

NATIONAL Assessment Centre Services

340822B10003

Date In: 01/11/2022 16:25	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C92220/0849/	E-mail (whole lot, A/C etc):		
Val No: NCC 93600	E-Motor Claim Form:		
D.O.A: 31/10/2022 19:30	E-Motor W/O (whole lot, A/C etc):		
QC: 79. Reporting Only	E-Photo Uploaded:		
TC: 79. Reporting Only	Assessment/Survey Report:		
	Asst Report by Fax: Hand to Owner/Whom:		

Preferred Wksp / INC Assgn Wksp / GW:	Tel:	Fax:
TP Particulars: Yeh No: SLN 30062	INC () / Non-INC ()	
Owner / Driver ()	Tel:	
Policy No ()	Period ()	Cover Type ()
Confirmed by ()	Date:	Time:
Ins -> Driver Liability ()	11) (Note: Use Status (WC) - N 0-20% F-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 reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Draw-In () Towed-In () ; Invoice: YES () / NO () Towing Cost ()

Remarks: () INC Hotline: 6788-6619 ; Damage Claim 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: Action:

<p>N/A2203065</p> <p>TP Particulars:</p> <p>Owner / Driver:</p> <p>Contact No:</p> <p>Damaged Part(s):</p> <p>Checked by (Engr-In-Charge):</p> <p>Remarks:</p> <p>QC:</p> <p>TC:</p>	Invoice Preparation Checklist	
	1) AR - Accident Reporting (330)	INC (330)
	2) DA - Damage Assessment (310)	INC (310)
	3) TP - Towing Fee (500)	500
	4) PF - Follow-Through Survey (330)	330
	5) PF - Follow-Through Survey (Resurvey) (330)	330
	6) TR - Transportation (330)	330
	7) NR - No Report (330)	330
	8) NTUC / National Termination (330)	330
	9) DM - Damage Mitigation (330)	330
10) DM - Damage Mitigation (330)	330	
11) DM - Damage Mitigation (330)	330	
12) DM - Damage Mitigation (330)	330	
13) DM - Damage Mitigation (330)	330	
14) DM - Damage Mitigation (330)	330	
15) DM - Damage Mitigation (330)	330	
16) DM - Damage Mitigation (330)	330	
17) DM - Damage Mitigation (330)	330	
18) DM - Damage Mitigation (330)	330	
19) DM - Damage Mitigation (330)	330	
20) DM - Damage Mitigation (330)	330	



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 Actual 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	01/11/2022 16:25 (SGT)
Reported by	Both
Date of Accident	31/10/2022 19:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY) BEFORE ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9360U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HE SHUPING MATTHEW
NRIC No	SXXXX794D
Email Address	fionaxbqbq@gmail.com
Mobile Phone No	(Phone) +65-88222202
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00124602202

DRIVER

Name of Driver	MAK CHOOI MAN
NRIC No	SXXXX748J
Date Of Birth	13/11/1989
Occupation	Indoor

Date Of Driving Pass	01/11/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83839283
Alt. Phone Number	-
Email Address	fionaxbqbq@gmail.com
Address	BLK 639 ANG MO KIO AVENUE 6 #06-5049
Address complement	-
Postcode	560639
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GIDEON HI QI FENG
Gender	Male

PASSENGER 2

Name	GLADYS HO CAI JING
Gender	Female

PASSENGER 3

Name	MAK CHEE SANG
Gender	Male

PASSENGER 4

Name	JUKISIN SIDUN
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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN3006Z
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 MAK CHOOI MAN
Gender Female
Phone No (Phone) +65-83839283
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNC9360U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GIDEON HI QI FENG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNC9360U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person GLADYS HO CAI JING
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SNC9360U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	MAK CHEE SANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC9360U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	JUKISIN SIDUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC9360U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

A: SNC 9360 U

B: SLN 3006 Z

CTE (city) before

Amk Ave 1

Describe Circumstance of the Accident

I was travelling straight along CTB (City)
before Amk Ave 1, out of sudden, I felt
an impact from my vehicle rear portion, when
I got down I realise vehicle (b) collided onto
my vehicle.

Declaration

I/We declare the foregoing particulars are true in every respect.

fr

Policyholder's Signature / Date & Time

fr

Driver's Signature (if driver is not the policyholder) / Date

01/11/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 31/10/22 Accident Time: 1930 (24-HR-FORMAT)
 Accident Place : CIE (City) before Amf Ave
 Vehicle Reg. No (Car plate No.) : SNC9360U Vehicle Make/Model: Audi A4
 Insurance Company : china taipeng Policy No. DMPCSNW001246022
 Name of Registered Owner : Company / Individual He shuping, matthew
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 59005794D
 : Co Contact No: _____ Owner's Contact No: 88222202
 DRIVER'S Name : MaK-chooi man DRIVER'S NRIC No: 58983748J
 DRIVER'S Date of Birth : 13/11/1989 DRIVER'S License Pass Date 01/11/2018
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 639 Ang Mo Kio Ave 6 #06-5049 S(560639)
 DRIVER'S Contact No./ Alt No. : 1) 8383 9283 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : fionaxbqba@gmail.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): 5 Name & Gender: 2 male 3 female
 Was the accident reported to the police? YES \ NO
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any injuries, if yes (name of the injured person) driver and passenger

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLN3006Z</u>	Vehicle Reg No: _____
Vehicle Make/Model: <u>1</u>	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

GIDEON HO QI FENG - MALE
 GLADYS HO CAI JING - FEMALE
 MAK CHEE SONG - MALE
 JUKISIN SIDUN - FEMALE



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 Private Car

MX1E

R SN

AN0450A

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.

DMPCSNW00124602202

Engine No.: CDH047542

Chassis No.: WAUZZZ8K19A220453

1. Index Mark and Registration
Number of Vehicle

SNC9360U

AUTOSAFE

2. Name of Policy Holder

HE SHUPING MATTHEW

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

18/06/2022
(00:00:00)

Named Drivers Ex Sect. I S\$1,500.00
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

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.: DICKSON CAPITAL PTE LTD AS HP OWNER

* 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: INXPIRE N SOLUTIONS
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

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