

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 27/12/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/SMO21013136/13 | SAS e-filing | | |
| Veh No: 51A372D | E-mail (within 5hrs, MC 2hrs) | | |
| D.O.A: 25/12/21 1540 | i-Motor Claim Form | | |
| OD: (TP) 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: 50V5150A | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| 11A2104840 | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) 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:- | | |
| | Q1: | | |
| | * 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 | 27/12/2021 15:48 (SGT) |
| Date of Accident | 25/12/2021 15:40 (SGT) |
| Exact Location of Accident | Bedok Ria Cres, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SLA372D |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | TAN MIN SIONG |
| NRIC No | SXXXX064G |
| Email Address | cochran_81@yahoo.com |
| Mobile Phone No | (Phone) +65-82288843 |
| Alternative Phone No | +65-82288843 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 335i |
| 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 | 2979 |

INSURANCE COMPANY

| | |
|---------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPCSNW00025902105 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TAN MIN SIONG |
| NRIC No | SXXXX064G |

| | |
|--|---------------------------|
| Date Of Birth | 20/01/1981 |
| Occupation | Indoor |
| Date Of Driving Pass | 29/06/1999 |
| Driving experience | 22 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82288843 |
| Alt. Phone Number | +65-82288843 |
| Email Address | cochran_81@yahoo.com |
| Address | BLK 426 JURONG WEST AVE 1 |
| Address complement | #12-330 |
| Postcode | 640426 |
| 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 - 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Bedok North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002449999 |
| Alt. Police Station Phone No | (Fax) +65-62447258 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211225/2068

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 | SDV5150D |
| 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) -

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 willful 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

| | |
|---------------|---------------------------|
| | BEDOK RIA CRESCENT |
| | |
| (A) - SLA3720 | |
| (B) - SDV5150 | |

Describe Circumstances of the Accident

- Refer to police report attached -
Report No. : T/20211275/2068

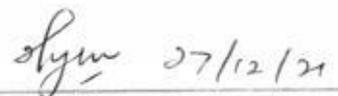
Declaration

I/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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211225/2068

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211225/2068

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLA372D | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW000259 02105 | 02/03/2021 | 01/03/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|---------------|-----|--|------------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TAN MIN SIONG | | ID No. | S8102064G |
| Related Vehicle | SLA372D (Car) | | Contact No. | 82288843 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | |
| | | | NIL | |

Brief Details.

On 25/12/21 at about 1539hrs, I parked and was seated in my car along the road in front of 78 Bedok Ria Cres, when I suddenly felt an impact after another from the rear of my car. I alighted from my car and recognized the driver as the resident staying at 76 Bedok Ria Cres. He alighted from his car and I recall he reeked of alcohol when I spoke with him, and he denied hitting my car even though there were visible contact between both of our cars. He then reversed his car and claimed that there were no damage to my car and drove his car back into his unit. I called the police thereafter.

I recognized the driver as on 06/12/21 at about 1303hrs, he had reversed and collided into the rear of my car when it was parked along the road in front of 78 Bedok Ria Cres. I only discovered the damage the next day (07/12/21) while I was washing the car, and played back the in-car camera footage. This was when I discovered that after he reversed and collided into the rear of my car, he alighted and took a few glances at both of our cars before driving off, without leaving his contact details behind. I drove down and confronted him in the evening on 07/12/21, and we reached a private settlement for the damages to my car.



**SINGAPORE
POLICE FORCE**



T/20211225/2068

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20211225/2068

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
G /
Staff Sgt NG ZHENG YANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/12/2021 22:17

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

Authentication Stamp
NP168

VEHICLE NO: SLA372D

MAKE & MODEL : BMW 335

AUTO / MANUAL

| | | |
|--|---|--------------------------|
| DATE OF ACCIDENT | 25.12.2021 | *C.C. 3,000 |
| TIME OF ACCIDENT | 3.40 AM / PM | |
| LOCATION OF ACCIDENT | Bedok Ria Crescent | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input checked="" type="checkbox"/> PRIVATE HIRE | |
| NAME OF OWNER | Tan Min Siang (Chen Mingxiong) | |
| EMAIL | cochran_81@yahoo.com | Office: MOBILE: 82288843 |
| NRIC | S81020646 | |
| CLAIM TYPE | OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / <input checked="" type="checkbox"/> NO ? | |
| INSURANCE CO. | China Taping Insurance (Singapore) Pte. Ltd. | |
| TYPE OF COVERAGE | <input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | DMPCSNW00025902105 | |
| NAME OF DRIVER | <input checked="" type="checkbox"/> AS ABOVE / IF NO: | |
| NRIC | S81020646 | |
| DATE OF BIRTH | 20 101 1981 | |
| ANY PASSENGER | YES / <input checked="" type="checkbox"/> NO: | |
| NAME OF PASSENGER | | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 29 106 1999 | |
| GENDER | <input checked="" type="checkbox"/> Male / Female | |
| CONTACT NO. | Mobile: 82288843 Office: Home: | |
| EMAIL | | |
| ADDRESS | Blk 426 Jurong West Ave. 1 #12-330 (640426) | |
| DOES DRIVER OWN OTHER VEHICLES? | <input checked="" type="checkbox"/> NO / If yes, Reg No. | INSURER |
| RELATIONSHIP | Employee / If No. owner | |
| WEATHER CONDITION | <input checked="" type="checkbox"/> Clear / Raining / Other, | |
| ROAD SURFACE | <input checked="" type="checkbox"/> Dry / Wet / Other, | |
| ANY INJURIES | <input checked="" type="checkbox"/> No / If yes, Who? | |
| CONTACT NO. | | |
| POLICE REPORT | <input checked="" type="checkbox"/> No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | | NO/IF YES, WHO? |
| VEHICLE B NO. | SDV51500 | Any Passenger: unknown |
| 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 / <input checked="" type="checkbox"/> NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / <input checked="" type="checkbox"/> NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <input checked="" type="checkbox"/> NO | |
| **WORKSHOP: | Advance Auto Garage | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <input checked="" type="checkbox"/> NO | |

Motor Private Car

MX1E

R SN

AN0420A

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. | DMPCSNW00025902105 | Engine No. | 11818032N55B30A |
| | | Cha. No. | WBA3A920X0F095608 |
| 1. Index Mark and Registration Number of vehicle | SLA372D | AUTOSAFE | ***** |
| 2. Name of Policy Holder | TAN MIN SIONG | | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 02/03/2021 (00:00:00) | Named Drivers Ex Sect. I | SS\$1,500.00 |
| | | 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 | 01/03/2022 | * 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.

* 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



Issued By

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory