

SN0822140001

04/01/2022 14:25 NBA/CT22000091/V	Vehicle Description	How Loss Completed
SKP 7131U	SAVE Billing	
31/12/2021 11:40	E-mail Received	
(TP)	Motor Claim Form	
	Motor WFO	
	Photo Uploaded	
	Assessment/Survey Report	
	Ass't Report by Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	INC () / Non-INC ()	
Owner / Driver (Tel	
Policy No () Period (Cover Type (
Confirmed by (Date:	Time:
Insured/Driver Liability ((Note-Best Status (W/O) N: 0-20% P: 21-70% 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 or repeat!

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice YES () / NO () ; Towing Co (

Remarks:- (INC hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA22000034	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	Inc (\$30)	Am (\$)
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	Am (\$)
Contact No:	3) TF: Towing Fee	\$40	\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$20	
	6) FR: Re-inspection	\$140	
	7) NI: Basic DA - SMART Survey		
	8) ST: Additional Services		
	9) QC: QC		
	10) K5: Courtesy Car / Imp Allowance		
	11) K6: Report to Insurance		
	12) K7: Post Repair Inspection		
	13) K8: DV / Collect Excess Coordination		
	14) K9: Final Bill / Invoice		
	15) K10: Photo Upload		
	16) K11: Final Bill / Invoice		
	17) K12: Photo Upload		
	18) K13: Final Bill / Invoice		
	19) K14: Photo Upload		
	20) K15: Final Bill / Invoice		
	21) K16: Photo Upload		
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	99) K94: Photo Upload		
	100) K95: Final Bill / Invoice		

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	04/01/2022 14:35 (SGT)
Date of Accident	31/12/2021 11:40 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7131U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN AIK LIN (CHEN YILIN)
NRIC No	SXXXX522D
Email Address	sunny.hhgme@gmail.com
Mobile Phone No	(Phone) +65-81005338
Alternative Phone No	+65-81005338

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	DMPCSNW00053762100
Cover Note Number	-

DRIVER

Name of Driver	TAN AIK LIN (CHEN YILIN)
NRIC No	SXXXX522D

Date Of Birth	13/02/1976
Occupation	Outdoor
Date Of Driving Pass	02/11/2001
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81005338
Alt. Phone Number	+65-81005338
Email Address	sunny.hhgme@gmail.com
Address	BLK 41 YISHUN STREET 51 #11-44
Address complement	-
Postcode	767995
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	Raining
Road Surface	Wet

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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT J/20220103/7060

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	GV7848B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE3645J
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	TAN AIK LIN (CHEN YILIN)
Gender	Male
Phone No	(Phone) +65-81005338
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKP7131U
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

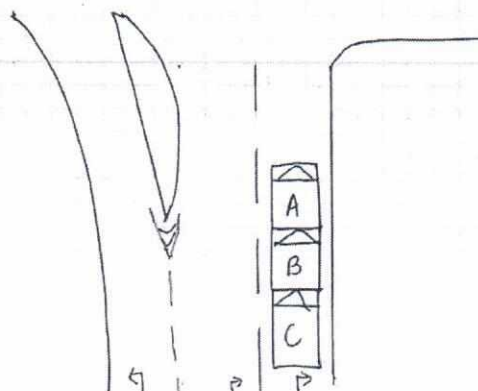
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

04/01/2022

Sketch Plan

Tuas Road towards AYE



Vehicle A: SKP7314

Vehicle B: GUV7048B

Vehicle C: XE3645J

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SKP713IU) was travelling at the stated location on the extreme right lane. As the traffic light turn red front vehicle slowed down and came to a stop, I followed suit. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle C (XE 3645J) collided onto vehicle B (GV7848B) causing vehicle B (GV7848B) collided onto the rear portion of my vehicle causing damages. -

POLICE REPORT 5/20220102/7060

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



Witnessed by Reporting Centre Personnel

7264

Date of Accident: 31/12/2021 Accident Time: 1140hrs (24-HR-FORMAT)
Accident Place: Tuas Road towards AYE
Vehicle Reg. No (Car plate No.): SKP7131U Vehicle Make/Model: M/B H180
Insurance Company: China Taiping Policy No. PMPCSNW00053762100
Name of Registered Owner: Company/Individual Tan Aik Lin
ID of Registered Owner: Co Reg No: - Owner's NRIC No: S7604522D
Co Contact No: - Owner's Contact No: 81005338

DRIVER'S Name: Tan Aik Lin DRIVER'S NRIC No: S7604522D
DRIVER'S Date of Birth: 13 Feb 1976 DRIVER'S License Pass Date: 03 Nov 2001

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

DRIVER'S Address: BK 41 Yishun Street 51 H11-44 S (767995)

DRIVER'S Contact No. / Alt No.: 1) 81005338 2) -

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

Email Address: sunny.hhgme@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: Tan Aik Lin
Injured Name: -

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: GVT8488

Vehicle Reg No: XE3645 J

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**



J/20220103/7060

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20220103/7060

Date/Time Report Made 03/01/2022 22:11	Vide Report No.	Station Diary No.
Name Of Informant TAN AIK LIN	Address 41 YISHUN STREET 51 #11-44 SINGAPORE 767995	
ID Type / ID No. NRIC NO / S7604522D	Contact No. Home/Office: Mobile: 81005338	
Nationality SINGAPORE CITIZEN	Email Address SUNNY.HHGME@GMAIL.COM	
Occupation Sales and Operation Manager	Sex Male	Age 45
Institution/School Name	Date of Birth 13/02/1976	Race Chinese
Date/Time Of Incident 31/12/2021 11:40	Location Of Incident TUAS ROAD	

Brief details.

On the stated date and time, I was driving my vehicle SKP 7131U along the extreme right lane Tuas Road towards AYE when I had gradually come to a stop at the traffic light junction below Tuas Flyover.

I was stationary for quite awhile, waiting for traffic light to turn green, when suddenly, a huge impact hit my vehicle from the rear.

As I was caught off guard by the sudden jerk, my body lurched forward only to be restrained by the seat belt.

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: 03/01/2022 22:11
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220103/7060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220103/7060

I alighted to realise that I was involved in a 3 car chain collision involving:

SKP 7131U

GV7848B

XE3645J

where I was the first vehicle.

Initially, I was fine but later the same afternoon, I started feeling aches over my neck and chest areas.

The following morning, I also woke up with soreness over my lower back region as well.

The pain did not go away throughout the weekend and I decided to go to my company doctor at Unihealth Jurong East for treatment on 03/01/2022.

I was given 3 days MC for injuries caused by the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
03/01/2022 22:11

Classification Of Case:

11. Mar. 2021 12:16

THONG LEE TRADING PTE LTD



中国太平
CHINA TAIPING

No. 4477 P. 1
中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

N SN

AN0575A

Cov. Type:C

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 186)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00053762100

Engine No.: 27091030449469

Cha. No.: WDD1780422J298523

1. Index Mark and Registration
Number of Vehicle

SKP7131U

AUTOSAFE

=====

2. Name of Policy Holder

TAN AIK LIN

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

11/03/2021
(12:05:58)

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 >= 28 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

31/03/2022

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.: HONG LEONG FINANCE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 186) and Section 85 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 186) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By: THONG LEE TRADING PTE LTD
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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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