

# NATIONAL Assessment Centre Services: (wef 1 Jan'08) SNR822620001

Date In: 07/06/2022 10:46	Job description	Date & Time Completed	Done by:
Ref No: N88/CT122005239/4	SAS e-filing		
Veh No: SBQ 212J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/05/2022 23:15	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: Vch No: SEE 51864	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 5616)	Date & Time Completed
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000]: ( )	

Injury: _____	
Date/Time	Actions

NA2201517	Invoice Preparation Checklist:	Int'l (S)	Car (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damage Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N3: 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: Idao 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	02/06/2022 10:46 (SGT)
Date of Accident	30/05/2022 23:15 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	CUSTOM
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBQ2112J
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHEE SIANG
NRIC No	SXXXX485B
Email Address	creativetattoo.1133@gmail.com
Mobile Phone No	(Phone) +65-91810369
Alternative Phone No	+65-91810369

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
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	1984

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00122272201
Cover Note Number	-

### DRIVER

Name of Driver	TAN CHEE SIANG
NRIC No	SXXXX485B

Date Of Birth	12/02/1980
Occupation	Indoor
Date Of Driving Pass	27/06/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91810369
Alt. Phone Number	+65-91810369
Email Address	creativetattoo.1133@gmail.com
Address	BLK 211C PUNGGOL WALK #11-657
Address complement	-
Postcode	823211
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DEVISON TAN JUN XIU
Gender	Male

#### PASSENGER 2

Name	DENISON TAN JUN BIN
Gender	Male

#### PASSENGER 3

Name	CLAUDIA TAN HUI ENN
Gender	Female

#### PASSENGER 4

Name	TAN SHU LING
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 OWNER
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKE5186H
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

Sketch Plan

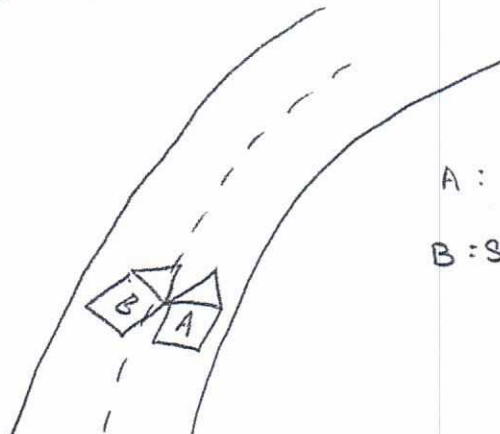
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

*John Curzon*

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

A : SBQ 2112J

B : SRE 5186H



On 30 MAY 2022 At 23.15 pm. I was traveling into JOHOR CUSTOM.

Suddenly vehicle B (SKE 5186H) cut into my lane and collided onto my vehicle (SBQ 2112J) front LH side.

WE HAVE VIDEO.

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

Witnessed by Reporting Centre  
Personnel



Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 05 / 2022 (dd/mm/yy) Time of Accident: 23 : 15 (24-HR-FORMAT)  
Vehicle No.: SB Q3112J Vehicle Make & Model: AUDI A6  
\*Transmission: ☐ Manual ☒ Auto \*C.C.: 3.0  
Exact location of Accident: JOMOR CUSTOM  
Policyholder's Name: TAN CHEE SIANG NRIC/FIN/REG No.: S8004485B  
\*Policyholder's email address: creativeTattoo.1133@gmail.com  
Driver's Name: TAN CHEE SIANG NRIC/FIN/REG No.: S8004485B  
\*Driver's email address: creativeTattoo.1133@gmail.com  
Driver's Contact No.: 91810369 Company Contact No (if any): -  
Date of birth: 12-02-1980 Driving Pass Date: 27 JUN 2006  
Driver's Address: APT BLK 211C PUNGOL WALK #11-657 S (823211)  
Insurance Company: CHINA TAIPING  
Policy No.: DMPCSNW00122272201 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 SWA  
Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver: 5  
\*Passanger Name: DENISON TAN JUN XIU / DENISON TAN JUN BIN Gender: Male / Female  
\*Passanger Name: CLAUDIA TAN HUI ENN / TAN SHU LING 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: -

The Other Party (S) Details:

1. Driver's Name / IC No: - Vehicle No: SB 3NE 5186 H  
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: - Contact No: -



Motor Private Car

MX1E

R SN

BR0050A

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.

DMPCSNW00122272201

Engine No.: CDN404101

Cha. No.:WAUZZZ4G7EN114951

1. Index Mark and Registration  
Number of Vehicle

SBQ2112J

AUTOSAFE  
=====

2. Name of Policy Holder

TAN CHEE SIANG

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

28/05/2022  
(00:00:00)

Named Drivers Ex Sect. I S\$750.00

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

27/05/2023

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. : 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: SEA & LAND INSURANCE BROKERS PTE  
Authorised Officer

Authorised Signatory