

**NATIONAL Assessment Centre Services:** [wef 1 Jan'08] **8N0822670001**

Date in: 15/06/2022 13:04	Job description	Date & Time Completed	Done by
Ref No: N188/C1122005668/Y	SAS e-filing		
Veh No: SNC 4283C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/05/2022 15:30	i-Motor Claim Form		
OD : TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Vch No: SLG 8843C INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: Time: ( )

Confirmed by: ( )

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury :

Date/Time	Actions

**N182201670**

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Auditors' Comments:

t. 1:

t. 2 / 3:

Invoice Preparation Checklist		Am (S)	Am (S)
Item	Amount	Bill	Hand 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) FT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2005)			
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	\$30		
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	15/06/2022 13:04 (SGT)
Date of Accident	14/05/2022 15:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC4283S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR CHOICES 2 PTE LTD
Company Reg No	2XXXXX987N
Email Address	bermudez.julio@gmail.com
Mobile Phone No	(Phone) +65-88090584
Alternative Phone No	+65-88090584

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1332

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00012452100
Cover Note Number	-

#### DRIVER

Name of Driver	BERMUDEZ JULIO STEVEN
Passport No/FIN	GXXXX217N

Date Of Birth .....	17/12/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	14/08/2021
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88090584
Alt. Phone Number .....	-
Email Address .....	bermudez.julio@gmail.com
Address .....	29 KEPPEL BAY VIEW #30-88
Address complement .....	-
Postcode .....	098417
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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? .....	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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLG8843C
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' law yers/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' law yers/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 law yers/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

BUKIT TIMAH ROAD

Witnessed by Reporting Centre Personnel

15/06/2022



Vehicle A : SNC42835

Vehicle B : SLH8843C



**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG BUKIT TIMAH ROAD. FRONT VEHICLE HAS STOPPED. I FOLLOW SUIT. A FEW SECONDS LATER,

FRONT VEHICLE STATED TO MOVED OFF, I MOVED FORWARD TOO. OUT OF SUDDEN, FRONT VEHICLE STOP ABRUPTLY. I

COULDN'T BRAKE MY VEHICLE ON TIME AND SLIGHTLY TOUCH FRONT VEHICLE REAR PORTION.

**Declaration**

I/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

15/06/2022



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

Date of Accident: 14 / 05 / 2022 (dd/mm/yy) Time of Accident: 15 : 30 ( 24-HR-FORMAT)  
Vehicle No.: SNC4283S Vehicle Make & Model: MERCEDES GLB200  
\*Transmission : ☐ Manual ☒ Auto \*C.c : 1332  
Exact location of Accident: BUKIT TIMAH ROAD  
Policyholder's Name: SG CAR CHOICES 2 PTE LTD NRIC/FIN/REG No.: 201701987N  
\*Policyholder's email address : BERMUDEZ.JULIO@GMAIL.COM  
Driver's Name: BERMUDEZ JULIO STEVEN NRIC/FIN/REG No.: G3424217N  
\*Driver's email address : BERMUDEZ.JULIO@GMAIL.COM  
Driver's Contact No.: 88090584 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 17/12/1984 Driving Pass Date: 14/08/2021  
Driver's Address: 29 KEPPEL BAY VIEW, #30-88, SINGAPORE (098417)  
Insurance Company: CHINA TAIPING  
Policy No.: DMHCSNW00012452100 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 \_\_\_\_\_  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 1  
\*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' 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: SLG8843C  
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



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

### 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

AN0687A

Cov. Type: C

CERTIFICATE No.	DMHCSNW00012452100	Engine No.: 28291480149029 Cha. No.: W1N2476872W149029
1. Index Mark and Registration Number of Vehicle	SNC4283S	AUTOSAFE *****
2. Name of Policy Holder	SG CAR CHOICES 2 PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20/10/2021 (00:00:00)	Excess Sect. I . \$S2,000.00 Excess Sect. I (Outside Singapore) \$S4,000.00 Excess Sect. II \$S2,000.00 Excess Sect. II (Outside Singapore). \$S4,000.00 EX ON WINDSCREEN . \$S100.00
4. Date of Expiry of Insurance	19/10/2022	
5. Persons or Classes of Persons entitled to drive*		

6. Limitations as to use:

\* 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: CREDENCEL INSURANCE AGENCY  
Authorised Officer

杨亚美

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



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 987N

### Vehicle Details

Vehicle No.: SNC42835  
Vehicle to be Exported: Yes  
Intended Deregistration Date: 13 Jun 2022  
Vehicle Make: MERCEDES BENZ  
Vehicle Model: GLB200 AMG LINE PREMIUM AUTO  
Primary Colour: White  
Manufacturing Year: 2021  
Engine No.: 28291480621526  
Chassis No.: W1N2476872W149029  
Maximum Power Output: 120.0 kW (160 bhp)  
Open Market Value: \$38,821.00  
Original Registration Date: 20 Oct 2021  
First Registration Date: 20 Oct 2021  
Transfer Count: 0  
Actual ARF Paid: \$46,350.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 19 Oct 2031  
PARF Rebate Amount: \$34,762.00

### Intended COE Rebate Details

COE Expiry Date: 19 Oct 2031  
COE Category: B - Car above 1600cc or 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$61,001.00  
COE Rebate Amount: \$48,800.00  
Total Rebate Amount: \$83,562.00

The information contained herein is correct as at 13 Jun 2022

OK

**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:**

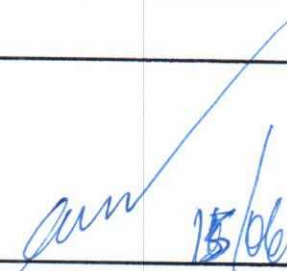
Original Report No: SN08226F0001 Vehicle Registration No: SNCK2835  
Name (as shown in NRIC): BERMUDEZ JULIO STEVEN NRIC/FIN/Passport No: GXXXX 217N1  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 88290584  
Email Address: \_\_\_\_\_  
Date of Accident: 14/05/2022 Time of Accident: 15:30  
Place of Accident: Bukit Timah Road  
Insurance Company: Cheong Tin Pines

**(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:

- ① Should BE Reporters only
- ② MODRL should BE GUB200

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: