

# NATIONAL ASSESSMENT CERTIFICATE SERVICES

202821870002

Date In: 29/11/2021 17:13  
 Ref No: NAB/C1121012021/1  
 Date Out: 29/11/2021 09:00

Job Description	Units & Time Completed	Done by
SAS e-Training		
Training (e-Training, A191111)		
1-Motor Claim Form		
1-Motor W/O (Vehicle 001111, TR 0011)		
1-Photo Uploaded		
Assessment Survey Report		
Final Report by Max/Handle Owner/William		

(1) Reporting Only

TP Insured

Preferred Wkrp / IHO / A191111 / Wkrp / QW1

TP Insured/Owner ( ) Yrly No: YK 5691M NO ( ) / Non-NO ( )  
 Owner / Driver ( )  
 Policy No ( ) Period ( ) Cover Type ( )

Continued by ( ) Date ( ) Time ( )  
 Insured/Driver Liability ( ) % (None-1st 0% (WO) 1st 20% (PI 21-79% PI 80-100%)  
 Year of Registration ( ) Wkrp / YAS ( ) / NO ( )  
 Excess ( \$ ) Loading ( \$1,000 ( ) / \$2,000 ( )

( ) Within Guarantee & Customer's Information Policy & Policy No for of report

( ) Total Loss Case ( ) to email Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) / Towed VAS ( ) / NO ( ) / Towed Col ( )

- 1) Apply for 'Personal Allowance' ( ) / Courtesy Car ( )
- 2) QO Check / Post Repair Inspection ( )
- 3) Upload Repair Photo (Repair Cost > \$5000) ( )

Insured

NAB104547

Driver/Owner

Continued No

Continued Portion

QC Checked by (Engineer-Check)

1) All Load and Unload (50%)	WKR
2) 1st e-Training (100%)	WKR
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Insured

Insured

Insured

Insured

Insured

Insured

Insured

Insured

Insured



# 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	29/11/2021 17:13 (SGT)
Date of Accident	29/11/2021 09:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	JUNCTION WITH GAMBAS AVENUE TOWARDS WOODLANDS AVENUE 10
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4920T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUA TIAN ENGINEERING PTE LTD
Company Reg No	2XXXXX333D
Email Address	phuaywei89@gmail.com
Mobile Phone No	(Phone) +65-91353738
Alternative Phone No	(Office) +65-67671615

## 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	Commercial vehicle
Transmission	Auto
CC	1591

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00163242102
Cover Note Number	-

## DRIVER

Name of Driver	DING MING
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NRIC No	SXXXX377J
Date Of Birth	07/06/1989
Occupation	Indoor
Date Of Driving Pass	27/01/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91353738
Alt. Phone Number	-
Email Address	phuaywei89@gmail.com
Address	BLK 433 CLEMENTI AVENUE 3 #11-256
Address complement	-
Postcode	120433
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?	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20211129/7035

#### 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	YK5641M
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	DING MING
Gender	Male
Phone No	(Phone) +65-91353738
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMD4920T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



## 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

Woodlands Ave 12 and Gambas Ave junction towards Woodlands Ave 10



Vehicle A: SMD4920T  
Vehicle B: YK5641M

Describe Circumstances of the Accident

Refer to Police Report No: L/2021/1129/7035

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 29/11/2021  
Witnessed by Reporting Centre Personnel



Date of Accident: 29/11/2021 Accident Time: 0900hrs (24-HR-FORMAT)

Accident Place: Woodlands Ave 12 and Gambas Ave Junction towards Woodlands Ave 10

Vehicle Reg. No (Car plate No.): SMD 49207 Vehicle Make/Model: Hyundai Elantra

Insurance Company: China Taiping Policy No. DMP(SNW00163242102)

Name of Registered Owner: Company/Individual Hua Tian Engineering Pte Ltd

ID of Registered Owner: Co Reg No: 201412333D Owner's NRIC No: -

Co Contact No: 6767 1615 Owner's Contact No: -

DRIVER'S Name: Ding Ming DRIVER'S NRIC No: S898737+J

DRIVER'S Date of Birth: 07 June 1989 DRIVER'S License Pass Date: 27 Jan 2014

Relationship bet. Owner & Driver: Spouse \ Parents \ Children \ Sibling \ (Employee) Others:

DRIVER'S Address: 433 Clementi Avenue 3 #11-256 Singapore 120433

DRIVER'S Contact No. / Alt No.: 1) 91353738 2) -

DRIVER'S Occupation: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address: phaywei89@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: Ding Ming

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>YK 5641M</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID 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: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



**SINGAPORE  
POLICE FORCE**



L/20211129/7035

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Report No. L/20211129/7035

Date/Time Report Made 29/11/2021 15:26	Vide Report No.	Station Diary No.
Name Of Informant DING MING	Address 433 CLEMENTI AVENUE 3 #11-256 SINGAPORE 120433	
ID Type / ID No. NRIC NO / S8987377J	Contact No. Home/Office: Mobile: 91353738	
Nationality CHINESE	Email Address PINHAO1314@GMAIL.COM	
Occupation General Manager	Sex Male	Age 32
Institution/School Name	Date of Birth 07/06/1989	Race Chinese
Date/Time Of Incident 29/11/2021 09:00	Location Of Incident WOODLANDS AVENUE 12	

**Brief details.**

On the stated date and time, I was travelling along Woodlands Ave 12 towards Ave 10 in my vehicle SMD4920T.

I had noticed the traffic light at the junction of Gambas Ave turning amber and as such, gradually slowed down my vehicle and stopped before the stop line.

Moments later, a massive impact slammed into the rear of my vehicle causing my vehicle to surge

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 15:26
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



L/20211129/7035

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

2 of 2

Report No. L/20211129/7035

forward.

As I was caught completely off guard by the impact from the rear, my body lurched forward only to be restrained by my seat belt before crashing back into my seat.

I knocked the back of my head really hard against the head rest and immediately felt groggy and dizzy.

I also felt pain over my neck, chest and back areas and I started losing sensation over my hands and legs.

I could not get out of my vehicle and shortly after, the driver of YK5641M, which had smashed my vehicle's rear, came over to render assistance.

He assisted to call for ambulance and I was conveyed to Khoo Teck Puat Hospital for treatment.

I was discharged later in the afternoon with 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2021 15:26
Officer In-Charge Of Case:	Classification Of Case:



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

MX4F

R SN

AN0641A

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, 1958 (Malaysia)

CERTIFICATE No.

DMPCSNW00163242102

Engine No.: G4FGJU238134

Cha. No.: KMHD841CMJU729470

1. Index Mark and Registration  
Number of Vehicle

SMD4920T

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

HUA TIAN ENGINEERING PTE LTD

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

23/08/2021  
(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

22/08/2022

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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.

\* 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: LEGEND SJ  
Authorised Officer

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

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