

NATIONAL Assessment Centre Services

Date In: 09/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/CT21007512/13	SAS e-filing		
Veh No: SNA8825M	E-mail (within 3 hrs. A/C 2hrs)		
D.O.A: 08/07/21 1858	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SBC6669H	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%; F: 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

NA2103438	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac 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	09/07/2021 17:23 (SGT)
Date of Accident	08/07/2021 18:58 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	ENTERING PIE/TUAS(B4 TOH GUAN)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8825M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SWEE CHINGJEAN(CAI RUIZHEN)
NRIC No	SXXXX409C
Email Address	xinhuaworkshop@gmail.com
Mobile Phone No	(Phone) +65-96610807
Alternative Phone No	+65-96610807

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1497

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00012832100
Cover Note Number	-

DRIVER

Name of Driver	CHUA SWEE CHINGJEAN(CAI RUIZHEN)
NRIC No	SXXXX409C



Date Of Birth	25/04/1977
Occupation	Outdoor
Date Of Driving Pass	05/07/1999
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-96610807
Alt. Phone Number	+65-96610807
Email Address	xinhuaworkshop@gmail.com
Address	BLK 432 BUKIT PANJANG RING RD
Address complement	#04-607
Postcode	670432
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ROSELINE CHAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6669H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Bus
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

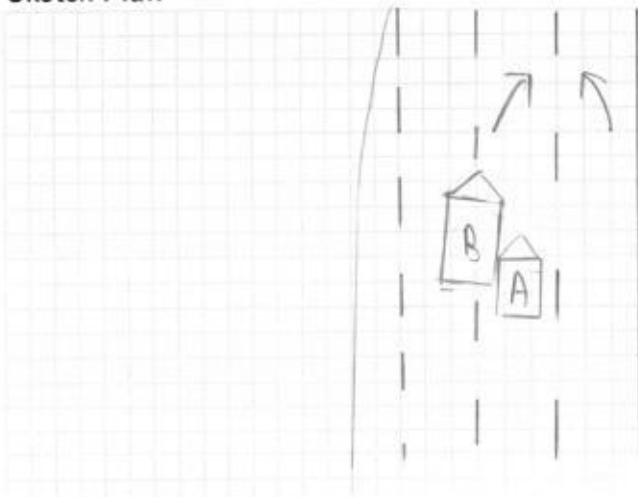
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 09/07/21
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SNA 8825 M

B = SBS 6669 H

Bukit Batok Rd

entering PIE / Tuas


Describe Circumstances of the Accident


Refer to attached

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

 09/07/21
Witnessed by Reporting Centre
Personnel

On 08.07.2021 at about 18:58 hours along Bukit Batok Road entering PIE/Tuas (Before Toh Guan Road Exit 30), I was travelling straight on lane 2 at the above mentioned location.

Suddenly, I saw a bus / vehicle (B) from my left lane (lane 3) slightly cutting into my lane. I honked to alert the driver of vehicle (B) but vehicle (B) continued to cut into my lane hence end up bang onto the front left hand side portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SNA 8825M

Vehicle (B): SBS 6669H



10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

27 Apr 2021

Our ref 2704210203N061022677

CHUA SWEE CHING JEAN (CAI RUIZHEN)
58 PUNGGOL WALK
#13-18
SINGAPORE 828779

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMX4209J
With SNA8825M**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMX4209J, now has the number SNA8825M.

The vehicle details after the transaction are:

Transaction No. : 20210427150910343362
Vehicle Registration No. : SNA8825M (Previously SMX4209J)
Vehicle Make : MERCEDES BENZ
Vehicle Model : C200 AVG M-HYBRID AUTO
Chassis No. : WDD2050772F834355
Engine No./ Motor No. : 26491530067924 / EM001830067924

What You Need To Do:

- You must show the new number SNA8825M on your vehicle by 30 Apr 2021.

Please change the number plates on this vehicle to show SNA8825M by 30 Apr 2021. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!

SINGAPORE ACCIDENT STATEMENT

Accident Date: 08/07/2021		Time: 18:58		(hh:mm) 24 hr format	
Location Bukit Batok Road entering PIE/Tuas (Before Toh Guan Road Exit 30)					
Vehicle Number SNA 8825M					
Insured Name Chua Swee Ching Jean					
NRIC/FIN 57713409C		Contact Number 9661 0807			
Make Mercedes Benz Model C200					
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company Ching Tai Ping					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DMPCSNW00012832100					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number 9661 0807			
Date of Birth 25/04/1977					
Driving Pass Date 05/07/1999					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender () Male (<input checked="" type="checkbox"/>) Female					
Email Address xinhua@workshop@gmail.com		() NO EMAIL			
Address of Driver BLK 432 Bukit Panjang Ring Road #04-607					
Singapore 670432					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SBS6669H					
Veh C					
Veh D					
Veh E					
Veh F					

Passenger : Roseline Chan(F)

Motor Private Car

MX1E

E SN

AN0644A

Cov. Type C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 100)
 Motor Vehicles (Third-Party Risks and Compensation) Rules 1969
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules 1970 (Malaysia)

CERTIFICATE No.	CMPCSNW00M2932100	Engine No.	26491530067024
		Chassis No.	WDD2060772FB34355
1. Index Mark and Registration Number of Vehicle	9MX4209J	AUTOSAFE	*****
2. Name of Policyholder	CHUA SWEE CHENG JEAN (CAI RUZHEN)		
3. Effective date of the commencement of insurance for the purpose of the Regulations (Date of first insured)	12/01/2021 (00 00 00)	Named Drivers Ex Sect. I	\$52,300.00
		Additional Ex (Other than Named Drivers)	
		Ex Sect. I - Age <= 25	\$53,300.00
		Ex Sect. I - Age >= 26	\$5,000.00
4. Date of Expiry of Insurance	11/31/2022	* Age as at date of accident	
		EK ON WIN GREEN	\$1,100.00
5. Persons or Classes of Persons entitled to drive:			
(a) This 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 or that behalf from driving the Motor Vehicle.			
6. Limitations NOT used: Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward (taxis), 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 \$51,000 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 - MAYBANK SINGAPORE LIMITED

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 100) 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 100) and Part IV of the Road Transport Act, 1987 (Malaysia).

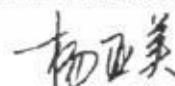
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Irene Ho

Authorised Officer



Authorised Signatory