

NATIONAL Assessment Centre Services

Date In: 28/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/C7721007994/13	SAS e-filing		
Veh No: SGR5223M	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 27/07/21 0910	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: X074547	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

NA2103540

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
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			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:	6) TR : Re-inspection \$75			
	7) NI : Idac 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 (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	28/07/2021 09:39 (SGT)
Date of Accident	27/07/2021 09:10 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TWDS YIO CHU KANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5223M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
NRIC No	SXXXX037I
Email Address	atls71@yahoo.com.sg
Mobile Phone No	(Phone) +65-81181771
Alternative Phone No	+65-81181771

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Edix
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	1668

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMPCSNW00024552100
Cover Note Number	-

DRIVER

Name of Driver	TAN LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
NRIC No	SXXXX037I

Date Of Birth	10/11/1971
Occupation	Indoor
Date Of Driving Pass	17/06/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81181771
Alt. Phone Number	+65-81181771
Email Address	atls71@yahoo.com.sg
Address	4 FLORA DRIVE
Address complement	#07-57
Postcode	507026
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?	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?	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/20210727/7007 & T/20210727/7008

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	XD7454Y
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 LAY SIONG ANTHONY(CHEN LIXIANG ANTHONY)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SGR5223M
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.
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

TPE TWAS YIO CHU KANG

Vehicle A : SG1C5223M
Vehicle B : XD7454Y



Describe Circumstances of the Accident

Refer to police Report

T/20210727/7007

T/20210727/7008

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

 28/07/21

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210727/7007

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

1 of 3

Report No. T/20210727/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2021 10:43	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TAN LAY SIONG ANTHONY			Address: 4 FLORA DRIVE #07-57 SINGAPORE 507026		
ID Type / ID No.: NRIC NO / S7140037I			Contact No.: Home/Office: Mobile: 81181771		
Nationality: SINGAPORE CITIZEN			Email: ATLS71@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 10/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PURCHASING AND CONTRACTS EXECUTIVE			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 09:10	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR5223M	Car	HONDA	EDIX 1.7 A	Black		0
XD7454Y	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20210727/7007

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

2 of 3

Report No. T/20210727/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR5223M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000245 52100	27/01/2021	06/02/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN LAY SIONG ANTHONY		ID No. S7140037I
Related Vehicle	SGR5223M (Car)		Contact No. 81181771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021		Date 27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SGR 5223 M) WAS TRAVELLING STARIGHT ON THE STATED VENUE. SUDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (XD 7454 Y) WHO HAVE COLLIDED ONTO MY VHICLE WHILE CUTTING INTO MY LANE ,

AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN CLINIC BECAUSE I FELT PAIN IN MY NECK AND BACK.
I WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210727/7007

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

3 of 3

Report No. T/20210727/7007

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:
27/07/2021 10:43

Classification Of Case:



SINGAPORE POLICE FORCE



T/20210727/7008

1 of 3

Report No. T/20210727/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2021 11:18		Vide Report No.: T/20210727/7007		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN LAY SIONG ANTHONY			Address: 4 FLORA DRIVE #07-57 SINGAPORE 507026		
ID Type / ID No.: NRIC NO / S7140037I			Contact No.: Home/Office: Mobile: 81181771		
Nationality: SINGAPORE CITIZEN			Email: ATLS71@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 10/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONTRACTS MANAGER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 09:10	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR5223M	Car					0
XD7454Y	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210727/7008

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

2 of 3

Report No. T/20210727/7008

CONTINUATION OF REPORT

Driver				
Name	TAN LAY SIONG ANTHONY		ID No.	S7140037I
Related Vehicle	SGR5223M (Car)		Contact No.	81181771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	27/07/2021		Date	27/07/2021
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

I WOULD LIKE TO MAKE AN AMENDMENT TO MY POLICE REPORT NO : T/20210727/7007 ON THE LOCATION OF ACCIDENT. FROM TAMPINES EXPRESSWAY TO YIO CHU KANG ROAD.

ON THE STATED DATE AND TIME, I VEHICLE A (SGR 5223 M) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE , I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (XD 7454 Y) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE CUTTING INTO MY LANE.

AFTER THE ACCDIENT, I WENT TO CONSULT A DOCTOR AT INTEMEDICAL KOVAN CLINIC BECAUSE I FELT PAIN IN MY NECK AND BACK , I WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210727/7008

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

3 of 3

Report No. T/20210727/7008

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:
27/07/2021 11:18

Classification Of Case:

Date of Accident : 27/07/2021 Accident Time: 0910 (24-HR-Format)
 Accident Place : Seletar Road towards Yio Chu Kay Road.
 Vehicle No. (Car Plate No.) : SGR5223M Make/Model: Honda Edix
 Insurance Company : China Taiping Policy No: DMPCSNW00024552100
 Owner or Company Name / IC No. : Tan Lay Siong Anthony (S71400371)
 Owner or Company Contact No. : 8118 1771 Owner's Hp — Company Tel —
 DRIVER'S Name / IC No. : — same as above —
 DRIVER'S Date Of Birth : 10/11/1971 DRIVER'S License Pass Date 17/06/1995
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : 4 Flora Drive #07-57 S(507026)
 DRIVER'S Contact No./ Alt No. : 1) — 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : A1571@yahoo.com.sg
 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): 1
 Was the accident reported to the police? YES \ NO
 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): Driver

Other Party Driver's Particular (if any)

Vehicle No: XD 7454Y
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

Vehicle No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



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.

\$808.00

Motor Private Car

MX1

N SN

AN0695A

Cov. Type:T

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.

DMPCSNW00024552100

Engine No.: D17A4053725

Cha. No.: BE11103225

1. Index Mark and Registration
Number of Vehicle

SGR5223M

2. Name of Policy Holder

TAN LAY SIONG ANTHONY (CHEN LIXIANG ANTHONY)

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

27/01/2021
(12:12:32)

4. Date of Expiry of Insurance

26/01/2022

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.

* 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 287595

Tel: 6465 0020 Fax: 6465 0017

E-mail: info@teckwei.com.sg

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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