

NATIONAL Assessment Centre Services (part 1 of 2) *SX0828140006*

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: <i>01/01/2023 17:30</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NBA/CT1230001071</i> | SAS e-filing | | |
| Veh No: <i>SMV 3808Y</i> | E-moll (within 3hrs, A/C 2hrs) | | |
| D.O.A: <i>03/01/2023 18:20</i> | I-Motor Claim Form | | |
| OD: <i>TP</i> / Repeating Only | I-Motor W/O (within: OD 2hrs, TP 3hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

Preferred Wksp / INC Asson Wksp / GW: ()

TP Particulars: Veh No: *CBF-6560K* INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Filer: ()

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 repeller.

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

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC 10/10/2018: 0783/0010)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NBA2300087

| Invoice Preparation Checklist | Amount | Amount Paid | Balance |
|---|--------|-------------|---------|
| 1) AR: Accident Reporting (\$30) | | | |
| 2) DA: Damage Assessment (\$100) | | | |
| 3) TP: Towing Fee (\$10/\$40) | | | |
| 4) PT: Follow-Through Survey (\$150) | | | |
| 5) FT: Follow-Through Survey (Resurvey) (\$50) | | | |
| Excluding the above INC Only Fee of 10 (for 2023) | | | |
| 6) TR: Re-inspection (\$75) | | | |
| 7) NI: New DA + SMRT Survey (\$140) | | | |
| 8) NTUC Additional Services | | | |
| GR: | | | |
| *NI: Courtesy Car / Tot Allowance | \$5 | | |
| *NI: Repair Coordination | \$10 | | |
| *NI: Post Repair Inspection | \$30 | | |
| *NI: DV / Collect Excess Coordination | \$5 | | |
| *TP (R1): TP (INC) against INE | \$10 | | |
| *TP (R1): TP (INC) against INE | \$10 | | |
| 55 NI 12/12/2023 Month | | | |
| (in place dated) | | | |
| Fee Charged | | | |

Checked by (Engr-In-Charge):

Comments:

2/3

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 | 04/01/2023 17:30 (SGT) |
| Reported by | Both |
| Date of Accident | 03/01/2023 18:20 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMV3808Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN JUNWEN, BENJAMIN |
| NRIC No | SXXXX766I |
| Email Address | benjamin_tan632@hotmail.com |
| Mobile Phone No | (Phone) +65-91874076 |
| 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 | DMPCSNW00033412200 |

DRIVER

| | |
|----------------|----------------------|
| Name of Driver | TAN JUNWEN, BENJAMIN |
| NRIC No | SXXXX766I |
| Date Of Birth | 16/05/1990 |
| Occupation | Indoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 13/07/2009 |
| Driving experience | 13 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91874076 |
| Alt. Phone Number | - |
| Email Address | benjamin_tan632@hotmail.com |
| Address | 4 CHOA CHU KANG GROVE #06-10 |
| Address complement | - |
| Postcode | 688239 |
| 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 | Collision - Head to Rear |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

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) | 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 | - |

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/20230104/7023

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 | GBE6560K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | TAN JUNWEN, BENJAMIN |
| Gender | Male |
| Phone No | (Phone) +65-91874076 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMV3808Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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

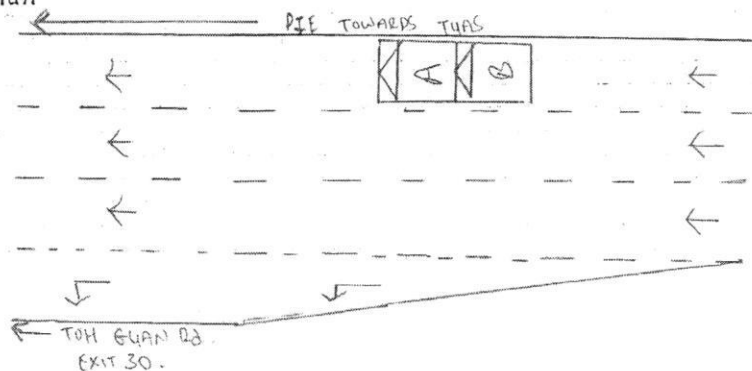
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH A: SMV 3808Y

VEH B: GBE 65 60K

Describe Circumstances of the Accident

Refer to Police Report: T | 20230104 | 7023

Car will be repairing at. C.S. ONG AUTO PTE LTD.

Declaration

We declare the foregoing particulars are true in every respect.

