

Date: 28/11/2022 Ref: NA/CT122011926/a4 Title: SMX2752U Date: 27/11/2022 1710 Page: 0 Reporting Only IP Number:	Description: SAS e-filing E-mail: <a href="mailto:sas@sho-uk.com">sas@sho-uk.com</a> E-Motor Claim Form E-Motor W/O (Owner of 2nd IP4)rep i-Photo Uploaded Assessment/Survey Report Ass't Report by <u>Fax / Hand to Owner/Wksp</u>	Page(s) Done/Completed: 1/1 Done by:
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Preferred Wksp / INC Assign Wksp / QW. ( )		Tel: ( ) ( ) ( )		Fax: ( ) ( ) ( )	
IP Particulars:		Veh No. <u>EU851813</u>		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 ( )			

( ) 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] ( )		

[illegible]

NA2203336		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting	(\$30).		
		2) DA : Damage Assessment	(\$100), INC (\$80)		
Driver/Owner		3) TF : Towing Fee	\$40/\$45		
		4) FT : Follow-Through Survey	\$120		
Contact No.		5) RT : Follow-Through Survey (Resurvey)	\$30		
		For Claiming against INC Only (wef 19 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection	\$75		
		7) N1 : Idsc DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		Q1:			
		*N5: Courtesy Car / Tpt Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
Auditors' Comments :-		LP (N11) : TP (N-on INC) against INC	\$20		
Cat 1		9) N12: Hsc Mobile	30		
Cat 2-3		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		



VEHICLE NO: Smy 2752 UMAKE & MODEL: KONDA SHUTLEAUTO/MANUAL C.C. I.S.

DATE OF ACCIDENT	<u>27 / 11 / 22.</u>		C.C. <u>I.S.</u>
TIME OF ACCIDENT	<u>1710.</u> AM/PM		
LOCATION OF ACCIDENT	<u>275 BUKIT BATOK EAST AVE 4. CHINA</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE <u>PARKED.</u>		
NAME OF OWNER	<u>TAN DI XIAN, WINSTON (CHEN DIXIAN).</u>		
EMAIL	<u>WINSTONTANDIXIAN@gmail.com</u>	OFFICE:	MOBILE: <u>86522002.</u>
NRIC	<u>S8605677A.</u>		
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO?		
INCURENCE CO.	<u>CN TAIYING.</u>		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>DMPCSNW00001832201.</u>		
NAME OF DRIVER	AS ABOVE / IF NO: <u>G.</u>		
NRIC	<u>G.</u>		
DATE OF BIRTH	<u>05 / 02 / 85.</u>		
ANY PASSENGER	YES / NO: <u>Nobody IN VEHICLE</u>		
NAME OF PASSENGER	<u>-</u>		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	<u>23 / 01 / 06.</u>		
GENDER	<u>MALE / FEMALE</u>		
CONTACT NO.	Mobile: <u>86522002</u> Office: Home:		
EMAIL	<u>WINSTONTANDIXIAN@gmail.com</u>		
ADDRESS	<u>257 JURONG EAST ST 24 #06-427 S(600257).</u>		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: <u>-</u>		
RELATIONSHIP	Employee / If No: <u>SELF.</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes, Who?		
CONTACT NO.			
ROLICE REPORT	No / If yes, Where? <u>TP HQ.</u>		
NOTICE OF INTENDED PROSECUTION?	<u>No</u> / If yes, Who?		
VEHICLE B NO.	<u>EU 8518 B</u>	Any Passenger: <u>UNSURE.</u>	
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
WHO IS REPORTING	<u>DRIVER/ OWNER/ BOTH</u>		
Original Language Used	<u>English/ Mandarin/ Others:</u>		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		



# 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	28/11/2022 16:44 (SGT)
Reported by	Both
Date of Accident	27/11/2022 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	275 BUKIT BATOK EAST AVENUE 4 CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2752U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN DI XIAN, WINSTON (CHEN DIXIAN)
NRIC No	SXXXX677A
Email Address	WINSTONTANDIXIAN@GMAIL.COM
Mobile Phone No	(Phone) +65-86922002
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00001832201

### DRIVER

Name of Driver	TAN DI XIAN, WINSTON (CHEN DIXIAN)
NRIC No	SXXXX677A
Date Of Birth	05/02/1986
Occupation	Indoor

Date Of Driving Pass	23/01/2006
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86922002
Alt. Phone Number	-
Email Address	WINSTONTANDIXIAN@GMAIL.COM
Address	257 JURONG EAST STREET 24 #06-427
Address complement	-
Postcode	600257
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

PLEASE REFER TO ATTACHED REPORT

#### 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	EU8518B
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)	-

#### WITNESS DETAILS

##### WITNESS 1

Name	JACE
Phone	(Phone) +65-88198369
Email	-



## 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 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 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.

*[Signature]*

*[Signature]* 28/11/2022

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




Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT.

I WISH TO ADD ON THAT I AM NOT  
SURE HOW VEN B HIT ONTO MY VEHICLE AS I WAS  
NOT THERE.

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

28/11/2022

Witnessed by Reporting Centre Personnel





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/11/2022 21:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN DI XIAN, WINSTON			Address: 257 JURONG EAST STREET 24 #06-427 SINGAPORE 600257		
ID Type / ID No.: NRIC NO / S8605677A			Contact No.: Home/Office: Mobile: 86922002		
Nationality: SINGAPORE CITIZEN			Email: WINSTONTANDIXIAN@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 05/02/1986	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Tuition centre owner			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: 27/11/2022 17:10	Type of Location: Car Park
Location:  BUKIT BATOK EAST AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMX2752U	Car	HONDA	Shuttle	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX2752U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000018 32201	04/01/2022	03/01/2023





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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	TAN DI XIAN, WINSTON	ID No.	S8605677A
Related Vehicle	NIL	Contact No.	86922002
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.

I am the car owner. I saw a note on my windscreen left behind by a helpful witness who saw the accident. According to him, an uncle driving a Nissan Sunny hit my front left bumper while parking his vehicle. That vehicle's number is EU8518B, a green Nissan Sunny.



**SINGAPORE  
POLICE FORCE**



T/20221127/7041

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

3 of 3

Report No. T/20221127/7041

**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:  
27/11/2022 21:30

Classification Of Case:



Hi, Car Owner of Smx 2752U  
front bumper

I saw your car, was hit by

EU 8518 B, Nissan Sunny. Dark green

colour. While you parked your car

behind BIK 275 Bukit Batok East

ave 4. I can be your witness.

88198369. my name is Jace.

Your front <sup>left side</sup> bumper got the scratches.

At around 5-10pm 27/11/22.





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

MX1F

R SN

AN0695A

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.	DMPCSNW00001832201	Engine No.: L15B6023254 Cha. No.: GK82102759
1. Index Mark and Registration Number of Vehicle	SMX2752U	AUTOSAFE =====
2. Name of Policy Holder	TAN DI XIAN, WINSTON (CHEN DIXIAN)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	04/01/2022 (00:00:00)	Named Drivers Ex Sect. I \$S\$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
4. Date of Expiry of Insurance	03/01/2023	
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\$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. : TECK WEI 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: \_\_\_\_\_  
TECK WEI CREDIT PTE LTD  
Authorised Officer

**TECK WEI CREDIT PTE LTD**  
Co. Reg. No. 200512300K For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
210 Turf Club Road  
The Grandstand, Lot A8  
Singapore 287995  
Tel: 6465 0020 Fax: 6465 0017  
Email: info@teckwei.com.sg

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