

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In:	Job description	Date & Time Completed	Done by
17/05/21	SAS e-filing		
Ref No: NA/09121005853/13	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SM65999E	i-Motor Claim Form		
D.O.A : 14/05/21 1110	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD : TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SM787.624 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	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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : 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		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 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		
	TE (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	17/05/2021 14:09 (SGT)
Date of Accident	14/05/2021 11:10 (SGT)
Exact Location of Accident	6 West Coast Rd, Singapore 126824
Additional Location Information	ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5999E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH JIE XIAN WAYNE
NRIC No	SXXXX068E
Email Address	WAYNEGOHJIEXIAN@GMAIL.COM
Mobile Phone No	(Phone) +65-97897066
Alternative Phone No	+65-97897066

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316 M SPORT
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00125482000
Cover Note Number	-

DRIVER

Name of Driver	GOH JIE XIAN WAYNE
NRIC No	SXXXX068E

Date Of Birth	08/11/1988
Occupation	Outdoor
Date Of Driving Pass	10/03/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97897066
Alt. Phone Number	+65-97897066
Email Address	WAYNEGOHJIEXIAN@GMAIL.COM
Address	BLK 83B CIRCUIT ROAD
Address complement	#09-16
Postcode	372083
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	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

PLS REFER TO THE POLICE REPORT:T/20210517/7003

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	SMT8762Y
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	GOH JIE XIAN WAYNE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SME5999E
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 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:

 17/05/21

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



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5999E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001254 82000	24/09/2020	24/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	GOH JIE XIAN, WAYNE		ID No.	S8846068E
Related Vehicle	SME5999E (Car)		Contact No.	97897066
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	14/05/2021		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

On 14/05/2021 at 11.10am I was travelling along West Coast Road when Vehicle SMT8762Y collided into my rear. I was waiting for my turn to enter The Stellar Condominium, was already at a stop with signal light turned on, when I felt Vehicle SMT8762Y colliding into my car. I felt giddy and my neck and shoulder was strained and aching. I went to Mount Alvernia A&E to seek medical treatment and was awarded 5 days MC.



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

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
17/05/2021 10:19

Classification Of Case:

VEHICLE NO: SME5999E

MAKE & MODEL: BMW 316 M sport AUTO / MANUAL

DATE OF ACCIDENT	14 / 05 / 2021	*CC: 1600
TIME OF ACCIDENT	1110	AM / PM
LOCATION OF ACCIDENT	6 West Coast Road Entrance	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER Goh Jie Xian Wayne		
EMAIL: Wayne.gohjie.xian@gmail.com	Office: —	MOBILE: 97897066
NRIC	S8846068E	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO ?	
INSURANCE CO.	China Taiping	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	DMPCSNW00125482000	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	S8846068E	
DATE OF BIRTH	08 / 11 / 1988	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO:	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / Indoor	
DATE OF DRIVING PASS	10 / 03 / 2009	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO	Mobile: 97897066	Office: — Home: —
EMAIL:	wayne.gohjie.xian@gmail.com	
ADDRESS	Blk 83B Circuit Road #09-16 S(372083)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other,	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other,	
ANY INJURIES	No / If yes, Who? Owner	
CONTACT NO	97897066	
POLICE REPORT	No / If <input checked="" type="checkbox"/> Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	SMT8762Y	Any Passenger:
NAME		
CONTACT NO		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

Motor Private Car

MX1E

N SN

AN0567A

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)

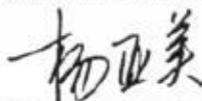
CERTIFICATE No.	DMPCSNV00125482000	Engine No. : A900J552N13B16A	
		Cha. No. : WBA3A12080J721249	
1. Index Mark and Registration Number of Vehicle	SME5999E	AUTOSAFE	=====
2. Name of Policy Holder	GOH JIE XIAN WAYNE		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	24/09/2020	Named Drivers Ex Sect. I	SS\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	SS\$100.00
4. Date of Expiry of Insurance	23/09/2021		
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 SS\$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: AUTOSHIELD PTE LTD
Authorised Officer


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Authorised Signatory