

NATIONAL Assessment Centre Services 950002

Date In: 30/9/21 10:39	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 21010563	SAS e-filing		
Veh No: SHC 2830L	E-mail (within 2hrs. A/C 2hrs)		
D.O.A: 24/9/21 09:55	i-Motor Claim Form		
OD: (P) 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: SNB5941A	INC () / Non-INC ()
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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
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1) Apply for Transport Allowance () / Courtesy Car ()		
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2) QC Check / Post Repair Inspection	()	
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury :

Date/Time	Actions
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[illegible]

1. The first part of the document is a title page. It contains the title of the document, the author's name, and the date of the document. The title is "The first part of the document is a title page. It contains the title of the document, the author's name, and the date of the document." The author's name is "The author's name is the name of the person who wrote the document." The date of the document is "The date of the document is the date when the document was written." The title page is the first page of the document and it is usually the most important page. It is the page that the reader sees first and it is the page that the reader will remember. The title page is the page that the reader will see first and it is the page that the reader will remember. The title page is the page that the reader will see first and it is the page that the reader will remember.

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NA2104082	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
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	1st Bill	Add Bill
1) AR : Accident Reporting (\$30)		

2) DA : Damage Assessment (\$100);	INC (\$80)
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Driver/Owner:	3) TP: Towing Fee	\$40.00
	4) FT: Follow-Through Survey	\$120.00

Contact No:	5) rT : Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only. (wef 10 Jan 2005)	

6) TR : Re-inspection	\$75
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7) N1 : Idac DA + SMRT Survey	\$160
8) NTUC Additional Services:-	

C Checked by (Engr-In-Charge): _____

*N6: Courtesy Car / 1pt Allowance	\$30
*N6: Repair Co-ordination	\$10

Auditors' Comments :-	*N7: Post Repair Inspection	\$25
	*N9: DV / Collect Excess Coordination	\$5

at 1:	TP (N11): TP (N-n JNC) against INC	\$20
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2/3	9) N12: Idac Mobile	301
	Issued dated	2008/08/08

<i>Invoice date</i>	<i>Free Charge</i>	
<i>Invoice dated</i>	<i>Free Charged</i>	

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	28/09/2021 14:06 (SGT)
Date of Accident	24/09/2021 09:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS CHANGI EXIT 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2830L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN POH CHOO
NRIC No	SXXXX254H
Email Address	A3669J@GMAIL.COM
Mobile Phone No	(Phone) +65-97998082
Alternative Phone No	+65-97998082

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	DMPCSNW00143422100
Cover Note Number	-

DRIVER

Name of Driver	JAYDEN TAN HAO QUN
NRIC No	SXXXX197H

Occupation	Indoor
Date Of Driving Pass	19/02/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91917132
Alt. Phone Number	-
Email Address	A3669J@GMAIL.COM
Address	BLK 299A COMPASSVALE STREET #17-132
Address complement	-
Postcode	541299
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
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

REFER TO POLICE REPORT T/20210927/2069 & T/20210927/2099

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB5941A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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	JAYDEN TAN HAO QUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SKC2830L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SINGAPORE ACCIDENT STATEMENT

Accident Date: 24/09/2021		Time: 09:55		(hh:mm) 24 hr format	
Location TPE towards Changi (Before Selatar Link Exit 11)					
Vehicle Number SKC2830L					
Insured Name Tan Poh Choo					
NRIC / FIN S1737254H		Contact Number 9799 8082			
Make Hyundai		Model Elantra			
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 China Taiping					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DMPCSNW00143422100					
Name of Driver Jayden Tan Hao Qun		() Same as Insured			
NRIC / FIN S9709197H		Contact Number 9191 7132			
Date of Birth 12/03/1997					
Driving Pass Date 19/02/2021					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address A3669J@gmail.com		() NO EMAIL			
Address of Driver BLK 299A Compassvale Street #17-132					
Singapore 541299					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) 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 () No					
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No					
If yes, injured detail Jayden Tan Hao Qun - Conveyed Ambulance					
Was there any video captured by Car Camera? () Yes () No (<input checked="" type="checkbox"/>) With TP					
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SNB5941A					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only

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.

TAN

Policyholder's Signature / Date & Time

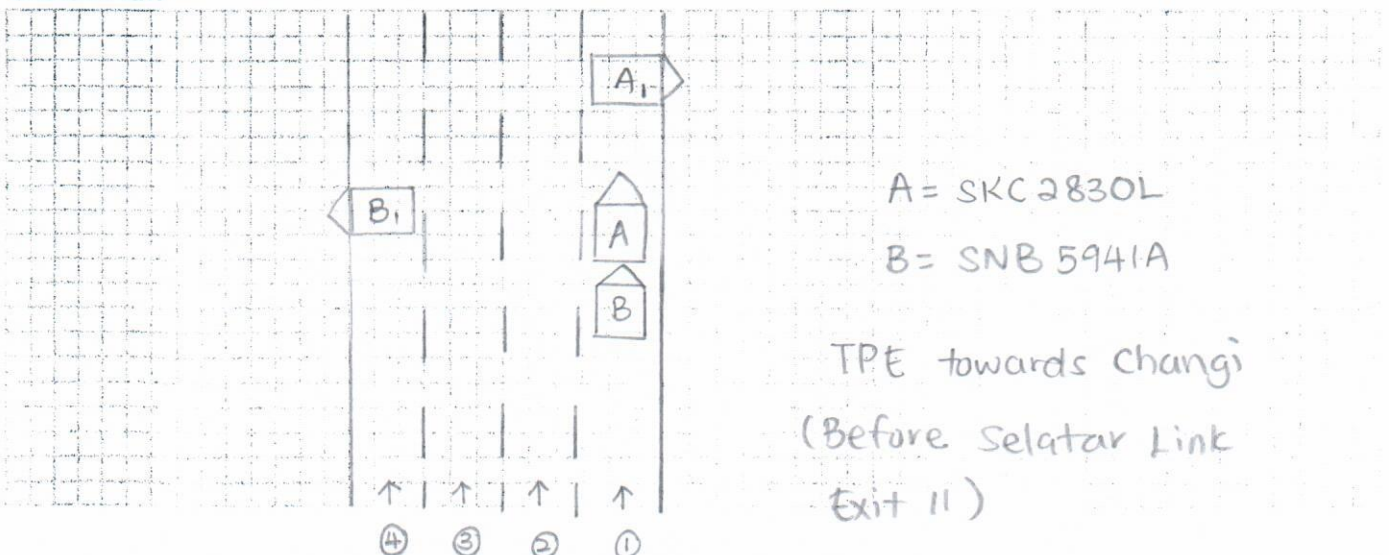
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report

