

NATIONAL Assessment Centre Services.

[wef 1 Jan'09]

SN0921400004

Date In: 26/4/2021 11:54	Job description	Date & Time Completed	Done by
Ref No: NA/CT121005106/44	SAS e-filing		
Veh No: C889359Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/4/2021 20:10	i-Motor Claim Form		
OD: (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: S+1D 51666	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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
At 1:	For claiming against INC Only (wef 10 Jan 2005)		
At 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: 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	26/04/2021 11:54 (SGT)
Date of Accident	22/04/2021 20:10 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	TWDS TAMPINES AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9359Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHENG HONG GEOMANCY TRADING
Company Reg No	5XXXX996E
Email Address	REPORTING@MYCAR.SG
Mobile Phone No	(Phone) +65-94374655
Alternative Phone No	+65-94374655

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00095472000
Cover Note Number	-

DRIVER

Name of Driver	WANG HUIQI, IRENE
NRIC No	SXXXX253G

Date Of Birth	10/12/1991
Occupation	Indoor
Date Of Driving Pass	04/10/2013
Driving experience	7 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94374655
Alt. Phone Number	-
Email Address	REPORTING@MYCAR.SG
Address	BLK 108 WOODLANDS STREET 13 #09-170 SINGAPORE
Address complement	-
Postcode	730108
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FINN KOH EN
Gender	Female

PASSENGER 2

Name	HENG KIAN LENG LAWRENCE
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/20210423/7037

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	SHD5166G
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	WANG HUIQI, IRENE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HENG KIAN LENG, LAWRENCE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	FINN KOH EN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB9359Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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

A: GBB9359Y

B: SHD5166G



Tampines Ave 5 towards Tampines Ave 1

Describe Circumstances of the Accident

Refer to attached statement.

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

Accident statement

I stopped my vehicle before the stopping line to check oncoming vehicles on my right before I can proceed forward. Out of sudden, I felt an impact of my vehicle and realized that vehicle (B) SHD5166G collided rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210423/7037

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

1 of 3

Report No. T/20210423/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2021 19:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WANG HUIQI, IRENE		Address: 108 WOODLANDS STREET 13 #09-170 SINGAPORE 730108	
ID Type / ID No.: NRIC NO / S9145253G		Contact No.: Home/Office: Mobile: 98311279	
Nationality: SINGAPORE CITIZEN		Email: IRENEWANGHQ@GMAIL.COM	
Sex: Female	Age: 29	Date of Birth: 10/12/1991	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2021 20:10	Type of Location: slip road
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
GBB9359Y	Van					2
SHD5166G	taxi					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210423/7037

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

2 of 3

Report No. T/20210423/7037

CONTINUATION OF REPORT

Driver			
Name	WANG HUIQI, IRENE		ID No. S9145253G
Related Vehicle	GBB9359Y (Van)		Contact No. 98311279
Hospital/Clinic	ROYAL MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	NIL
No. of Days granted Medical Leave	01	Degree of	Slight
Passenger			
Name	HENG KIAN LENG, LAWRENCE		ID No. S8941378H
Related Vehicle	GBB9359Y (Van)		Contact No. NIL
Hospital/Clinic	ROYAL MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Passenger			
Name	FINN KOH EN		ID No. S9800462I
Related Vehicle	GBB9359Y (Van)		Contact No. NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/04/2021	Date	23/04/2021
No. of Days granted Medical Leave	10	Degree of	Slight

Brief Details.

I stopped my vehicle before the stopping line to check oncoming vehicles on my right before I can proceed forward. Out of sudden, I felt an impact of my vehicle and realized that vehicle (B) SHD5166G collided rear portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210423/7037

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

3 of 3

Report No. T/20210423/7037

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 / TPIB /
TAN JEOK LENG
Contact No.: 65476151

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:
23/04/2021 19:16

Classification Of Case:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA210423186367

DATE : 23/04/2021

This is computer generated. Hence no signature required.



