

NATIONAL Assessment Centre Services

SMG 221A0004

Date In: 10/01/2022 13:42	Job description	Date & Time Completed	Done by
Ref No: NBR/C7220002834	SAS e-filing		
Veh No: SLH 2834H	E-mail (within 3hrs. At 2hrs)		
DOA: 07/01/2022 18:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within 01. 2hrs. 1P 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: SMG 94022	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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI12: Idac Mobile \$0		
	10) NI11: TP (Non INC) against INC \$20		
	11) NI12: Idac Mobile \$0		
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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 13:42 (SGT)
Date of Accident	07/01/2022 18:30 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2934H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHENG XIN TRADING (S) PTE LTD
Company Reg No	2XXXXX354N
Email Address	careyburberry@gmail.com
Mobile Phone No	(Phone) +65-93843133
Alternative Phone No	(Office) +65-69803326

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00264482100
Cover Note Number	-

DRIVER

Name of Driver	FU ZHONGQIANG
Passport No/FIN	cXXXXXXXXXXXXXXXXXXXX.com

Date Of Birth	17/11/1986
Occupation	Outdoor
Date Of Driving Pass	01/08/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93843133
Alt. Phone Number	-
Email Address	careyburberry@gmail.com
Address	BLK 345 CLEMENTI AVENUE 5 #03-86
Address complement	-
Postcode	120345
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	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	STEVE LAI
Gender	Male

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/20220107/7046

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	SMG9402Z
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	FU ZHONGQIANG
Gender	Male
Phone No	(Phone) +65-93843133
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLH2934H
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.
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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' 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

[Signature]

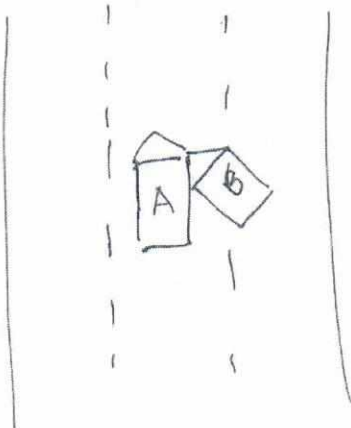
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature] 10/01/2022

Sketch Plan

Woodlands Ave 2 Towards
Woodland Ave 7



Vehicle A - SLH2934H

Vehicle B - SM69402Z

Describe Circumstances of the Accident

Refer to the police report no. L/2022 0107 / 7046.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 10/6/2022
Witnessed by Reporting Centre Personnel



Date of Accident : 07/01/2022 Accident Time: 1830hrs (24-HR-FORMAT)
Accident Place : Woodlands Ave 2 Towards Woodland Ave 7
Vehicle Reg. No (Car plate No.) : SLH 2934H Vehicle Make/Model: Toyota Altis
Insurance Company : China Taiping Policy No. DMPCSNW00264482100
Name of Registered Owner : Company / Individual Cheng Xin Trading (S) Pte Ltd
ID of Registered Owner : Co Reg No: 202030354N Owner's NRIC No: -
: Co Contact No: 6980 3326 Owner's Contact No: -
DRIVER'S Name : Fu Zhong Qiang DRIVER'S NRIC No: 66443449M
DRIVER'S Date of Birth : 17 Nov 1986 DRIVER'S License Pass Date 01 Aug 2014
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : Blk 345 Clementi Ave 5 # 03-86 Singapore 120345
DRIVER'S Contact No./ Alt No. : 1) 9384 3133 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : careyburberry@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): 02 Passenger Name: Steve Lai 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: Fu Zhong Qiang
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: <u>SMG 9402Z</u>	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: _____

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: _____



POLICE REPORT (NP299)

Report No. L/20220107/7046

Date/Time Report Made 07/01/2022 22:39	Vide Report No.		Station Diary No.
Name Of Informant FU ZHONGQIANG	Address 345 CLEMENTI AVENUE 5 #03-86 SINGAPORE 120345		
ID Type / ID No. FIN NO / G6443449M	Contact No.		
	Home/Office:	Mobile:	
		93843133	
Nationality CHINESE	Email Address CAREYBURBERRY@GMAIL.COM		
Occupation Sales Manager	Sex Male	Age 35	Date of Birth 17/11/1986
Institution/School Name	Race Chinese		
Date/Time Of Incident 07/01/2022 18:30	Language English		
	Location Of Incident WOODLANDS AVENUE 2		

The front portion of SMG9402Z crashed into the right portion of my vehicle as my vehicle rocked violently sideways.

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220107/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220107/7046

I knocked my right elbow and right knee against the driver's door as a result of the accident.

After the accident, I also started feeling aches and stiffness over my neck, right shoulder and lower back areas.

My passenger, Steve Lai, also complained that he suffered some injuries.

After we parted ways, the pain over my body got increasingly worse and as such, I proceeded to Intemedical Kovan, which was near to where I was, for treatment.

I was given 3 days MC.

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:
07/01/2022 22:39

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

N SN

AND472A

Cdy Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules 1987
Road Transport Act 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules 1959 (Malaysia)

CERTIFICATE No	DMPG5NW0264482100	Engine No	12RX593855
		Chs No	MRC53REH104559064
1. Index Mark and Registration Number of Vehicle	5LH2934H	AUTOSAFE	*****
2. Name of Policy holder	CHENG XIN TRADING (S) PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations (Ordinance or Enactment)	24/12/2021 (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
4. Date of Expiry of Insurance	23/12/2022	* Age as at date of accident	
		EX ON WINDSCREEN	S\$100.00
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		

B.3. Insurance 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 details at
CCL INSURANCE AGENCY PTE LTD

BLK 9006 TAMPINES ST 93
#01-198 SINGAPORE S28840
TEL 6344 9990 FAX 6342 9088 / 6344 75
CCL INSURANCE AGENCY PTE LTD

Issued By

Authorised Officer

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

杨西美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6489 6111

☎ 6222 0333

🌐 www.sg.cntaiping.com