

Date In: 10/02/2021 14:26	Job description	Date & Time Completed	Done by
Ref No: NBA10792100 201414	SAS e-illing		
Veh No: SLD 5286X	E-mail P (by date time, A/C time)		
D.O.A: 09/21/2021 19:20	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (with/without OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Jurisdiction: () Veh No: **GBL 323G** 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: _____

Date: _____

Time: _____

NA2101095	1) All Accident Reporting (\$30)	INC (\$10)	
Driver/Owner:	3) DA / Damage Assessment (\$100)	\$40/\$45	
Contact No:	3) TP / Towing Fee	\$120	
Damaged Portion:	4) PF / Follow Through Survey	\$30	
QC Checked by (Engr-In-Charge):	5) PF / Follow Through Survey (Resurvey)	\$30	
Vehicle Comments:	For claim against INC Only (ver 10 Jan 2009)		
Est. Lt:	6) TR / TR Suspension	\$75	
2 / 3	7) NI / Day DA + EMRI Survey	\$160	
	4) NTUC Additional Services		
	ON	\$5	
	* NS / Courtesy Car / Tpl Allowance	\$10	
	* NS / Repair Coordination	\$25	
	* NS / Post Repair Inspection	\$3	
	* ND / DV / Collision Process Coordination	\$20	
	TP (NI) / TP (via INC) against INC	\$0	
	5) NI / Day Mobile		

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	10/02/2021 14:46 (SGT)
Date of Accident	09/02/2021 19:20 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	TOWARDS BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5286X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DENG FANGXIN
NRIC No	SXXXX811Z
Email Address	tiloxj@gmail.com
Mobile Phone No	(Phone) +65-87978319
Alternative Phone No	+65-86134443

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	DMPCSNW00032372100
Cover Note Number	-

DRIVER

Name of Driver	WU XIAOJUAN
NRIC No	SXXXX661C

Date Of Driving Pass	27/04/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86134443
Alt. Phone Number	-
Email Address	tiloxj@gmail.com
Address	BLK 613A TAMPINES NORTH DRIVE 1 #14-194
Address complement	-
Postcode	521613
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WU XIANQUAN
Gender	Female

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 POLICE REPORT T/20210209/7037

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	GBL323G
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	DENG FANGXIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLD5286X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WU XIAOJUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLD5286X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

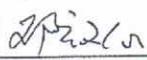
SKETCH PLAN

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:

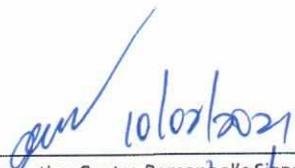
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

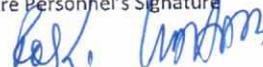
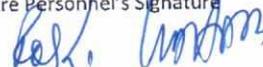


Policyholder's Signature
Date & Time:

