

NATIONAL Assessment Centre Services

Date In 30/09/21	Job description	Date & Time Completed	Done by
Ref No NA/CTI21010138/13	SAS e-filing		
Veh No SMV8013T	E-mail (w/fee, 3hrs, 3P, 2hrs)		
D.O.A 29/09/21 1845	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: O/E 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: SKX2000E	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

NA2104048		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				1st Bill	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:-			
		OB*			
		*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 date/		Fee Charged	
		Date/Time		Done/Checked	

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	30/09/2021 15:29 (SGT)
Date of Accident	29/09/2021 18:45 (SGT)
Exact Location of Accident	Singapore 322116
Additional Location Information	JALAN TENTERAM MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8012T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SHIN CHING(CHEN XUNQING)
NRIC No	SXXXX504J
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-98774597
Alternative Phone No	+65-98774597

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00196082101
Cover Note Number	-

DRIVER

Name of Driver	TAN SHIN CHING(CHEN XUNQING)
NRIC No	SXXXX504J

Date Of Birth	12/05/1989
Occupation	Indoor
Date Of Driving Pass	01/09/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-98774597
Alt. Phone Number	+65-98774597
Email Address	citizenpower555@gmail.com
Address	BLK 116B JALAN TENTERAM
Address complement	#22-547
Postcode	322116
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	Side Swipe
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/20210930/7006

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	SKX2000E
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	TAN SHIN CHING(CHEN XUNQING)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN
Injured person in which vehicle?	SMV8012T
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



A: Smv B012T
B: SKX 2000e.



**SINGAPORE
POLICE FORCE**



T/20210930/7006

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

1 of 3
Report No. T/20210930/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2021 11:08	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TAN SHIN CHING			Address: 116B JALAN TENTERAM #22-547 SINGAPORE 322116		
ID Type / ID No.: NRIC NO / S8916504J			Contact No.: Home/Office: Mobile: 98774597		
Nationality: SINGAPORE CITIZEN			Email: SHINNCHINGG@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 12/05/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Banker			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2021 18:45	Type of Location: Bend
Location: JALAN TENTERAM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKX2000E	Car					0
SMV8012T	Car	MERCEDES BENZ	CLA180 COUPE PROGRESS IVE	Black		0



**SINGAPORE
POLICE FORCE**



T/20210930/7006

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

2 of 3
Report No. T/20210930/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8012T	CHINA TAIPING INSURANCE	DMPCSNW001545	22/10/2020	21/10/2021

11:09

4G

eservices.police.gov.sg

PROGRESS
IVE

2 of 3

SINGAPORE
POLICE FORCE

T/20210930/7006

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

2 of 3

Report No. T/20210930/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8012T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNNW001545 82000	22/10/2020	21/10/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SHIN CHING		ID No. S8916504J
Related Vehicle	SMV8012T (Car)		Contact No. 98774597
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details:

ON THE STATED DATE AND TIME, I WAS TRAVELING ALONG THE CARPARK.
I SAW THE 3RD PARTY VEHICLE WAS APPROACHING INTO MY LANE AND I CAME TO A STOP TO ALLOW HIM TO PASS THROUGH.
OUT OF A SUDDEN, THE 3RD PARTY VEHICLE COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

I FELT PAIN AFTER THE ACCIDENT AND WENT TO THE DOCTOR TO SEEK FOR PROFESSIONAL MEDICAL ADVISE AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.

SINGAPORE
POLICE FORCE

T/20210930/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865

3 of 3

Report No. T/20210930/7006

11:09

4G

eservices.police.gov.sg

OUT OF A SUDDEEN, THE SUD PARTY VEHICLE GOEBED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

3 of 3

FTER THE ACCIDENT AND WENT TO THE DOCTOR TO SEEK FOR PROFESSIONAL
ISE AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.



SINGAPORE
POLICE FORCE



T/20210930/7006

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

3 of 3

Report No: T/20210930/7006

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
30/09/2021 11:08

Classification Of Case:

Open in...


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

5/20210930/2006

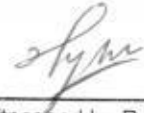
Declaration

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

 20/09/21

Witnessed by Reporting Centre
Personnel

VEHICLE NO: <u>SMV 8012T</u>		MAKE & MODEL: <u>MERC C4180</u>		AUTO / MANUAL	
DATE OF ACCIDENT		<u>29 / 09 / 21</u>		*CC.	
TIME OF ACCIDENT		<u>1845</u>		AM / PM	
LOCATION OF ACCIDENT		<u>SC 322116) MSCP</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE</u> USE / PRIVATE HIRE			
NAME OF OWNER		<u>TAN SHIN CHING</u>			
EMAIL		<u>CITIZENPOWER 555@6MAIL.COM</u>		Office. MOBILE: <u>9877 4557</u>	
NRIC		<u>S 8916504J</u>			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / <u>NO</u> ?			
INSURANCE CO		<u>CN TAIPING</u>			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.					
NAME OF DRIVER		AS <u>ABOVE</u> / IF NO.			
NRIC		"			
DATE OF BIRTH		<u>12 / 05 / 1989</u>			
ANY PASSENGER		YES / <u>NO</u> :			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		<u>MALE</u> / FEMALE			
OCCUPATION		<u>Outdoor</u> / <u>Indoor</u>			
DATE OF DRIVING PASS		/ /			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: "		Office: Home:	
EMAIL		"			
ADDRESS		<u>116B JALAN TENTERAM #22-547 (322116)</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes: Reg No.		INSURER: -	
RELATIONSHIP		Employee / If No. <u>SELF</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other			
ROAD SURFACE		<u>Dry</u> / Wet / Other			
ANY INJURIES		No / If yes: <u>Who?</u> <u>DRIVER</u>			
CONTACT NO.					
POLICE REPORT		No / If <u>yes</u> : Where? <u>TP HQ</u>			
NOTICE OF INTENDED PROSECUTION GIVEN?		<u>NO</u> / IF YES, WHO?			
VEHICLE B NO.		<u>SKX 2006E</u> Any Passenger: <u>2</u> (INCLUDING DRIVER).			
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 / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
**WORKSHOP:		<u>REVOLUTION AUTOMOTIVE</u>			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>			



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.

Motor Private Car

MX1E

R SN

AN0661A

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.

DMPCSNW00196082101

Engine No.: 28291480368095

Cha. No.: W1K1183842N122109

1. Index Mark and Registration
Number of Vehicle

SMV8012T

2. Name of Policy Holder

TAN SHIN CHING (CHEN XUNQING)

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

22/10/2021
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/10/2022

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.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

*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.

Authorised Signatory

Issued By: GREATLINK INSURANCE AGENCY PTE LTD

Authorised Officer