

NATIONAL Assessment Centre Services

Date In: 28/01/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI02000994/13	SAS e-filing		
Veh No: SJW5912X	E-mail (within 8hrs, A/C 2hrs)		
DOA: 27/01/22 1300	i-Motor Claim Form		
OD: (TP) 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: 5LX8891Z	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

NA02000280

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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 2005)		
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	\$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 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	28/01/2022 12:28 (SGT)
Date of Accident	27/01/2022 13:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY B4 BALESTIER RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5912X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG JUN SHENG
NRIC No	SXXXX630B
Email Address	jason.angoa@gmail.com
Mobile Phone No	(Phone) +65-83899628
Alternative Phone No	+65-83899628

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00200272100
Cover Note Number	-

DRIVER

Name of Driver	ANG JUN SHENG
NRIC No	SXXXX630B



Date Of Birth	29/10/1987
Occupation	Indoor
Date Of Driving Pass	15/05/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83899628
Alt. Phone Number	+65-83899628
Email Address	jason.angoa@gmail.com
Address	BLK 804 WOODLANDS ST 81
Address complement	#04-37
Postcode	730804
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEN YINGXI
Gender	Female

PASSENGER 2

Name	CHERVELLE ANG YUXUAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220127/7036

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	SLX8891Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE TZE WHYE
Contact Number	(Phone) +65-97599997
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	ANG JUN SHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW5912X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEN YINGXI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW5912X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	CHERVELLE ANG YUXUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJW5912X
Were seat belts worn?	-
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 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

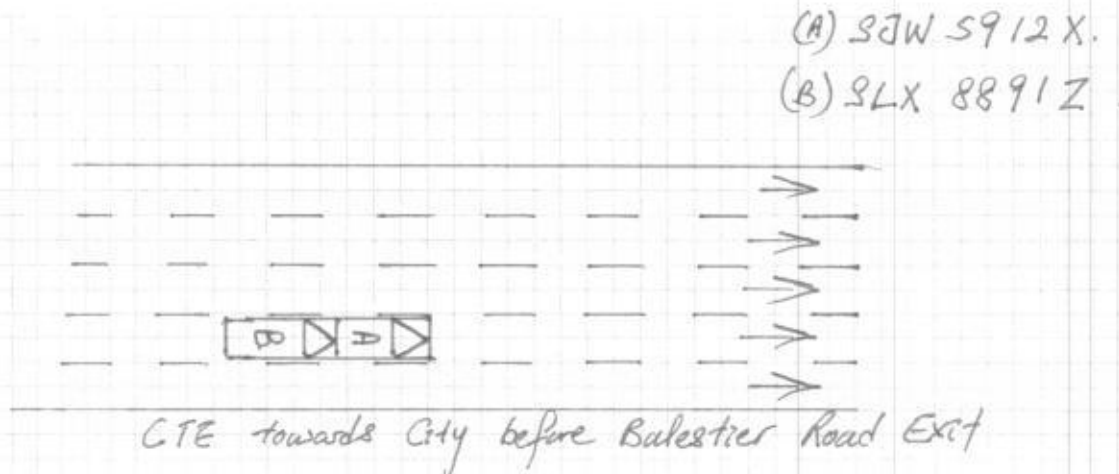
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Pls refer to Police Report NO:

7/20220127/7036.

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



28/01/22

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220127/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220127/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2022 17:44	Vide Report No.: A/20220127/0048	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: ANG JUN SHENG		Address: 804 WOODLANDS STREET 81 #04-37 SINGAPORE 730804	
ID Type / ID No.: NRIC NO / S8735630B		Contact No.: Home/Office: Mobile: 83899628	
Nationality: SINGAPORE CITIZEN		Email: JASON.ANGOA@GMAIL.COM	
Sex: Male	Age: 34	Date of Birth: 29/10/1987	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Financial derivatives dealer/broker		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2022 13:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJW5912X	Car	MERCEDES BENZ	C180K	Blue	Seriously Damaged	3
SLX8891Z	Car	HONDA	Shuttle	Silver	Seriously Damaged	3



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220127/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW5912X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		03/03/2021	02/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				
Name	ANG JUN SHENG	ID No.	S8735630B	
Related Vehicle	SJW5912X (Car)	Contact No.	83899628	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	CHERVELLE ANG YUXUAN	ID No.	T2006257B	
Related Vehicle	SJW5912X (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Passenger				
Name	CHEN YINGXI	ID No.	S8636507C	
Related Vehicle	SJW5912X (Car)	Contact No.	96225601	
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	27/01/2022	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20220127/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20220127/7036

CONTINUATION OF REPORT

Driver			
Name	LEE TZE WHYE	ID No.	S7714763B
Related Vehicle	SLX8891Z (Car)	Contact No.	97599997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Accident take place at the CTE highway towards orchard before Balestier Road Exit 7D. My vehicle is travelling on the 2nd Lane when two cars ahead of me Jammed brake because of a carton box sighted on the road. The car behind me did not brake in time, therefore causes the collision.



**SINGAPORE
POLICE FORCE**



T/20220127/7036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20220127/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
27/01/2022 17:44

Classification Of Case:

VEHICLE NO:	SJW 5912X		MAKE & MODEL:	Mer. C180K		AUTO / MANUAL
DATE OF ACCIDENT:	27/01/2022		CC:	1.6		
TIME OF ACCIDENT:	1300 HRS					
LOCATION OF ACCIDENT:	CTE towards City before Balestier Road Exit.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Ang Jun Sheng					
TEL NO:	H/P: 8389 9628		OFFICE:	HOME:		
NRIC:	88735630B					
ADDRESS:	BLK 804 Woodlands St 81 #04-37 (S) 730804					
EMAIL:	jason.angoa@gmail.com					
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO					
INSURANCE COMPANY:	Chera Tai Ping					
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPCSNW00200272100					
NAME OF DRIVER:	<input checked="" type="checkbox"/> AS ABOVE / <input type="checkbox"/> IF NO:					
NRIC:			ANY PASSENGER:	02 (F)		
DATE OF BIRTH:	29/10/1987		LICENCE PASSED DATE:	15/05/2009		
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:					
ANY INJURIES:	NO / <input checked="" type="checkbox"/> IF YES, WHO? ① Ang Jun Sheng (H/P: 8389 9628)					
NAME & CONTACT:	② Chen Ying Xi (H/P: 9622 5601)					
NAME & CONTACT:	③ Chervelle Ang Yuxuan					
POLICE REPORT:	NO / <input checked="" type="checkbox"/> IF YES, WHERE?		Traffic Police (Online)			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / <input checked="" type="checkbox"/> IF YES, WHO?					
VEHICLE B REG NO:	SLX 8891 Z		ANY PASSENGERS: 02 (F)			
NAME OF DRIVER:	LEE TZE WHEE		CONTACT NO: 9759 9997			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <input checked="" type="checkbox"/> NO						
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	JOSEPH TAN					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



Motor Private Car

MX1E

N SN

AN0730A

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.	DMPCSNW00200272100	Engine No.: 27191031302125 Cha. No.: WDD2040452A357997
1. Index Mark and Registration Number of Vehicle	SJW5912X	AUTOSAFE *****
2. Name of Policy Holder	ANG JUN SHENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	01/10/2021 (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 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	30/09/2022	
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.: RICARDO CARS 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ONE ASSURE PTE LTD
Authorised Officer


Authorised Signatory