

NATIONAL Assessment Centre Services. [Part 1 Job] SM09213 P000A

Date In: 15/3/21 14:01	Job description	Date & Time Completed	Done by
Ref No: NA1 CTZ 2190 3342/h4	SAS e-Milling		
Veh No: SJM 14075	E-mail (within 3hrs, AIC 2hrs)		
DDA: 1213/21 17:45	I-Motor Claim Form		
(1) (1) 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/Worksp		

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

TP Particulars: Vch No: SMB 318K. INC () / Non-INC (). Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 repairer.

() 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: _____

NA 210 2262	1) AR: Accident Reporting (\$30); INC (\$10)	30
	2) DA: Damage Assessment (\$100); INC (\$10)	\$40/\$45
	3) TP: Towing Fee	\$120
	4) FT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$75
	6) TR: Re-Inspection	\$160
	7) NI: Idao DA + SMRT Survey	
	8) NTUC Additional Services:	

Driver/Owner:	9) NI: Idao Mobile	30
Contact No:	QJ*	
Damaged Portion:	*NS: Courtesy Car / Tpt Allowance	\$5
QC Checked by (Engr-In-Charge):	*NG: Repair Co-ordination	\$10
	*NF: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (Nil) : TP (Nil) INC against INC	\$20
	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 14:01 (SGT)
Date of Accident	12/03/2021 17:45 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1407S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI SHENGLONG
NRIC No	SXXXX111F
Email Address	SHENGLONG_CAI@HOTMAIL.SG
Mobile Phone No	(Phone) +65-87951991
Alternative Phone No	+65-87951991

VEHICLE PARTICULARS

Manufacturer	Proton
Model	SAGA
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	DMPCSNW00191152000
Cover Note Number	-

DRIVER

Name of Driver	CAI SHENGLONG
NRIC No	SXXXX111F
Date Of Birth	06/04/1989
Occupation	Indoor

Date Of Driving Pass	09/10/2008
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87951991
Alt. Phone Number	+65-87951991
Email Address	SHENGLONG_CAI@HOTMAIL.SG
Address	BLK 429A YISHUN AVE 11 #13-338
Address complement	-
Postcode	761429
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	AFTER RAINED
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)	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210312/7044

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	SMB3118K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CAI SHENGLONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJM1407S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

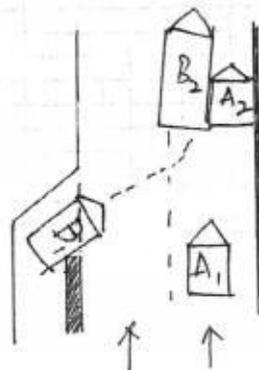
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Yishun King Road.

VEH (A) : SJM 1407S

VEH (B) : SMB 3118K



**SINGAPORE
POLICE FORCE**



L/20210312/7044

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POLICE REPORT (NP299)

Report No. L/20210312/7044

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 12/03/2021 22:41	Vide Report No.	Station Diary No.
Name Of Informant CAI SHENGLONG	Address 429A YISHUN AVENUE 11 #13-338 SINGAPORE 761429	
ID Type / ID No. NRIC NO / S8912111F	Contact No. Home/Office:	Mobile: 87951991
Nationality SINGAPORE CITIZEN	Email Address SHENGLONG CAI@HOTMAIL.SG	
Occupation Navy officer	Sex Male	Age 31
Institution/School Name	Date of Birth 06/04/1989	Race Chinese
Date/Time Of Incident 12/03/2021 17:45	Location Of Incident YISHUN RING ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SJM1407S along Yishun Ring Road, travelling in the right lane of 2 lanes.

I was passing by Bus Stop B03D when SBS BUS Service 805 SMB3118K dashed out of the bus stop and immediately swerved across 2 lanes at an extremely sharp angle.

I immediately jammed on my brakes and attempted to swerve to my right to avoid the collision but to no

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2021 22:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210312/7044

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210312/7044

avail.

Said Bus collided into my vehicle's left portion and pushed my vehicle against the kerb on the right. I knocked my right knee against the driver's door as a result.

I alighted from my vehicle to realise that my vehicle was damaged on both the left and right portions.

After the accident, I started feeling soreness over my neck, shoulder and lower back areas as well.

The same evening, I went to Intemedical Clinic Kovan for treatment after the pain got worse. I was given 5 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2021 22:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Motor Private Car

MX1F

N SN

AN0444A

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.	DMPGSNW00191152000	Engine No.: S4PEPF8644	
		Cha. No.: PL1B73SRR9B037830	
1. Index Mark and Registration Number of Vehicle	SJM1407S	AUTOSAFE	=====
2. Name of Policy Holder	CAI SHENGLONG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	23/12/2020 (00:00:00)	Named Drivers Ex Sect. I	\$S500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
4. Date of Expiry of Insurance	22/12/2021	Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
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 \$S500 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 SINGAPORE LIMITED * 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.		

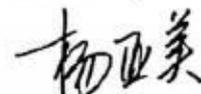
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: META AGENCY PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Date of Accident : 12/03/2021 Accident Time: 1745 (24-HR-FORMAT)
 Accident Place : Along Yishun Ring Road towards Yishun ~~1111~~ Hwy.
 Vehicle Reg. No (Car plate No.) : SJM 1407C Vehicle Make/Model: Proton Saga
 Insurance Company : China Taiping Policy No. DMP(LNW)00191152800
 Name of Registered Owner : Company / Individual Cai Sheng Long
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8912111F
 : Co Contact No: - Owner's Contact No: 87951991
 DRIVER'S Name : Cai Sheng Long DRIVER'S NRIC No: S8912111F
 DRIVER'S Date of Birth : 06 Apr 1989 DRIVER'S License Pass Date 09 Oct 2008
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : APT B1K 409A Yishun Ave 11 #13-33B Singapore 761409
 DRIVER'S Contact No / Alt No. : 1) 87951991 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an etc)
 Email Address : Shenglong_cai@hotmail.sg
 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): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Cai Sheng Long
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SMB 3118 K</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>Service Number 805</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____