

# NATIONAL Assessment Centre Services *2008224B0002*

Date In: <i>11/04/2022 16:15</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/CT/20032014</i>	SAS e-filing		
Veh No: <i>SLK 8868K</i>	E-mail (within 2hrs. Ab. 2hrs.)		
DOA: <i>08/04/2022 15:00</i>	i-Motor Claim Form		
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within 2hrs. Ab. 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: <i>8KS 3806S</i>	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

<i>NA200966</i>	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80);			
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45			
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120			
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30			
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)			
<b>Int. 1:</b>	6) TR: Re-inspection \$75			
<b>Int. 2/3:</b>	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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 \$30			
	Invoice dated	Fee Charged		
	Receipt 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	11/04/2022 16:15 (SGT)
Date of Accident	08/04/2022 15:00 (SGT)
Exact Location of Accident	Upper Cross St, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8868K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHOW CHEE FOONG, PAUL(ZHOU ZHIFENG, PAUL)
NRIC No	SXXXX855G
Email Address	paulchow_x@yahoo.com
Mobile Phone No	(Phone) +65-91091978
Alternative Phone No	+65-91091978

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220d
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	1950

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00017122200
Cover Note Number	-

#### DRIVER

Name of Driver	CHOW CHEE FOONG, PAUL(ZHOU ZHIFENG, PAUL)
NRIC No	SXXXX855G



Date Of Birth	08/12/1978
Occupation	Indoor
Date Of Driving Pass	04/10/2005
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91091978
Alt. Phone Number	+65-91091978
Email Address	paulchow_x@yahoo.com
Address	BLK 271D PUNGGOL WALK #03-549
Address complement	-
Postcode	824271
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	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	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

REFER TO POLICE REPORT T/20220409/7019

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS3806S
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)	*****	-

## 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

Sketch Plan

UPPER CROSS STREET CARPARK

Witnessed by Reporting Centre Personnel

11/04/2022

A - SLK 8868K

B - SKS3806S



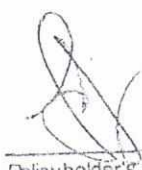


Describe Circumstances of the Accident

Refer police report no: T/20220409/7019

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

  
11/04/2022  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20220409/7019

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

1 of 3

Report No. T/20220409/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/04/2022 12:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOW CHEE FOONG, PAUL			Address: 271D PUNGGOL WALK #03-549 SINGAPORE 824271		
ID Type / ID No.: NRIC NO / S7837855G			Contact No.: Home/Office: Mobile: 91091978		
Nationality: SINGAPORE CITIZEN			Email: paulchow_x@yahoo.com		
Sex: Male	Age: 43	Date of Birth: 08/12/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2022 15:00	Type of Location: Car Park
Location:  UPPER CROSS STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS3806S	Car	BMW	520i	Silver		0
SLK8868K	Car	MERCEDES BENZ	E220D	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220409/7019

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Report No. T/20220409/7019

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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK8868K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	Dmpcsnw00017122 200	07/01/2022	08/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	CHOW CHEE FOONG, PAUL		ID No.	S7837855G
Related Vehicle	NIL		Contact No.	91091978
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.**

My car slk8868k was parked at honglim carpark 4b lot 404. Vehicle sks3806s hit my car right bumper and wheel at 3pm while reversing into lot 403 which was on my right side. Shortly after the accident he drove off. The footage was captured by my in-car camera.





**SINGAPORE  
POLICE FORCE**



T/20220409/7019

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Report No. T/20220409/7019

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

**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 /  
KASMAWATI BTE SAMIAN  
Contact No.: 65476368

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

Date/Time:  
09/04/2022 12:48

Classification Of Case:

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08 / 04 / 2022 (dd/mm/yy) Time of Accident: 15 : 00 ( 24-HR-FORMAT)

Vehicle No.: SLK8868K Vehicle Make & Model: BMW 520i

\*Transmission : ☐ Manual ☒ Auto \*C.c : 1950

Exact location of Accident: UPPER CROSS STREET CARPARK

Policyholder's Name: CHOW CHEE FOONG PAUL NRIC/FIN/REG No.: S7837855G

\*Policyholder's email address : PAULCHOW\_X@YAHOO.COM

Driver's Name: CHOW CHEE FOONG PAUL NRIC/FIN/REG No.: S7837855G

\*Driver's email address : PAULCHOW\_X@YAHOO.COM

Driver's Contact No.: 91091978 Company Contact No (If any): \_\_\_\_\_

Date of birth: 08/12/1978 Driving Pass Date: 04/10/2005

Driver's Address: BLK 271D PUNGGOL WALK, #03-549, SINGAPORE (824271)

Insurance Company: CHINA TAIPING

Policy No.: DMPCSNW00017122200 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other HIT & RUN

Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver): 0

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE

### The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKS3806S

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



**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)

N SN  
AN0596A  
Cov. Type:C

CERTIFICATE No.	DMPCSNW00017122200	Engine No.: 65492080032495	Cha. No.: WDD2130042A066576
1. Index Mark and Registration Number of Vehicle	SLK8868K	AUTOSAFE =====	
2. Name of Policy Holder	CHOW CHEE FOONG PAUL		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	07/01/2022 (00:00:00)	Named Drivers Ex Sect. I	SS\$750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS\$3,000.00
		Ex Sect. I - Age >= 26	SS\$500.00
4. Date of Expiry of Insurance	08/05/2023	* 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.			
<p>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.</p>			
6. Limitations as to use:*			
<p>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 SS\$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.</p>			

HIRE PURCHASE CO. : OCBC BANK LTD

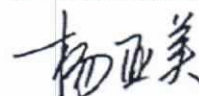
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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: ..... AUTO ZOOM CREDIT PTE LTD .....  
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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN08224B0002 Vehicle Registration No: SLK 8868K

Name (as shown in NRIC): CHOW CHEE FOONG, PAUL NRIC/FIN/Passport No: S7837855G

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: BLK 217D PUNGGOL WALK, #03-549 Singapore ( 824271 )

Contact (Tel): \_\_\_\_\_ Mobile No.: 91091978

Email Address: PAULCHOW\_X@YAHOO.COM

Date of Accident: 08/04/2022 Time of Accident: 15:00


Place of Accident: UPPER CROSS STREET

Insurance Company: CHINA TAIPING

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND VEHICLE MAKE & MODEL : MERCEDES E220D

  
Policyholder / Driver's Signature  
Date:

 12/04/2022  
Reporting Centre Personnel's Signature  
Name: ROSE LIAW  
NRIC/FIN No.: 2021 120103  
Date: