex Sect. I S\$500.00

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

27 August 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. : MAYBANK 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 reverse



Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory