

NATIONAL Assessment Centre Services

Date In: 27/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/CT22000948/13	SAS e-filing		
Veh No: SMUS217U	E-mail (Within 8hrs. Aft. 2hrs.)		
D.O.A: 22/01/22 1650	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: GBC8112T 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	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) NI: 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 \$0		
	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 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. 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	27/01/2022 10:17 (SGT)
Date of Accident	22/01/2022 10:50 (SGT)
Exact Location of Accident	1 Bukit Batok Cres, Singapore 658064
Additional Location Information	WCEGA PLAZA CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5217U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO XIN XIN
NRIC No	SXXXX855E
Email Address	selphk38@gmail.com
Mobile Phone No	(Phone) +65-98229991
Alternative Phone No	+65-98229991

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00156992101
Cover Note Number	-

DRIVER

Name of Driver	GREGORY TAN CHANG YOU
NRIC No	SXXXX824C

Date Of Birth	18/08/1989
Occupation	Indoor
Date Of Driving Pass	29/11/2012
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91701643
Alt. Phone Number	-
Email Address	selphk38@gmail.com
Address	894 UPP BUKIT TIMAH RD
Address complement	#04-28
Postcode	678188
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLS REFER TO THE POLICE REPORT:J/20220125/7014

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC8112T
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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

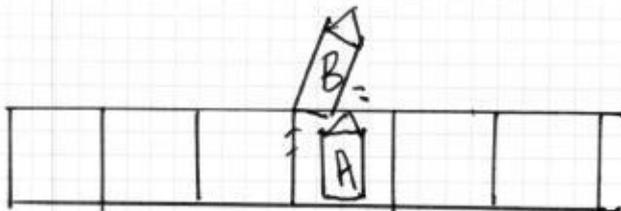

Driver's Signature (If driver is not the policyholder) / Date & Time

 27/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan

WCEGA PLAZA (BUKIT BATOK CRESCENT)

A. SMU5217U
B. GBC8112T



Describe Circumstances of the Accident

Refer to Police report: J/20220125/7014

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

x



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

 27/01/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



J/20220125/7014

1 of 2

POLICE REPORT (NP299)

Report No. J/20220125/7014

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

Date/Time Report Made 25/01/2022 11:23	Vide Report No.	Station Diary No.		
Name Of Informant GREGORY TAN CHANG YOU	Address 894 UPPER BUKIT TIMAH ROAD #04-28 SINGAPORE 678188			
ID Type / ID No. NRIC NO / S8947824C	Contact No. Home/Office:	Mobile: 91701643		
Nationality SINGAPORE CITIZEN	Email Address cybergtcy@gmail.com			
Occupation Sales supervisor	Sex Male	Age 32	Date of Birth 18/08/1989	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/01/2022 10:50 - 22/01/2022 11:00	Location Of Incident 894 UPPER BUKIT TIMAH ROAD #04-28 SINGAPORE 678188			

Brief details.

Hi Sir, i previously lodged a police report regarding this Hit & Run incident but have yet to get any notification from your side. My Vehicle Number is SMU5217U. Incident happened at 1 Bukiut Batok Crescent, Wcega Plaza Parking Basement (located at level 1). We have retrieved this accident evidence from my Car Dashcam installed in the car. My Vehicle was already parked and stationery since 9 in the morning. From the Dashcam Video, it was seen that my Car left side was hit by a Lorry while the Lorry Driver was reversing. While the Lorry Driver reverse and felt the impact hitting onto my left side of the car,

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: 25/01/2022 11:23
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220125/7014

the Lorry Driver then sped off. From the Dashcam video Footage, we are able to identify the license plate of the Lorry as "GBC 8112T". For the filing of the video and images as evidences, i have tried to upload to this portal but failed many times to be uploaded into your portal. Please Contact me for the video and images evidence. Thank you.

Subjects Involved			
Suspect			
Person Name	Unknown222		
Victim			
Person Name	GREGORY TAN CHANG YOU		
ID Type	NRIC NO	ID No	S8947824C
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Sales supervisor	Address	894 UPPER BUKIT TIMAH ROAD #04-28 SINGAPORE 678188
Mobile No	91701643	Is Informant A Victim?	Yes
Person Name	GREGORY TAN CHANG YOU (Informant)		

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: 25/01/2022 11:23
Officer In-Charge Of Case:	Classification Of Case:



HS AUTOMOTIVES PTE LTD

BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SMU5217U

MAKE/MODEL: Honda shuttle

DATE OF ACCIDENT

32 / 01 / 2022
DAY/MONTH/YEAR

TIME

10 HR

50 MIN

AM / PM

LOCATION OF ACCIDENT

wcega plaza (BUKIT BATOK CRESCENT)

EXACT PURPOSE USE DURING ACCIDENT

PARK

CAR OWNER

NAME OF CAR OWNER

HO XIN XIN

CONTACT NO

9822 9991

NRIC

S8631855E

CLAIM TYPE

OD

THIRD PARTY

REPORTING ONLY

INSURANCE COMPANY

CHINA TAIPING

TYPE OF COVERAGE

COMPREHENSIVE

THIRD PARTY

THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

AS ABOVE

IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

GREGORY TAN CHANG YOU

NRIC

S8947824C

NO OF PASSENGER/S

-

DATE OF BIRTH

18 AUG 1989

OCCUPATION

SELF-EMPLOYED

OUTDOOR

INDOOR

DATE OF DRIVING PASS

29 / 11 / 12

GENDER

MALE

FEMALE

CONTACT NO

91701643

ADDRESS

894 UPP BUKIT TIMAH ROAD #04-28 SG (678188)

DRIVER OWN ANY VEHICLE

NO

IF YES- REGISTRATION NO

RELATIONSHIP: EMPLOYEE/SPOUSE

SPOUSE

IF NOT:

WEATHER CONDITION

CLEAR

RAINING

OTHER: _____

ROAD SURFACE

DRY

WET

OTHER: _____

ANY INJURIES

NO IF YES- NAME: _____

CONTACT NO

POLICE REPORT

NO IF YES LOCATION: _____

VIDEO FOOTAGE

NO IF YES _____

3RD PARTY INFO

VEHICLE B NO

GBC8112T

NO OF PASSENGER/S

NAME

CONTACT NO

VEHICLE C NO

NO OF PASSENGER/S

VEHICLE D NO

NO OF PASSENGER/S

VEHICLE E NO

NO OF PASSENGER/S

VEHICLE F NO

NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

Motor Private Car

MX1F

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.

DMPCSNW00156992101

Engine No.: L1586021824

Cha. No.: GK82101564

1. Index Mark and Registration
Number of Vehicle

SMU5217U

AUTOSAFE

2. Name of Policy Holder

HO XIN XIN

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

17/08/2021
(00:00:00)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$3,000.00

Ex Sect. I - Age >= 26

\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

\$5100.00

4. Date of Expiry of Insurance

16/08/2022

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 tution 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.

HIRE PURCHASE CO. : HL BANK AS HP OWNER

* 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: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

Authorised Signatory