

NATIONAL Assessment Centre Services

Date In: 10/01/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI22000276/13	E-mail (w/da: 3hrs, AP: 2hrs)		
Veh No: SMS2053E	i-Motor Claim Form		
D.O.A: 07/01/22 1155	i-Motor W/O (Within: OL: 2hrs, TP: 4hrs)		
OD: TP Reporting Only	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: SLE7622R	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

NA2200091

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 date:	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	10/01/2022 12:27 (SGT)
Date of Accident	07/01/2022 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVE 2 TWDS BUKIT BATAOK EAST AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2053E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ANCIENT JADE CAPITAL(S)MANAGEMENT PTE LTD
Company Reg No	2XXXXX510C
Email Address	ru-fei@163.com
Mobile Phone No	(Phone) +65-94877758
Alternative Phone No	+65-94877758

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Panamera
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	3605

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00091632100
Cover Note Number	-

DRIVER

Name of Driver	RU FEI
Passport No/FIN	FXXXX544P

Date Of Birth	13/12/1974
Occupation	Indoor
Date Of Driving Pass	06/12/2018
Driving experience	3 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-94877758
Alt. Phone Number	-
Email Address	ru-fei@163.com
Address	343 UPP BUKIT TIMAH RD
Address complement	#09-02
Postcode	588196
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	RORY LIN
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLE7622R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-94591280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

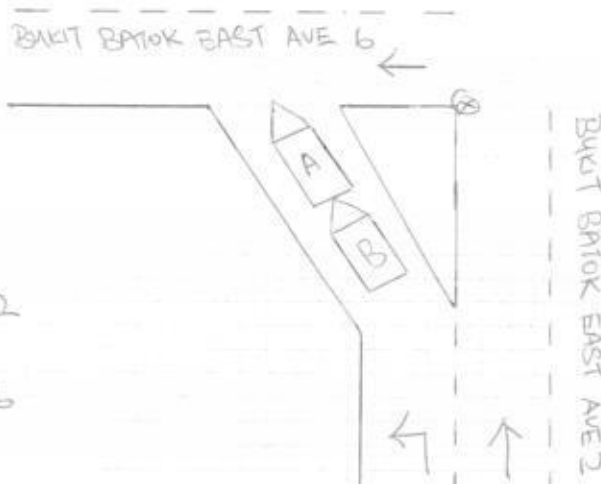
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



A: SMS 2053 E

B: SLE 7622 R

BUKIT BATOK EAST AVE 2

TOWARDS

BUKIT BATOK EAST AVE 6



Describe Circumstances of the Accident


ON THE STATED DATE AND TIME I WAS TRAVELLING ALONG
BUKIT BATOK EAST AVENUE 2 TOWARDS BUKIT BATOK EAST AVENUE 6. AS
I WAS STATIONARY AT THE SLIP ROAD OF AVENUE 2 WHILE WAITING
FOR THE MAIN ROAD VEHICLE TO CLEAR, I FELT AN IMPACT FROM
MY VEHICLE REAR. I GOT DOWN AND INSPECT, VEHICLE B HAD HIT
ONTO MY VEHICLE REAR.




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

 10/01/22
Witnessed by Reporting Centre Personnel

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

Location of Accident

07/01/2022 1155 hrs at Batek East Ave 2 towards Bt Batok East Ave 6

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number

SMS 2053E

Name of Policyholder

Ancient Jade Capital (S) Management Pte. Ltd

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

201829510C

Address

24 Lor. Telok #03-01 Spore 049036

Address

Contact Number

Tel:

Hp:

94877758

Email Address

RU-FEI@163.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Porsche Panamera

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks: TLP

Vehicle category

☐ Private Hire

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

China Taiping

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☒ No

Policy Number

0MPLSNW 00091632100

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver

RU FEI

NRIC/ FIN/ Passport

F2308544P

Date of Birth

13 DEC 1974

Occupation

INDOOR

Driving Pass Date

06 DEC 2018

Gender

☐ Male

☒ Female

Contact Number

Tel:

Hp:

94877758

Address

343 UPPER BUKIT TIMAH ROAD #09-02

Address

SPORE 588196

Email Address

RU-FEI@163.com

Was driver an employee of the Insured's Company?

☒ Yes

☐ No

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

2

(including Driver)

Please state Passenger Names:

Name:

RORY LIN

Gender: M

Name:

Gender:

Name:

Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Ambulance (Yes/ No)

Was any other vehicle(s) or property damaged?

☐ No

☒ Yes

Was there any video captured? (in-car camera in YOUR CAR)

☒ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

Motor Private Car

MX4F

N SN

AN0435A

Cov. Type C

CERTIFICATE OF INSURANCE
 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMPCSNW00091632100

Engine No.: B03636

Chs. No.: WPQZZZ97ZBL003029

 1. Index Mark and Registration
 Number of Vehicle

SMS2053E

2. Name of Policy Holder

ANCIENT JADE CAPITAL (S) MANAGEMENT PTE LTD

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

 05/05/2021
 (12:21:55)

Named Drivers Ex Sect. I

S\$3,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

4. Date of Expiry of Insurance

04/05/2022

* Age as at date of accident

EX ON WINDSCREEN

S\$350.00

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: YETTA INSURANCE AGENCY PTE LTD
 Authorised Officer


 Authorised Signatory

Vehicle Registration Details

Vehicle No. SMS2053E	Make/ Model PORSCHE/PANAMERA	Vehicle Scheme -
Current Propellant Petrol	Chassis No. WP0ZZZ97ZBL003029	Vehicle Type Passenger (Co) Company Car (Single Rate)

Owner's Details

Owner Name:

**ANCIENT JADE CAPITAL (S) MANAGEMENT
PTE. LTD.**

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

201829510C

Registered Address:

**24 LORONG TELOK #03-01 SINGAPORE
049036**

Mailing Address:

-

Birth Date:

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

05 May 2021

Original Registration Date:

22 Feb 2011

Registration Date:

22 Feb 2011

No. of Transfers:

2

IU Label No.:

1124111997

Vehicle Specifications

Engine No.:

B03636

Chassis No.:

WP0ZZZ97ZBL003029

Year of Manufacture:

2010

Primary Colour:

Black

CO₂ Emission:

-

CO Emission:

-

HC Emission:

-

NO_x Emission:

-

PM Emission:

-

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Printed on 23 Dec 2021 14:48:50

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