Authentication No. : C21301491J

Page 3 of 3

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WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

The Following Are The Brief Particulars of :

Name of Business	: CHENG HONG GEOMANCY TRADING
Former Name(s) if any	: CHENGHONG WAH TRADING
Date of Change of Name	: 07/02/2007
UEN	: 52967996E
Registration Date	: 29/04/2002
Commencement Date	: 25/04/2002
Status of Business	: Live
Status Date	: 30/04/2019
Renewal Date	: 04/03/2021
Expiry Date	: 29/04/2022
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 6001 BEACH ROAD #02-37 GOLDEN MILE TOWER SINGAPORE (199589)
Date of Change of Address	: 31/03/2016

Principal Activities

Activities (I)	: DEPARTMENT STORES (47191)
Description	:
Activities (II)	: ASTROLOGY, PALMISTRY AND OTHER FORTUNE TELLING SERVICES (96093)
Description	:

Particulars of Authorised Representative(s)

Name	ID	Nationality/Citizenship	Address	Address Source	Date of Appointment
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Authentication No. : C21301491J

Page 1 of 3

INFORMATION RESOURCES

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Business Profile (Business) of CHENG HONG GEOMANCY TRADING (52967996E)

Date: 23/04/2021

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position
LOH FOOK WAH	S0014130E	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	16/09/2014 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Citizenship Place of Incorporation/ Origin/Registration	Address	Address Source	Date of Entry Position	Date of Withdrawal
CHEE YIT LING	S2598094H	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	25/04/2002 Owner	29/05/2006
CHEE YIT LING	S2598094H	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	07/02/2007 Owner	16/09/2014
LOH FOOK WAH	S0014130E	SINGAPORE CITIZEN	429 WOODLANDS STREET 41 #05-250 SINGAPORE (730429)	ACRA	29/05/2006 Owner	07/02/2007

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : C21301491J

Page 2 of 3



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

\$1,305.83

Motor Commercial

MZ300/C

N SN

AN0695A

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.

DMCVSNW00095472000

Engine No.: K9KF276D078672

Cha. No.: JN1YBAM20U0002936

1. Index Mark and Registration
Number of Vehicle

GBB9359Y

AUTOSAFE

2. Name of Policy Holder

CHENG HONG GEOMANCY TRADING

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

30/09/2020
(15.43.36)

Excess Sect I : S\$450.00
EX ON WINDSCREEN : S\$100.00

4. Date of Expiry of Insurance

29/09/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

TECK WEI CREDIT 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



A Singapore Government Agency Website

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Business

Owner ID: 996E

Vehicle Details

Vehicle No.: GBB9359Y

Vehicle to be Exported: Yes

Intended Deregistration
Date: 23 Apr 2021

Vehicle Make: NISSAN

Vehicle Model: NV200 1.5L MT ABS
AIRBAG 2WD 6DR

Primary Colour: Silver

Manufacturing Year: 2010

Engine No.: K9KF276D078672

Chassis No.: JN1YBAM20U0002936

Maximum Power Output: -

Open Market Value: \$21,922.00

Original Registration Date: 31 Aug 2010

First Registration Date: 31 Aug 2010

Transfer Count: 3

Actual ARF Paid: \$1,097.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 30 Aug 2025

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$12,051.00

COE Rebate Amount: \$10,489.00

Total Rebate Amount: \$10,489.00**Message**

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 23 Apr 2021

OK

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident 22 / 04 / 2021 (dd/mm/yy) Time of Accident 20 10 (24-HR FORMAT)

Vehicle No: GBB9359Y Vehicle Make & Model: Nissan NV200

*Transmission: ☒ Manual ☐ Auto *C.C.: 1461

Exact location of Accident: Tampines Ave 5 twds Tampines Ave 1

Policyholder's Name: Cheng Hong Geomancy Trading NRIC/FIN/REG No: 52967996E

*Policyholder's email address: reporting@mycar.sg

Driver's Name: Wabg Huiqi, Irene NRIC/FIN/REG No: S9145253G

*Driver's email address: reporting@mycar.sg

Driver's Contact No: 94374655 Company Contact No (if any): _____

Date of birth: 10 Dec 1991 Driving Pass Date: 4 Oct 2013

Driver's Address: Blk 108 Woodlands Street 13 #09-170 Singapore (730108)

Insurance Company: China Taiping

Policy No.: DMCVSNW00095472000 Type of Coverage: Comprehensive Third Party/Third Party, Fire & Theft

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

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee Hiree 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: 3

*Passenger Name: Finn Koh En Gender: Male ☒ Female

*Passenger Name: Heng Kian Leng, Lawrence 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's Name: Passenger and driver

Injuries Sustain: Body Injured Person in Which Vehicle: GBB9359Y

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic police HQ

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHD5166G

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: My Car Consultant Pte Ltd Contact No: 83447681