

NATIONAL Assessment Centre Services (Ref: 1/2/2022) **SM0822C70003**

Date In: 15/12/2022 11:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NP301C77220/27361	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SMH 49490	I-Motor Claim Form		
D.O.A: 06/12/2022-12/00	I-Motor W/O (Whins: QD 2hrs, TP 1hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whins		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: TDJ 6160 INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) (Note: Ltd Status (WO): 10-0-2011, P: 21-79%, P: 30-100%)		
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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC Tolling: 0788 0616)	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

N/A2203476 Important Particulars: Owner/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: Date:	Invoice Preparation Checklist		AMULET
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	Resurvey Fee (TP Only) (2022)		
	6) TR: Re-inspection	\$75	
	7) NI: Inc DA + SMRT Survey	\$140	
	8) NTUC Additional Services:		
OD:			
*NS: Courtesy Car / Tps Allowance	\$5		
*NS: Repair Coordination	\$75		
*NT: Post Repair Inspection	\$25		
*NT: DV / Collect Excess Coordination	\$5		
TP (Mark TP (Non-INC) against INC	\$50		
9) 24/7 Line Monitor	\$0		
Invoice total	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 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	15/12/2022 11:48 (SGT)
Reported by	Both
Date of Accident	06/12/2022 12:00 (SGT)
Exact Location of Accident	Bayfront Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH4949D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOH ENG SENG (SU YONGCHENG)
NRIC No	SXXXX852F
Email Address	yongcheng27@hotmail.com
Mobile Phone No	(Phone) +65-92999907
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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	1991

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00112572202

DRIVER

Name of Driver	SOH ENG SENG (SU YONGCHENG)
NRIC No	SXXXX852F
Date Of Birth	27/04/1983
Occupation	Outdoor

Date Of Driving Pass	29/11/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92999907
Alt. Phone Number	-
Email Address	yongcheng27@hotmail.com
Address	3 VAUGHAN ROAD
Address complement	-
Postcode	358077
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQJ6560
Vehicle Category	Private car

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 POLICE REPORT T/20221206/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQJ6560
Vehicle Manufacturer	Ford
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LE THANH AN
Contact Number	(Phone) +60-145255381
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 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.

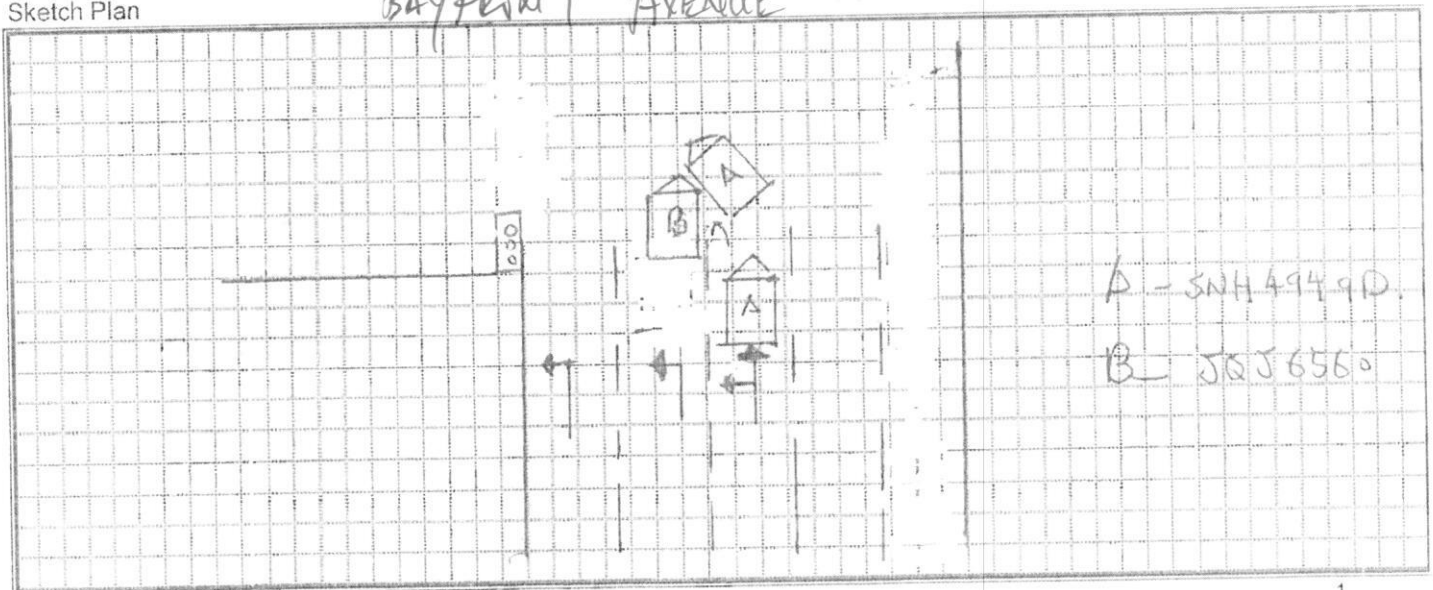
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BAYLEAF AVENUE