Police Report No.: T/20210927/2069

&

Police Report No.: T/20210927/2099

Declaration

We declare the foregoing particulars are true in every respect.

TAN

Policyholder's Signature / Date &
Time

Zm

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

AS

Witnessed by Reporting Centre
Personnel



Motor Private Car

MX1F

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.

DMPCSNW00143422100

Engine No.: G4FGBU291887

Cha. No.:KMHDH41CMCU233227

1. Index Mark and Registration
Number of Vehicle

SKC2830L

AUTOSAFE
=====

2. Name of Policy Holder

TAN POH CHOO

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

17/07/2021
(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

04/08/2022

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\$500 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. : HONG LEONG FINANCE 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.

Issued By: AUTOSHIELD PTE LTD
Authorised Officer

Authorised Signatory



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

1 of 3

Report No. T/20210927/2069

Need Amend

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2021 15:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAYDEN TAN HAO QUN			Address: APT BLK 299A COMPASSVALE STREET #171 COMPASSVALE GREEN SINGAPORE 541299		
ID Type / ID No.: NRIC NO / S9709197H			Contact No.: Home/Office: Mobile: 91917132		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 12/03/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/09/2021 09:55	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
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 Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC2830L	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Black		0

Details of Person Involved

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



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

Report No. T/20210927/2069

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report
TP /
SC MUHAMMAD SHAFFIY BIN
ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/09/2021 15:01

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 



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

Report No. T/20210927/2069

CONTINUATION OF REPORT

Driver			
Name	JAYDEN TAN HAO QUN	ID No.	S9709197H
Related Vehicle	SKC2830L (Car)	Contact No.	91917132
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/09/2021	Date Discharge	25/09/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION.

ON 24/09/2021 AT ABOUT 9.55PM. I WAS BEARING A VEHICLE PLATE NUMBER SKC2830L.I WAS TRAVELLING ALONG TPE TOWARDS CHANGI BRFORE SELATAR LINK EXIT 11.I WAS CHANGING LANE FROM 2 TO 1, AFTER I ENTAR MY LANE,A CAR JUST SPEED VERY FAST AND I FELT THE IMPACT FROM MY REAR OF MY VEHICLE .AFTER WHICH I WAS INJURED AND I WAS CONVEY BY THE AMBULANCE AND WAS SENT TO THE HOSPITAL.I WAS INFORMED BY IO THAT I HAD TO MAKE A POLICE REPORT. THAT'S ALL .



T/20210927/2099

1 of 3

Report No. T/20210927/2099

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20210927/2099

Vide Report Number T/20210927/2069

Date/Time of Report Made 27/09/2021 19:37

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant JAYDEN TAN HAO QUN

ID Type / ID No. NRIC NO / S9709197H

Home/Office

Mobile 91917132

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 24/09/2021 09:55

Accident Location TAMPINES EXPRESSWAY

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Continuation of CSF For NP168

Driver		ID No.	S9709197H
Name	JAYDEN TAN HAO QUN	Contact No.	91917132
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Date Treatment	24/09/2021
Date Discharge		25/09/2021	
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Facts.

The other car involved in the accident is registration plate SNB5941A.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921980002 Vehicle Registration No: SKC 2830L
Name (as shown in NRIC): Jayden Tan Hao Qun NRIC/FIN/Passport No: S9709197H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 299A Compassvale Street #17-132 Singapore (54199)
Contact (Tel): 91917132 Mobile No.: _____
Email Address: Jaydenhg@gmail.com
Date of Accident: 24/09/2021 Time of Accident: 09:55
Place of Accident: TPE turn Changi Exit 11
Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- change the email address to Jaydenhg@gmail.com
- change third party claim to Own damage claim

TAN



Policyholder / Driver's Signature
Date:



30/09/21

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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Date of Accident	24/09/2021 09:55 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS CHANGI EXIT 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2830L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN POH CHOO
NRIC No	SXXXX254H
Email Address	jaydenthq@gmail.com
Mobile Phone No	(Phone) +65-97998082
Alternative Phone No	+65-97998082

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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?	Yes
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	DMPCSNW00143422100
Cover Note Number	-

DRIVER

Name of Driver	JAYDEN TAN HAO QUN
NRIC No	SXXXX197H