

NATIONAL Assessment Centre Services, [redacted] Jan'08, [redacted] 2/3 F000B

Date In: 15/03/2021 19:04	Job description	Date & Time Completed	Done by
Ref No: X1301/CT72003386/4	SAS e-Milling		
Veh No: SMC 5853G	E-mail (by job site, A/C 3 hrs)		
D.O.A: 13/03/2021 18:30	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (w/ins: OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wks		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP # (input/output)	Ych No: <u>YES/106</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 ()			

() 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] ()		

[illegible]

N92101928		1) Alt Accident Reporting (\$30)	ING (10)
		2) DA Damage Assessment (\$100)	ING (10)
		3) FPI Towing Fee	\$150
		4) FPI Follow Through Survey	\$30
		5) FPI Follow Through Survey (Re-survey)	\$30
		Total In-house (incl. ING Only, Over 10 in 200)	
		6) TIR Inspection	\$75
		7) NI Use DA + EMRI Survey	\$150
		8) NTUC Additional Services	
		ON	
		*NI Courtesy Car / Tol Allowance	\$3
		*NI Repair Coordination	\$10
		*NI Post Repair Inspection	\$25
		*ING DV / Collision Losses Coordination	\$3
		ING DV / Collision Losses Coordination	\$25
		TE (NI) / TP (NI) / ING	\$20
		9) NI Use Mobile	
Driver/Owner:		Invoice dated	Fee Charged
Contract No:		Invoice dated	Fee Charged
Damaged Portion:			
QC Checked by (Engr-In-Charge):			
Withhold Comm/Ins:			
Subst:			

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 19:04 (SGT)
Date of Accident	13/03/2021 18:30 (SGT)
Exact Location of Accident	Penjuru Rd, Singapore
Additional Location Information	BEFORE PENJURU FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5853G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE KONG
NRIC No	SXXXX384Z
Email Address	davetan9869@gmail.com
Mobile Phone No	(Phone) +65-93808373
Alternative Phone No	+65-93808373

VEHICLE PARTICULARS

Manufacturer	BMW
Model	740li
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	DMPCSNW00152562000
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEE KONG
NRIC No	SXXXX384Z
Date Of Birth	20/10/1981
Occupation	Outdoor

Date Of Driving Pass	20/04/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93808373
Alt. Phone Number	+65-93808373
Email Address	davetan9869@gmail.com
Address	BLK 742 YISHUN AVENUE 5 #10-450
Address complement	-
Postcode	760742
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	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT D/20210314/7030

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	XE5410G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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 TAN CHEE KONG
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK AND NECK PAIN
 Injured person in which vehicle? SMG5853G
 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.
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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 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:

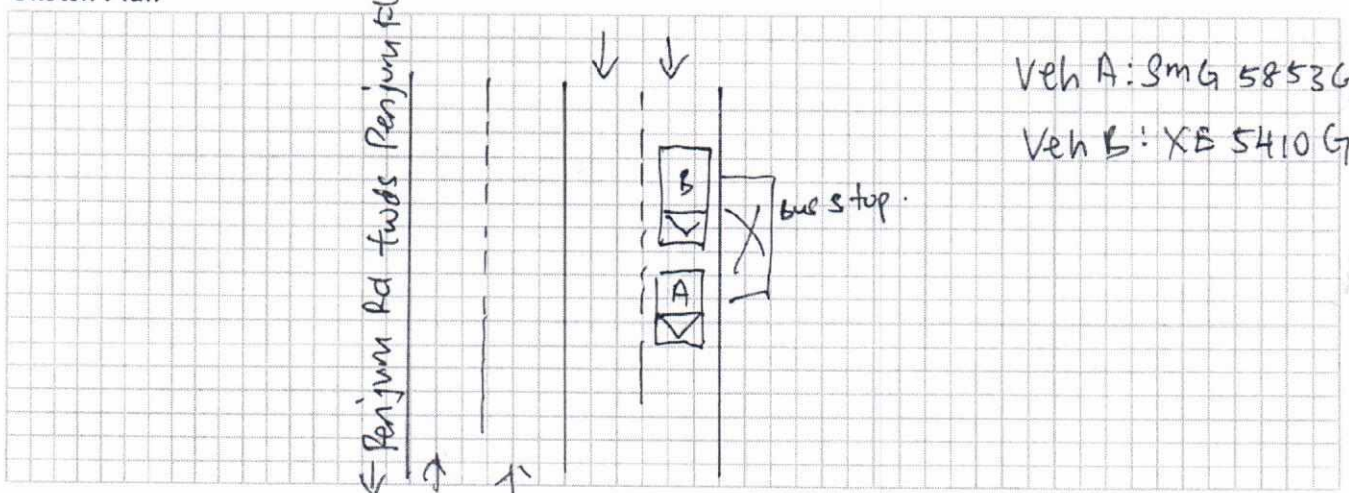
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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




Describe Circumstances of the Accident


On the stated date and time I vehicle A was stationary on the stated venue. Suddenly vehicle B came from behind and hit onto my vehicle's rear portion. The impact was so great that my vehicle could not start at all after that.

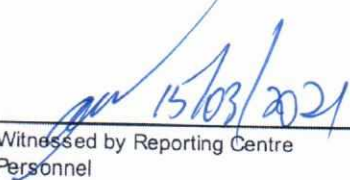
POLICE REPORT D/20210314/7030

Declaration

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


Witnessed by Reporting Centre Personnel

f

Date of Accident : 13/3/2021 Accident Time: 1830HR (24-HR-Format)
Accident Place : Penjuru Rd Before Penjuru Fly over
Vehicle No. (Car Plate No.) : SMG 5853 G Make/Model: Bmw 740L7
Insurance Company : China Taipei Policy No: DMPLSNW00152562000
Owner or Company Name /IC No. : Tan Chee Kong 88155384Z
Owner or Company Contact No. : 93808373 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 20/10/1981 DRIVER'S License Pass Date 20/4/2005
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 742 Yishon Ave 5 #10-450 S (760742)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : davetan9869@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): 01
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, Neck, back.

Other Party Driver's Particular (if any)

Vehicle No: <u>XE 540 5410 G</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:



**SINGAPORE
POLICE FORCE**



D/20210314/7030

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20210314/7030

Date/Time Report Made 14/03/2021 22:48		Vide Report No.		Station Diary No.	
Name Of Informant TAN CHEE KONG		Address 742 YISHUN AVENUE 5 #10-450 SINGAPORE 760742			
ID Type / ID No. NRIC NO / S8155384Z		Contact No. Home/Office:		Mobile: 93808373	
Nationality MALAYSIAN		Email Address DAVETAN9869@GMAIL.COM			
Occupation Self employed		Sex Male	Age 39	Date of Birth 20/10/1981	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 13/03/2021 18:30		Location Of Incident PENJURU ROAD			

Brief details.

On the stated date and time I vehicle SMG5853G was stationary on the stated venue. Suddenly vehicle XE5410G came from behind and hit onto my vehicle rear portion. Due to the impact I suffered neck and back pain. I then proceeded to Unihealth 24hr clinic jurong East to seek treatment and was given 3 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: 14/03/2021 22:48
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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

AN0380A

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.

DMPCSNW00152562000

Engine No.: 22879348B58B30A

Cha. No.: WBA7E22000GD99721

1. Index Mark and Registration
Number of Vehicle

SMG5853G

AUTOSAFE
=====

2. Name of Policy Holder

TAN CHEE KONG

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

22/11/2020

Named Drivers Ex Sect. I S\$1,500.00

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

21/11/2021

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 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:



TERRILINKS PTE LTD

Authorised Officer

杨亚美

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: 384Z

Vehicle Details

Vehicle No.: SMG5853G
Vehicle to be Exported: No
Intended Deregistration Date: 30 Mar 2021
Vehicle Make: B.M.W.
Vehicle Model: 740LI SR LED NAV HUD
Primary Colour: Grey
Manufacturing Year: 2015
Engine No.: 22879348B58B30A
Chassis No.: WBA7E22000GD99721
Maximum Power Output: 240.0 kW (321 bhp)
Open Market Value: \$84,493.00
Original Registration Date: 28 Oct 2015
First Registration Date: 28 Oct 2015
Transfer Count: 2
Actual ARF Paid: \$124,088.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 27 Oct 2025
PARF Rebate Amount: \$86,861.00

Intended COE Rebate Details

COE Expiry Date: 27 Oct 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$59,889.00
COE Rebate Amount: \$27,384.00
Total Rebate Amount: \$114,245.00

The information contained herein is correct as at 15 Mar 2021

OK