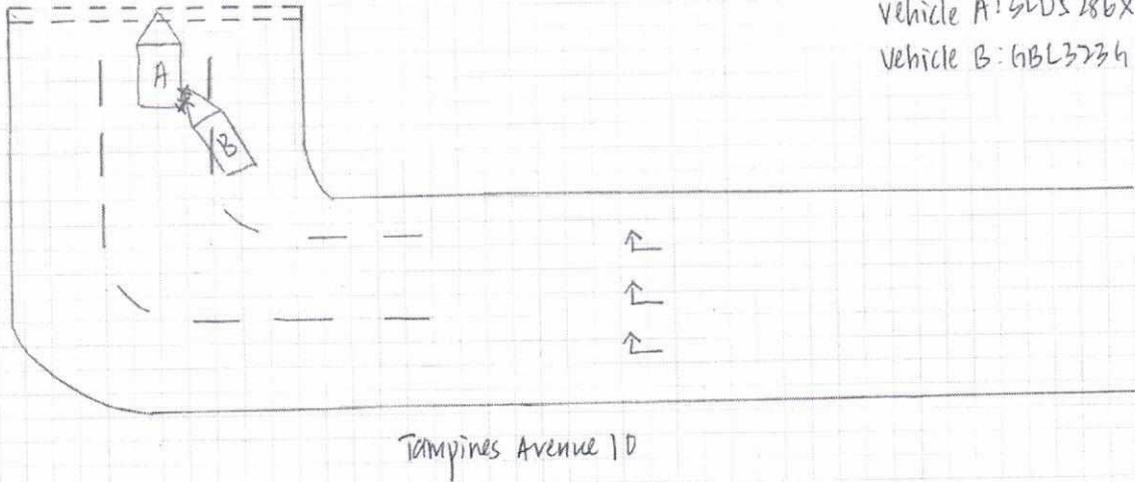


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report T/20210209/7037

[A large blue scribble covers the majority of the lined area.]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

邓强心
Policyholder's Signature
Date & Time:

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

[Signature] 10/07/21
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09-02-2021 (dd/mm/yy) Time of Accident: 19:20 (24-HR-FORMAT)

Vehicle No.: SLD 5286X Vehicle Make & Model: Nissan Sylphy

*Transmission : Manual Auto *C.c: 1.6

Exact location of Accident: Tampines Ave 10 toward Bedok Reservoir Road

Policyholder's Name: Deng Fangxin NRIC/FIN/REG No.: S8488811Z

*Policyholder's email address : B1K 613A Tampines North Drive 1 #14-194 S (512613)

Driver's Name: Wu Xiquan NRIC/FIN/REG No.: S 87814661C

*Driver's email address : As above tilox@gmail.com

Driver's Contact No.: 86134443 Company Contact No (If any): -

Date of birth: 29/12/1987 Driving Pass Date: 27/04/2015

Driver's Address: as above

Insurance Company: China taiping

Policy No.: DMPCSNW00032372100 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: -

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Type of Accident

Chain Collision Head To Rear Side Swipe Other -

Occupation (nature job) Indoor / Outdoor *No. of Passengers / Including Driver): 02

*Passanger Name: Deng Fangxin Gender: Male / Female

*Passanger Name: - Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: -

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: Wu Xiquan

Injuries Sustain : - Injured Person in Which Vehicle: -

Police Report filed: Yes / No (If YES) Which Police Station: Tampines

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBL 323 G

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



**SINGAPORE
POLICE FORCE**



T/20210209/7037

2 of 3

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

Report No. T/20210209/7037

CONTINUATION OF REPORT

Passenger			
Name	DENG FANGXIN	ID No.	S8483811Z
Related Vehicle	SLD5286X (Car)	Contact No.	87978319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	09/02/2021	Date	09/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	WU XIAOJUAN	ID No.	S8781661C
Related Vehicle	SLD5286X (Car)	Contact No.	86134443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	09/02/2021	Date	09/02/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above mentioned date time and location my husband and i was stationary at the junction. Seconds later we felt a huge impact on our rear right and when we alighted we realised it was vehicle(b) that had collided onto the rear portion and right side of our vehicle(A).

We felt unwell so we went to our family physician clinic and surgery to seek consultation and was given 3days mc.

Vehicle(A) sld5286x

Vehicle(B) gbl323g



**SINGAPORE
POLICE FORCE**



T/20210209/7037

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

3 of 3

Report No. T/20210209/7037

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 / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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:
09/02/2021 21:50

Classification Of Case:



Motor Private Car

MX1F
N SA
AND132A
Cov. Type 2

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, 1992 (Malaysia)

CERTIFICATE No	DMPCSINW00032372100	Engine No.	HR16585491B
		Cha. No.	MNTBBAB17Z0027326
1. Index Mark and Registration Number of Vehicle	SLD5286X	AUTOSAFE	*****
2. Name of Policy Holder	DENG FANGXIN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Endorsement	08/02/2021 (14 06 09)	Named Drivers Ex Sect. 1	\$5500.00
4. Date of Expiry of Insurance	07/02/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. 1 - Age <= 25	\$53,000.00
		Ex Sect. 1 - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
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.

** 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 \$5500 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. LAKE VIEW CREDIT PTE LTD
* 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.

杨亚美

Authorised Signatory

Issued By: LAKE VIEW AGENCY PTE LTD
Authorised Officer

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



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