

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

8108217M0001

Date In: 21/01/2021 10:22	Job description	Date & Time Completed	Done by
Ref No: N/A/C11210078347	SAS e-filing		
Veh No: SMY 3728A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/01/2021 12:40	i-Motor Claim Form		
OD: TP / 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: SLT 6618L	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

NA210338	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Plaintiff's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
C. Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
U. 1:	6) TR: Re-inspection \$75		
U. 2/3:	7) N1: Idao 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: 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	22/07/2021 10:22 (SGT)
Date of Accident	21/07/2021 12:40 (SGT)
Exact Location of Accident	Foch Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS JALAN BESAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3728A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LYU XUE
NRIC No	SXXXX290G
Email Address	anggordon.x@gmail.com
Mobile Phone No	(Phone) +65-98574064
Alternative Phone No	+65-83393493

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	DMPCSNW00051912100
Cover Note Number	-

DRIVER

Name of Driver	CHAN KIAN WAI
Passport No/FIN	GXXXX658Q

Date Of Birth	18/01/1996
Occupation	Outdoor
Date Of Driving Pass	11/10/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83393493
Alt. Phone Number	-
Email Address	anggordon.x@gmail.com
Address	BLK 357 WOODLANDS AVENUE 5 #03-386
Address complement	-
Postcode	730357
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SLT6616L
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	CHAN KIAN WAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMU3728A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

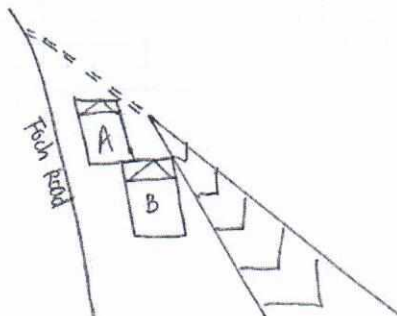
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Foh Road Slip Road towards Jalan Besar

vehicle A: SMU3728A
vehicle B: SLT6616L



On the stated date & time, I, vehicle A (SMU3728A) was travelling at the stated location. As there was oncoming vehicle on the main road, I slowed down and came to a stop to give way to the oncoming vehicle. Suddenly, I felt an impact from the rear right portion of my vehicle. I alighted & realised vehicle B (SL76616L) collided onto the rear right portion of my vehicle causing damages.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel

Date of Accident : 21/07/2021 Accident Time: 1240hrs (24-HR-FORMAT)
Accident Place : Foch Road Slip Road towards Jalan Besar
Vehicle Reg. No (Car plate No.) : SMY 3728A Vehicle Make/Model: M/B C200
Insurance Company : China Taiping Policy No.: DMPCSN W00051912160
Name of Registered Owner : Company / Individual : Lyn, Xue
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8462906
Co Contact No: - Owner's Contact No: 98574064

DRIVER'S Name : Chan Kian Wai DRIVER'S NRIC No: G4681658Q
DRIVER'S Date of Birth : 18 Jan 1996 DRIVER'S License Pass Date 11 Oct 2018
Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employed / Others: -
DRIVER'S Address : Blk 357 Woodlands Ave 5 #03-386 Singapore 730357
DRIVER'S Contact No / Alt No : 1) 83393493 2) -
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
Email Address : ang.gordon.x@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 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: Chan Kian Wai
Injured Name: -

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: SLT6616L	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: -

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: -



中国太平
CHINA TAIPING

中國太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

E SN

AN003SA

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, 1967 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No.

DMPCSNW00051912100

Engine No.: 28481630047583

Chs. No.: WDD02050772R4S3228

1. Index Mark and Registration
Number of Vehicle

SMU3728A

AUTOSAFE

2. Name of Policy Holder

LYU XUE

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

08/03/2021
(13:18:02)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age < 25

S\$3,000.00

Ex Sect. I - Age ≥ 25

S\$400.00

* Age as at date of accident

EX ON WINDSCREEN.

S\$100.00

4. Date of Expiry of Insurance

08/03/2022

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 1967 (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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Irene Hor
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
100 Robinson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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