

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

SN08/110005

Date In: 18 Jan 2021 15:37	Job description	Date & Time Completed	Done by
Ref No: NA/C721000818/4	SAS e-illing		
Veh No: 889 99711	E-mail (to Julia 2hrs, A/C 2hrs)		
D.O.A: 16 Jan 2021 11:28	I-Motor Claim Form		
OID 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/VKSP		

Preferred Wkup / INC Assign Wkup / QW: (	Tel: (	Fax: (
TP Particulars: Vch No: 889 3972	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$9000] ( )	

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2100639	1) Alt: Accident Reporting (\$30)	
Driver/Owner:	3) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	5) TP: Towing Fee	\$40/45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	3) PT: Follow-Through Survey (Resurvey)	\$30
_____	6) TR: Re-inspection	\$75
_____	7) NI: IDA + SMRT Survey	\$160
_____	4) NIUC Additional Services	
_____	ONI	
_____	* NI: Courtesy Car / Tpl Allowance	\$3
_____	* NI: Repair Coordination	\$10
_____	* NI: Post Repair Inspection	\$25
_____	* NI: DV / Collect Excess Coordination	\$3
_____	TP (NI) / TP (NI) INC against INC	\$20
_____	2) NI: IDA 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 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 Submission	18/01/2021 15:37 (SGT)
Date of Accident	16/01/2021 11:25 (SGT)
Exact Location of Accident	Tampines Street 92, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBF9797U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA KAH FAI (XIE JIAHUI)
NRIC No	SXXXX893G
Email Address	copen23@gmail.com
Mobile Phone No	(Phone) +65-97895159
Alternative Phone No	+65-97895159

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00186612000
Cover Note Number	-

### DRIVER

Name of Driver	CHIA KAH FAI (XIE JIAHUI)
NRIC No	SXXXX893G

Date Of Driving Pass	03/07/2002
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97895159
Alt. Phone Number	+65-97895159
Email Address	copen23@gmail.com
Address	BLK 672A CHOA CHU KANG CRESCENT #06-483
Address complement	-
Postcode	681672
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210116/7062

#### 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	SJG3972U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHIA KAH FAI (XIE JIAHUI)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND NECK PAIN
Injured person in which vehicle? .....	SBF9797U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



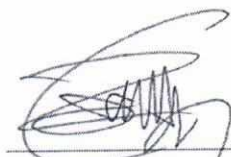
## SKETCH PLAN

### IMPORTANT NOTICE

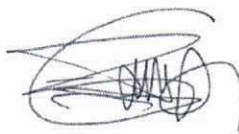
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



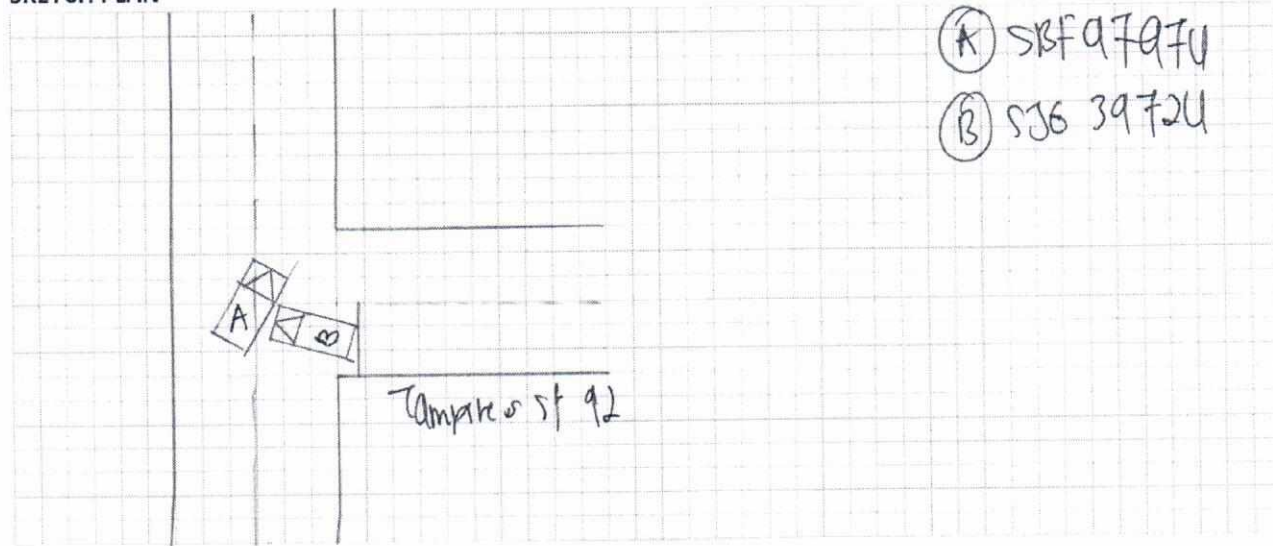
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



18/01/2021

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date and time I vehicle A was travelling on the stated venue. As I was turning right into the minor road, vehicle B who is turning out from the minor road hit onto my vehicle's right portion.  
I wish to state that ~~these~~ vehicle B did not stop at the stop-line to check clear.

Police Report 7/20210116/7062

## 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.:



Date of Accident : 16.01.2021 Accident Time: 1125 hrs (24-HR-Format)  
Accident Place : Tampines St 92  
Vehicle. No. (Car Plate No.) : 8BF9797U Make/Model: Mercedes Benz C180K  
Insurance Company : China Taiping Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : Chia Kah Fai (Xie Zhaihui) -S 83208936  
Owner or Company Contact No. : 97895159 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Same as above  
DRIVER'S Date Of Birth : 23.06.1963 DRIVER'S License Pass Date 03.07.2002  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
DRIVER'S Address : 672A Choa Chu Kang Crescent #06-403 S(681672)  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : copen23@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): Driver only  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Neck Back Pain

**Other Party Driver's Particular (if any)**

Vehicle. No: SJG 3972U

Vehicle. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



T/20210116/7062

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

1 of 3

Report No. T/20210116/7062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2021 17:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIA KAH FAI			Address: 672A CHOA CHU KANG CRESCENT #06-483 SINGAPORE 681672		
ID Type / ID No.: NRIC NO / S8320893G			Contact No.: Home/Office: Mobile: 83330066		
Nationality: SINGAPORE CITIZEN			Email: copen23@gmail.com		
Sex: Male	Age: 37	Date of Birth: 23/06/1983	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/01/2021 11:25	Type of Location: T-Junction
Location:  TAMPINES STREET 92				
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 To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBF9797U	Car	MERCEDES BENZ	C180K	Black	Slightly Damaged	0
SJG3972U	Car					0





**SINGAPORE  
POLICE FORCE**



T/20210116/7062

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

2 of 3  
Report No. T/20210116/7062

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHIA KAH FAI	ID No.	S8320893G
Related Vehicle	SBF9797U (Car)	Contact No.	83330066
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/01/2021	Date	16/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time i SBF9797U was travelling on the stated venue, as i was turning right into the minor road a vehicle SJG3972U on my right who was turning out from the minor road hit onto my vehicle right portion. The impact was great and i felt pain on my body and i proceeded to Our Family Physician Clinic to seek treatment and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**

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



T/20210116/7062

3 of 3

Report No. T/20210116/7062

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp

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

Date/Time:  
16/01/2021 17:34

Classification Of Case:





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.

Motor Private Car

MX1E

N SN

AN0472A

Cov. Type: C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00186612000

Engine No.: 27191031297746

Cha. No.: WDD2040452A351421

1. Index Mark and Registration  
Number of Vehicle

SBF9797U

AUTOSAFE  
=====

2. Name of Policy Holder

CHIA KAH FAI (XIE JIAHUI)

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

11/12/2020  
(00:00:00)

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

07/02/2022

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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 96 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 **CCL INSURANCE AGENCY PTE LTD**

BLK 9006 TAMPINES ST. 93

#01-198 SINGAPORE 528840

TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: **CCL INSURANCE AGENCY PTE LTD**  
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 893G

### Vehicle Details

Vehicle No.: SBF9797U  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Jan 2021  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: C180K  
Primary Colour: Black  
Manufacturing Year: 2009  
Engine No.: 27191031297746  
Chassis No.: WDD2040452A351421  
Maximum Power Output: 115.0 kW (154 bhp)  
Open Market Value: \$36,976.00  
Original Registration Date: 08 Feb 2010  
First Registration Date: 08 Feb 2010  
Transfer Count: 2  
Actual ARF Paid: \$36,976.00

### Intended PARF Rebate Details

PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 30 Apr 2029  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 10  
PQP Paid: \$26,175.00  
COE Rebate Amount: \$21,594.00  
**Total Rebate Amount: \$21,594.00**

The information contained herein is correct as at 18 Jan 2021

OK