

NATIONAL Assessment Centre Services

Date In: 08/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22002131/13	SAS e-filing		
Veh No: SNB325L	E-mail (within 3hrs. AP: 2hrs)		
D.O.A: 05/03/22 1410	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: SLK557SA 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

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	08/03/2022 10:24 (SGT)
Date of Accident	05/03/2022 14:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	VIVOCITY CARPARK EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB325L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CRYSTAL SEAFOOD PTE LTD
Company Reg No	2XXXXX621D
Email Address	c-weisheng@hotmail.com
Mobile Phone No	(Phone) +65-82137777
Alternative Phone No	+65-82137777

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
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	3598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00103602100
Cover Note Number	-

DRIVER

Name of Driver	SUN WEI
NRIC No	SXXXX216B

Date Of Birth	12/02/1983
Occupation	Indoor
Date Of Driving Pass	30/05/2013
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82137777
Alt. Phone Number	-
Email Address	c-weisheng@hotmail.com
Address	207 RIVER VALLEY RD
Address complement	#08-62
Postcode	238275
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	Side Swipe
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WANG YAHUI
Gender	Female

PASSENGER 2

Name	SUN XIJIN
Gender	Male

PASSENGER 3

Name	SUN XIAOEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20220306/7011

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	SLK5575A
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	SUN WEI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SORENESS OVER MY NECK,BACK AND RIGHT WRIST
Injured person in which vehicle?	SNB325L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	WANG YAHUI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLES ACHES
Injured person in which vehicle?	SNB325L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SUN XIJIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLES ACHES
Injured person in which vehicle?	SLK5575A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 4



Name of injured person	SUN XIAOEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLES ACHES
Injured person in which vehicle?	SNB325L
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.
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

shym 08/03/22

Witnessed by Reporting Centre Personnel

Sketch Plan

VIVOCITY CARPARK
EXIT



VEH A SNB325L
VEH B SLK5575A

Describe Circumstances of the Accident

REFER TO POLICE REPORT : D/20220306/7011

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

08/03/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



D/20220306/7011

1 of 2

POLICE REPORT (NP299)

Report No. D/20220306/7011

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 06/03/2022 12:15	Vide Report No.	Station Diary No.
Name Of Informant SUN WEI	Address 207 RIVER VALLEY ROAD #08-62 SINGAPORE 238275	
ID Type / ID No. NRIC NO / S8369216B	Contact No. Home/Office:	Mobile: 82137777
Nationality CHINESE	Email Address GOV.WILLIAMSUNWEI@GMAIL.COM	
Occupation Director	Sex Male	Age 39
Institution/School Name	Date of Birth 12/02/1983	Race Chinese
	Language English	
Date/Time Of Incident 05/03/2022 14:10	Location Of Incident SENTOSA GATEWAY	

Brief details.

On the stated date and time, I was driving my vehicle SNB325L exiting Vivo City via Sentosa Gateway.

My wife Wang Yahui and 2 sons Sun Yijing and Sun Xiaoen were on board my vehicle as passengers and all four of us were belted.

I was on the left of 2 lanes of the carpark exit. SLK5575A was on the right of 2 lanes also waiting to exit the carpark.

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: 06/03/2022 12:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220306/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220306/7011

After making sure that there were no more oncoming traffic along Sentosa Gateway, I proceeded to make a left turn onto the the left-most lane of Sentosa Gateway.

When I had just started making said left turn, a huge impact hit my vehicle's rear, resulting in my vehicle jerking forwards.

I alighted to realise that the front left portion SLK5575A had hit onto the rear right portion of my vehicle as the driver had made too sharp a turn.

I believe that the accident was caused by the driver of SLK5575A looking to the right for oncoming traffic when he accelerated without checking in front.

The next morning, my wife and kids complained of muscle aches when they woke up.

I too felt soreness over my neck, back and right wrist areas.

Hence, we proceeded to Intemedical Potong Pasir for treatment and were given 3 days MC each.

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:
06/03/2022 12:15

Classification Of Case:

Date of Accident : 05032022 Accident Time: 1410 (24-HR-Format)
Accident Place : VIVOCTY CARPARK EXIT
Vehicle No. (Car Plate No.) : SNB325L Make/Model: PORSCHE CAYENNE V6
Insurance Company : CHINA TAIPING Policy No: DHPCSNW00103602100
Owner or Company Name /IC No. : CRYSTAL SEAFOOD PTE LTD
Owner or Company Contact No. : 8213 7777 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : SUN WEI /S8369216B
DRIVER'S Date Of Birth : 12031983 DRIVER'S License Pass Date 30052013
Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
DRIVER'S Address : 201 RIVER VALLEY RD #08-62 238275
DRIVER'S Contact No./ Alt No. : 1) 8213 7777 2) _____
DRIVER'S Occupation : INDOOR\OUTDOOR (e.g. working inside or outside office)
Email Address : C-WEISHENG@HOTMAIL.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): 04

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle. No: SLK 5575A

Vehicle. No: _____

Vehicle Make \Model: TOYOTA ALTIS

Vehicle Make \Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Wang Yahui 02/01/1983 F

Sun Xijin 24/09/2013 M

San Xiaoen 20/08/2015 M

07/03/22

waiting police report

Motor Private Car

MX4F

E SN

AN0420A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNW00103602100

Engine No.: D05475

Cha. No.: WP1ZZZ92ZDLA07842

1. Index Mark and Registration
Number of Vehicle

SNB325L

2. Name of Policy Holder

CRYSTAL SEAFOOD PTE LTD

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment06/07/2021
(00:00:00)

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

* 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.

HIRE PURCHASE CO.: SWEET SENG 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

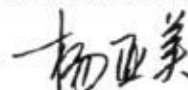


Issued By:

Lim Lee Choo

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory