

NATIONAL Assessment Centre Services. (part 1 Jan 2003) SH 09213 F 0006

Date In: 15/3/21 11:16	Job description	Date & Time Completed	Done by
Ref No: NA1 072 2190 3325/44	SAS e-filing		
Veh No: SMV 280 M	E-mail (within 3hrs, A/C 2hrs)		
DOA: 13/3/21 16:45	I-Motor Claim Form		
(D) 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/YK32		

Professed Wksp / INC Assign Wksp / QW: (Tel: 4	Fax: 1
TP Particulars:	Veh No: SHB 8072J	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 repolar.

() 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 > \$3000] ()		

Injury: _____

Date of Injury: _____

Location: _____

Witness: _____

Police: _____

Other: _____

NA210 2265	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: 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 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance	\$5
	• NG: Repair Co-ordination	\$10
	• NF: Post Repair Inspection	\$25
	• NN: DV / Collect Excess Coordination	\$3
	• NI: TP (Non INC) against INC	\$20
	9) NI2: Idao 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	15/03/2021 11:16 (SGT)
Date of Accident	13/03/2021 16:45 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV280M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO JIAXI XAVIER
NRIC No	SXXXX425I
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-90901950
Alternative Phone No	+65-90901950

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	DMPCSNW00018052100
Cover Note Number	-

DRIVER

Name of Driver	HO JIAXI XAVIER
NRIC No	SXXXX425I
Date Of Birth	06/11/1987
Occupation	Indoor

Date Of Driving Pass	26/05/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90901950
Alt. Phone Number	+65-90901950
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 2 BISHAN ST 25 #10-08
Address complement	-
Postcode	573973
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VANESSA CHOU
Gender	Female

PASSENGER 2

Name	HO KE YIN LEAH
Gender	Female

PASSENGER 3

Name	HO SHEN LI ETHAN
Gender	Male

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

REFER TO POLICE REPORT T/20210314/7008

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8072J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	HO JIAXI XAVIER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	body
Injured person in which vehicle?	SMV280M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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.

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:

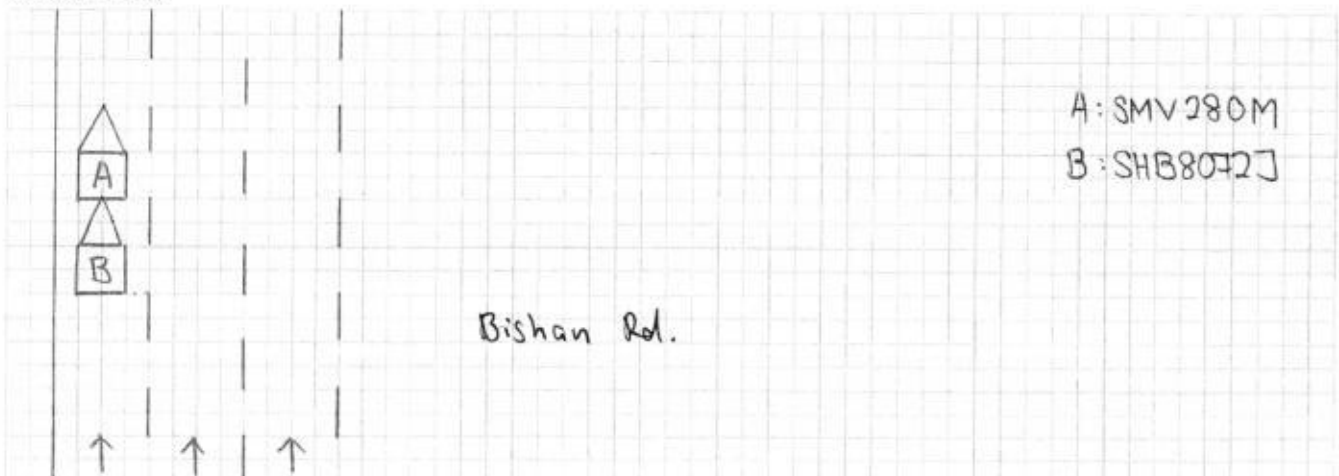
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please refer to the police report. (T/20210314/7008)

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210314/7008

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

1 of 3

Report No. T/20210314/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 11:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO JIAXI, XAVIER			Address: 2 BISHAN STREET 25 #10-08 SINGAPORE 573973		
ID Type / ID No.: NRIC NO / S87364251			Contact No.: Home/Office: Mobile: 90901950		
Nationality: SINGAPORE CITIZEN			Email: XAVIERHOJIAXI@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 06/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 16:45	Type of Location: Straight Road
Location: BISHAN ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
SHB8072J	Car				Seriously Damaged	1
SMV280M	Car	MERCEDES BENZ	GLB200+SP ORT+AUTO +7+SEATER	Grey	Seriously Damaged	3



**SINGAPORE
POLICE FORCE**



T/20210314/7008

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

2 of 3

Report No. T/20210314/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV280M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000180 52100	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO JIAXI, XAVIER		ID No. S8736425I
Related Vehicle	SMV280M (Car)		Contact No. 90901950
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	14/03/2021		Date 14/03/2021
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

I was traveling along Bishan Road towards Bishan St 14, while I'm about to reach the slip road of Bishan St14, sudden I feel an big impact from the rear of my car. I came down and found a Taxi (SHB8072J) collided onto the rear of my car.

I feel pain at my neck and body area after the accident, I visited Mount Alvernia Hospital and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210314/7008

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

3 of 3

Report No. T/20210314/7008

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 /
TAY CHUN KEEN
Contact No.: 65476229

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:
14/03/2021 11:44

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

AN0576A

Cov. Type:C

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.

DMPCSNW00018052100

Engine No.: 28291480395198

Cha. No.: W1N2476872W060635

1. Index Mark and Registration
Number of Vehicle

SMV280M

2. Name of Policy Holder

HO JIAXI, XAVIER

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

22/01/2021
(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

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.: HL BANK

* 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: Lim Lee Choo
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

Date of Accident : 13 Mar 2021 Accident Time: 16:45pm (24-HR-Format)
Accident Place : Bishan Road (Before Bishan Street 14)
Vehicle No. (Car Plate No.) : SMY 280M Make/Model: Mercedes GLB 200
Insurance Company : China Taiping Policy No: DMPCSNW00018052100
Owner or Company Name / IC No. : Ho JiaXi Xavier (887364251)
Owner or Company Contact No. : 9090 1950 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 06 Nov 1987 DRIVER'S License Pass Date 26 May 2006
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 2 Bishan Street 25 # 10-08 Singapore 573973
DRIVER'S Contact No / Alt No. : 1) 9090 1950 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Jasonkcapl@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): 1 Driver , 3 Passenger.
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): Yes

Other Party Driver's Particular (if any)

Vehicle No: <u>SHB 80727 (vehicle B)</u>	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:**

Female - Vanessa Chau

Female - Ho Ke Yin Leah

Male - Ho Shen Li Ethan

