

NATIONAL Assessment Centre Services SM08221 P0003

Date In: 25/1/22 15:23	Job description: SAS e-illing
Ref No: NBA/CT/22000879 T1	Date & Time Completed: 25/1/22 14:15
Veh No: SMY9149K	Done by: TP
DDA: 24/1/22 14:15	E-mail (within 14 days): TP
OD: TP Reporting Only	I-Motor Claim Form: TP
TP Insurer:	I-Motor W/O (Within 14 days): TP
	I-Photo Uploaded: TP
	Assessment/Survey Report: TP
	Ass't Report by Fax / Hand to Owner/Wkst: TP

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SPK7111L	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:-	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

NA2200421 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cal. 1: Cal. 2 / 3:	Invoice Preparation Checklist <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Ant. (\$)</th> <th>Ant. (\$)</th> </tr> <tr> <th>Est. Bill</th> <th>Add. Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2015)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idle DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td> * N5: Courtesy Car / Trip Allowance \$5</td> <td></td> </tr> <tr> <td> * N6: Repair Coordination \$10</td> <td></td> </tr> <tr> <td> * N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td> * N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td> * TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) NI2: Idle Mobile \$30</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	Ant. (\$)	Ant. (\$)	Est. Bill	Add. Bill	1) AR: Accident Reporting (\$30);		2) DA: Damage Assessment (\$100); INC (\$30)		3) TF: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) RT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (wef 10 Jan 2015)		6) TR: Re-inspection \$75		7) NI: Idle DA + SMRT Survey \$160		8) NTUC Additional Services:-		* N5: Courtesy Car / Trip Allowance \$5		* N6: Repair Coordination \$10		* N7: Post Repair Inspection \$25		* N8: DV / Collect Excess Coordination \$5		* TP (N11): TP (Non INC) against INC \$20		9) NI2: Idle Mobile \$30		Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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	25/01/2022 15:23 (SGT)
Date of Accident	24/01/2022 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9149K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG LAY CHING
NRIC No	SXXXX033J
Email Address	NLC_NLC@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91372020
Alternative Phone No	(Home) +65-91372020

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	1332

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00050192100
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON TIONG JONE
NRIC No	SXXXX268Z

Date Of Birth	15/06/1976
Occupation	Indoor
Date Of Driving Pass	30/07/2010
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97390889
Alt. Phone Number	-
Email Address	NLC_NLC@HOTMAIL.COM
Address	12 CANBERRA DRIVE
Address complement	#10-22
Postcode	768094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG LAY CHING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20220124/2122

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	SDK7111L
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	TAN BOON TIONG JONE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER
Injured person in which vehicle?	SMY9149K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2

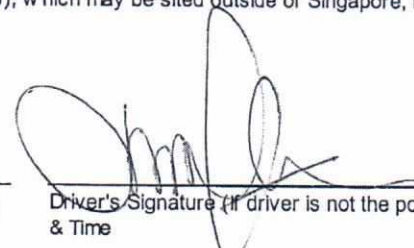
Name of injured person	NG LAY CHING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WHIPLASH
Injured person in which vehicle?	SMY9149K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

IMPORTANT NOTICE

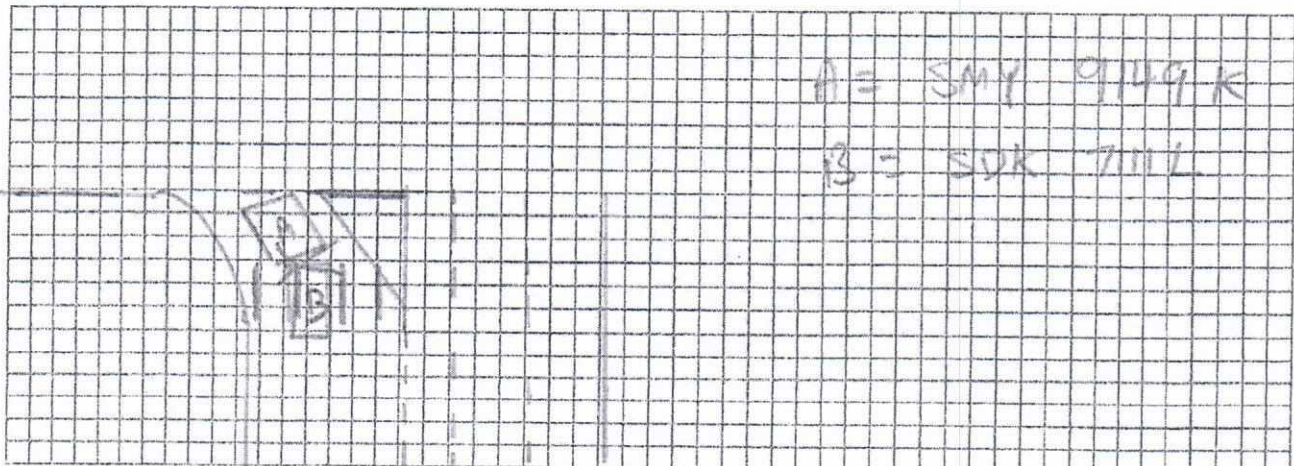
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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



Upper Serangoon Road.

- REFER TO POLICE REPORT -

We declare the foregoing particulars are true in every respect.

Pi

Driver's Signature (If driver is not the policyholder, the signature must be written in blue ink.)

by



**SINGAPORE
POLICE FORCE**



T/20220124/2122

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20220124/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2022 23:39	Vide Report No.: F/20220124/0109	Station Diary No.: 118
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Informant's Particulars			
Name of Informant: TAN BOON TIONG JONE		Address: 12 CANBERRA DRIVE #10-22 SINGAPORE 768094	
ID Type / ID No.: NRIC NO / S7618268Z		Contact No.: Home/Office: Mobile: 97390889	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 15/06/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PROPERTY EXECUTIVE		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/01/2022 14:15	Type of Location: Bend
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDK7111L	Car				Slightly Damaged	0
SMY9149K	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220124/2122

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20220124/2122

CONTINUATION OF REPORT

Driver				
Name	TAN BOON TIONG JONE		ID No.	S7618268Z
Related Vehicle	SMY9149K (Car)		Contact No.	97390889
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/01/2022		Date Discharge	24/01/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	NG LAY CHING		ID No.	S8783033J
Related Vehicle	SMY9149K (Car)		Contact No.	91372020
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/01/2022		Date Discharge	24/01/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the 24/01/2022 at around 1415hrs, I was travelling in my vehicle SMY9149K from Upper Serangoon road and I had enter the filtering lane turning into Upper Serangoon View. My vehicle was positioned at the give way line and I was checking for oncoming traffic on my right. However while my vehicle was in the filter lane I was hit in the rear by a vehicle bearing SDK7111L. My vehicle sensor engaged at the point of impact and prevented my vehicle from going forward.

I then got off my vehicle and the other young driver apologized to me saying he was looking for oncoming traffic and didn't see my vehicle. I tried asking for the young driver particulars but he refused to give it to me as such I called for the police. My wife was in shocked, giddy and in pain thus she couldn't get out of her seat, Ambulance came down to scene and conveyed my wife to Sengkang General Hospital. She suffered whiplash due to the accident and was given three days MC. I tried to report to the A&E at Sengkang General Hospital but as my was an non emergency case I was advised to see a GP clinic, Which I did so and gotten three days MC for pain in my shoulder due to the seatbelt and I was suffering a headache.

My vehicle suffered a mark on the right side of the rear bumper, The other vehicle suffered scratches on the front right side bumper, Cracks on the number plate and left front bumper. My vehicle has a front and back in-car camera installed but as i wasn't able to retrieve the footage at the accident my SD card was taken by Traffic police for investigation. The other vehicle has a front in-car camera installed and I heard from the Traffic police that he had gotten the footage already. The father of the young driver did came down to the accident site and wanted to settle privately but as my wife was injured I told him I would leave it to the police. None of the vehicles require towing and we both left the accident in our vehicle. I would be referring my vehicle to a reporting center tomorrow for a damage assessment. My last accident was in



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20220124/2122

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Report No. T/20220124/2122

CONTINUATION OF REPORT

08/12/2020.



**SINGAPORE
POLICE FORCE**



T/20220124/2122

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Report No. T/20220124/2122

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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
L /
Sgt 3 NG BOON WEE

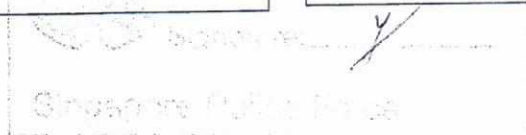
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD SYARIFUDDIN
MUHAMMAD AJMAIN
Contact No.: 65476367

Signature Of Informant:

Date/Time:
24/01/2022 23:39

Classification Of Case:



VEHICLE NO: SMY 9149 K

MAKE & MODEL: MERC GLB 200

AUTO / MANUAL

DATE OF ACCIDENT	24 / 01 / 2022	*C.C.
TIME OF ACCIDENT	14.15 AM / PM	
LOCATION OF ACCIDENT	UPPER SERANGLAN RD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	NG LAY CHING	
EMAIL	NLC_NLC@HOTMAIL.COM	Office: MOBILE 9137 2020
NRIC	S 8783033 J	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	CN TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSN W 00050192100	
NAME OF DRIVER	AS ABOVE / IF NO TAN BOON TIONG JONE	
NRIC	S 7618268 Z	
DATE OF BIRTH	15 / 06 / 1976	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	NG LAY CHING (F)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	30 / 07 / 2010	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9739 0889 Office: Home:	
EMAIL		
ADDRESS	12 CANBERRA DRIVE, #10-22, S (768094)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER	
RELATIONSHIP	Employee / If No HUSBAND & WIFE	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who? 1) DRIVER (M) 2) NG LAY CHING (F)	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	SDK 7111 L Any Passenger:	
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		



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

MX1E

E SN

AN0695A

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.

DMPCSNW00050192100

Engine No.: 28291480334919

Cha. No.: W1N2476872W056998

1. Index Mark and Registration
Number of Vehicle

SMY9149K

2. Name of Policy Holder

NG LAY CHING

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

10/03/2021
(00:00:00)

Named Drivers Ex Sect. I

SS\$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

* 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.

HIRE PURCHASE CO.: TECK WEI CREDIT PTE LTD

* 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

TECK WEI CREDIT PTE LTD or CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

Issued By: Lim Lee Choo

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

www.sg.cntaiping.com