

NATIONAL Assessment Centre Services, Inc. **NA2104379**

Date In: 10/11/2021 16:26	Job description	Date & Time Completed	Done by
Ref No: 888/CT21011493N	SAS e-thing		
Val No: SMY 5004L	Crash (by the third party)		
COA: 10/11/2021 07:58	1-Motor Claim Form		
(1) <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within 30 days TP (U))		
TP Insurer	1-Photo Uploaded		
	Assessment/Survey Report		
	Final Report by Fax/Email to Owner/Driver		

Preferred Wkup / NO Avail / Wkup / QW /

TP Insurer / Val No: **SMY 4153R** / NO ( ) / Non-NO ( )

Owner / Driver ( ) / Tel ( )

Policy No ( ) / Period ( ) / Cover Type ( )

Continued by ( ) / Date ( ) / Time ( )

Insured/Driver List/Type ( ) % (Note - Est Status (WO) N: 0-20%, P: 21-79%, P: 80-100%)

Year of Registration ( ) / Written YES ( ) / NO ( )

Excess (\$ ) / Loading \$1,000 ( ) / \$2,000 ( )

( ) Walk-in Customer / Customer's information strictly confidential & strictly NO refer or repetition

( ) Total Loss Case / to email Insurer URGENTLY

Drive-in ( ) / Towed-in ( ) / Involves YES ( ) / NO ( ) / Towing Cost ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QO Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury ( )

<b>NA2104379</b>	1) All London Workup (\$0)	
Driver/Owner	2) DS Survey (1st/2nd) (\$100)	NO ( ) / YES ( )
Continous No	3) PT Follow up	\$150
Managed Portion	4) PT Follow up (2nd) Survey	\$150
QC Checked by (Engin-Chiung)	5) PT Follow up (3rd) Survey (Recovery)	\$150
	6) Final Survey (Final Report)	\$150
	7) Final Survey (Final Report)	\$150
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Final Report

Inspector dated

Investor dated

Final Report

Per Client

# 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 .....	10/11/2021 16:26 (SGT)
Date of Accident .....	10/11/2021 07:55 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS CLEMENTI ROAD BEFORE EXIT 26A
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV5004L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	QUEK CHIN SIONG, VINCENT (GUO JINXIONG, VINCENT)
NRIC No .....	SXXXX344A
Email Address .....	vin1984@hotmail.com
Mobile Phone No .....	(Phone) +65-94550317
Alternative Phone No .....	+65-94550317

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216i
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 .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00172242000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	QUEK CHIN SIONG, VINCENT (GUO JINXIONG, VINCENT)
NRIC No .....	SXXXX344A

Date Of Birth .....	09/01/1984
Occupation .....	Indoor
Date Of Driving Pass .....	04/03/2004
Driving experience .....	17 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94550317
Alt. Phone Number .....	+65-94550317
Email Address .....	vin1984@hotmail.com
Address .....	47 HINDHEDE WALK #03-01
Address complement .....	SPRINGDALE CONDOMINIUM
Postcode .....	587977
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	XU LISHAN
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

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 .....	SJY4153R
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) ..... -

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLQ8992C  
 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 ..... QUEK CHIN SIONG, VINCENT (GUO JINXIONG, VINCENT)  
 Gender ..... Male  
 Phone No ..... (Phone) +65-94550317  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMV5004L  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... XU LISHAN  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMV5004L  
 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.

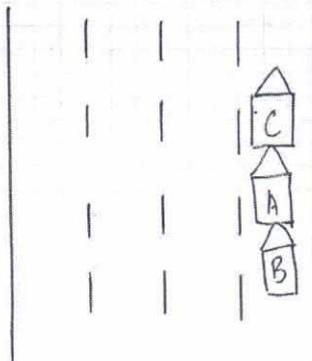
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

PIE towards Clementi Rd before Exit 26A



Vehicle A: SMV 5004L  
Vehicle B: SJY 4153K  
Vehicle C: SLQ 8992C

**Describe Circumstances of the Accident**

On the stated date & time, I, vehicle A (SMV5004L) was travelling at the stated location on Lane 1. The front vehicle came to a stop, I followed suit. Suddenly, I felt a huge impact from the rear portion of my vehicle. Vehicle B (SJY4153R) collided onto the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (SLQ8992C)

**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

  
10/11/2021  
Witnessed by Reporting Centre Personnel

Date of Accident : 10/11/2021 Accident Time: 0755hrs (24-HR-FORMAT)  
Accident Place : PTE towards Clementi Rd before Exit 26A  
Vehicle Reg. No (Car plate No.) : SMN 5004L Vehicle Make/Model: BMW 216i  
Insurance Company : China Taiping Policy No. DMPCLSNW0172242000  
Name of Registered Owner : Company/ Individual Quek Chin Siong, Vincent  
ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8400344A  
Co Contact No: - Owner's Contact No: 94550317

DRIVER'S Name : Quek Chin Siong, Vincent DRIVER'S NRIC No: S8400344A  
DRIVER'S Date of Birth : 09 Jan 1984 DRIVER'S License Pass Date 04 mar 2004  
Relationship bet. Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Other: owner  
DRIVER'S Address : 47 Hindhede Walk #03-01 Springdale Condominium S (587777)  
DRIVER'S Contact No / Alt No. : 1) 94550317 2) -  
DRIVER'S Occupation : INDOOR | OUTDOOR (eg. working inside or outside of an org)  
Email Address : vin1984@hotmail.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): 02 Passenger Name: Xu Lishan 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: Quek Chin Siong, Vincent  
Injured Name: Xu Lishan  
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: <u>SJY 4153R</u>	Vehicle Reg No: <u>SLQ 8992C</u>
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: _____

Motor Private Car

MX1E

E SN

AN0367A

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)

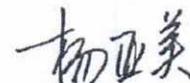
CERTIFICATE No.	DMPCSNW00172242000	Engine No.: 39529993B38A15A	
		Cha. No.: WBA2D920X05E91209	
1. Index Mark and Registration Number of Vehicle	SMV5004L	AUTOSAFE	=====
2. Name of Policy Holder	QUEK CHIN SIONG, VINCENT (GUO JUNXIONG, VINCENT)		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18/11/2020 (00:00:00)	Named Drivers Ex Sect. I	SS\$500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
4. Date of Expiry of Insurance	06/02/2022	* Age as at date of accident	
		EX ON WINDSCREEN .	SS\$100.00
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. : DBS BANK 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: Zhong YueQiang  
Authorised Officer



Authorised Signatory