Describe Circumstance of the Accident

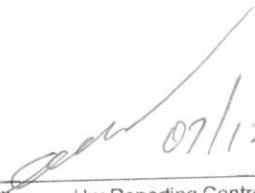
AS PER POLICE REPORT T/2221206/2028

Declaration

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


Policyholder's Signature / Date & Time


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

 07/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221206/7028

1 of 3

Report No. T/20221206/7028

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2022 14:49		Vide Report No.: A/20221206/0073		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH ENG SENG			Address: 187A BEDOK NORTH STREET 4 #16-32 SINGAPORE 461187		
ID Type / ID No.: NRIC NO / S8312852F			Contact No.: Home/Office:		Mobile: 92999907
Nationality: SINGAPORE CITIZEN			Email: yongcheng27@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 27/04/1983	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2022 12:00	Type of Location: T-Junction
Location: BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JQJ6560	Car	FORD	Ford	Black	Slightly Damaged	4
SNH4949D	Car	MERCEDES BENZ	Mercedes Benz C200	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221206/7028

2 of 3

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

Report No. T/20221206/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JQJ6560	Kunia		06/12/2022	10/05/2023
SNH4949D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001125 72202	06/12/2022	10/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	SOH ENG SENG		ID No.	S8312852F
Related Vehicle	NIL		Contact No.	92999907
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 was driving on bayfront ave turning left towards sheares bridge.
I was on the 3rd lane which can turn left or go straight, so i was turning left towards sheares bridge when the vehicle on my left move straight at me instead of turning left thus the vehicle crashed into my passenger side. For the junction at bayfront ave turning left towards sheares bridge the first 2 lane on the left side of the road can only turn left and cannot go straight.

I was on the 3rd lane which can either turn left or go straight and the vehicle which crashed into my car was on the second lane which indicates that lane is only for turning left but he went straight instead, thus the accident happened.

Video of my car cam has been sent to IO ken (9627 2083)



**SINGAPORE
POLICE FORCE**



T/20221206/7028

3 of 3

Report No. T/20221206/7028

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 /
LEE GUANG HUI
Contact No.: 65476423

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

Date/Time:
06/12/2022 14:49

Classification Of Case:

Date of accident: 6/12/2022 Time: 1200H
Location of accident: JONG BAYFRONT AVENUE

M

Details of Own Vehicle

Vehicle Number: SNH49490 Make/Model: MERCE C200
Insurer: CHINA TAIPIING Passenger (incl. Driver): 1
Policy No: DMPC3NW00112572202 Policy Type: C/TPET/TPO

Policyholder

Name: SOH ENG SENG NRIC/FIN no: S8312852F
Contact no.: 92999907

Driver

Name: SOH ENG SENG NRIC/FIN no: S8312852F
Contact no.: 92999907 D.O.B: 29/4/1983
Email: YONGCHENG27@HOTMAIL.COM Occupation: SGLD.
Address: BIK 187A BEOOK NORTH ROAD STREET 4 #16-32 S(461187)
Driving pass date: 29/11/2022 Relationship with Policyholder: OWNER

General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Injuries: Yes/No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

Details of Third party

Vehicle B

Vehicle C

Vehicle no.:	SQJ6560	
Driver name:	LE THANH AN	
NRIC/ FIN no.:	+60.145255381	
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Detail of Witness

Witness 1

Witness 2

Name: _____
Contact no.: _____

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/

driver

Workshop: _____

Signature: _____



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

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)

MX1E

E SN

AN0509A

Cov. Type C

CERTIFICATE No.	DMPCSNW00112572202	Engine No.: 27492030190370 Cha. No. WDD2050422F029995
1. Index Mark and Registration Number of Vehicle	SNH4949D	AUTOSAFE *****
2. Name of Policy Holder	SOH ENG SENG (SU YONGCHENG)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/07/2022 (00.00.00)	Named Drivers Ex Sect. 1 \$5750.00 Additional Ex Other than Named Drivers: Ex Sect. 1 - Age <= 25 \$53,000.00 Ex Sect. 1 - Age >= 26 \$5500.00 * Age as at date of accident EX ON WINDSCREEN \$5100.00
4. Date of Expiry of Insurance	10/05/2023	
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 \$51,000 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. : MAYBANK 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: NITA 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

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

27 Jul 2022

Our ref 2707220203N061125451

SOH ENG SENG (SU YONGCHENG)
APT BLK 187A BEDOK NORTH STREET 4
#16-32
SINGAPORE 461187



Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SLS7538C
With SNH4949D**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SLS7538C, now has the number SNH4949D.

The vehicle details after the transaction are:

Transaction No. : 20220727125346908471
Vehicle Registration No. : SNH4949D (Previously SLS7538C)
Vehicle Make : MERCEDES BENZ
Vehicle Model : C200 AVANTGARDE (R17 LED SR)
Chassis No. : WDD2050422F029995
Engine No./ Motor No. : 27492030190370 / -

What You Need To Do:

- You must show the new number SNH4949D on your vehicle by 30 Jul 2022.

Please change the number plates on this vehicle to show SNH4949D by 30 Jul 2022. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!