Be

Policyholder's Signature / Date &
Time

Be

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

08/01/2023
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230104/7023

1 of 3

Report No. T/20230104/7023

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/01/2023 15:30

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
TAN JUNWEN, BENJAMIN

Address:
4 CHOA CHU KANG GROVE #06-10 SINGAPORE 688239

ID Type / ID No.:
NRIC NO / S90167661

Contact No.:
Home/Office: Mobile: 91874076

Nationality:
SINGAPORE CITIZEN

Email:
BENJAMIN_TAN632@HOTMAIL.COM

Sex: Age: Date of Birth:
Male 32 16/05/1990

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Marketing executives

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
03/01/2023 18:20

Type of Location:
Straight Road

Location:

PIE TOWARDS TUAS BEFORE TOH GUAN RD EXIT

Weather:
After rain wet road

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------------------------------------|-------|----------|-------|
| SMV3808Y | Car | AUDI | A4 1.8 TFSI MU ATTRACTIO N | Blue | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20230104/7023

2 of 3

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

Report No. T/20230104/7023

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMV3808Y | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW000334 12200 | 26/01/2022 | 25/01/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------|----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | TAN JUNWEN, BENJAMIN | | ID No. | S9016766I |
| Related Vehicle | SMV3808Y (Car) | | Contact No. | 91874076 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | 05 | Degree of | Serious |

Brief Details.

On the stated date and time, I was driving SMV3808Y along PIE towards Tuas before Toh guan exit when I had gradually come to a stop due to traffic conditions.

Moments after coming to a complete stop, a massive impact hit my vehicle's rear.

I was caught completely by surprise by the unexpected impact. My body lurched forward and was restrained by my seat belt as a result.

Upon alighting I realised that vehicle number GBE6560K collided onto my vehicle rear portion .

The next following morning, I woke up with aches over my neck, shoulders, chest, lower back and wrists.

I sought treatment at UNIHEALTH 24 HR CLINIC Jurong East and was given 5 days mc .



**SINGAPORE
POLICE FORCE**



T/20230104/7023

3 of 3

Report No. T/20230104/7023

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:
04/01/2023 15:30

Classification Of Case:

Date of Accident : 8/01/2023 Accident Time: 1820pm (24-HR-FORMAT)
Accident Place : P1E TOWARDS TUNIS Before TOH GUAN Rd Exit.
Vehicle Reg. No (Car plate No.) : SMV 3808Y Vehicle Make/Model: AUDI A4. 1.5A
Insurance Company : CHINA TAIPING Policy No. DMR3NW000334/2200
Name of Registered Owner : Company / Individual TAN JUNWEN, BENJAMIN
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S9016766I
: Co Contact No: _____ Owner's Contact No: 9187 4076
DRIVER'S Name : TAN JUNWEN, BENJAMIN DRIVER'S NRIC No: S9016766I
DRIVER'S Date of Birth : 16/05/1990 DRIVER'S License Pass Date 13 Jul 2009
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 4 CHOA CHU KANG GROVE. #06-10. S(688239).
DRIVER'S Contact No./ Alt No. : 1) 9187 4076 2) _____
DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
Email Address : benjamin_tan632@hotmail.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): 1 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES NO Any Injuries: YES NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particulars (if any)

| | |
|----------------------------------|-------------------------------|
| Vehicle Reg No: <u>GBE 6560K</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____ | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |



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

MAKE

N SN

ANC067A

Car Type G

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 195)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1969
(Road Transport Act, 1987 (Singapore))
Motor Vehicles (Third Party Risks) Rules, 1993 (Malaysia)

CERTIFICATE No.

DMPCSM400303412200

Engine No. CJE115052

Chassis No. WAUJ2Z28K1FA183998

1. Index Mark and Registration Number of Vehicle

SMV308Y

AUTOSHIELD

00000000

2. Name of Policyholder

TAN JUN WEN BENJAMIN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Conditions or Endowment

25/01/2022

(00 00 00)

Named Drivers Ex Sect. 1

\$1750.00

Additional Ex Other than Named Drivers

\$61,000.00

Ex Sect. 1 - Age <= 25

\$1500.00

Ex Sect. 1 - Age >= 26

\$1500.00

* Age as at date of accident

EX ON WINDSCREEN

\$100.00

4. Date of Expiry of Insurance

25/01/2023

5. Person(s) Category 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, taxi, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than business in connection with any trade or business or use for any purpose in connection with the Motor Trade. Unless otherwise 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 in our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO - HI BANK

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 195) and Section 35 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 195) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

By CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By AUTOSHIELD PTE LTD
Authorised Officer

杨西美
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384C)
#3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6789 9111

☎ 6222 1033

🌐 www.sg.cntaiping.com

IMPORTANT NOTICE

If you sell your motor vehicle this NOTICE is IMPORTANT
And MUST be complied with

Purchasers are informed under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 195) that the seller must give notice to the insurer of the sale of the vehicle within 14 days of the date of sale. Failure to do so may result in the insurer refusing to pay any claim arising from the sale of the vehicle.

It is further advised that on the sale of a motor vehicle, the seller must give notice to the insurer of the sale of the vehicle within 14 days of the date of sale. Failure to do so may result in the insurer refusing to pay any claim arising from the sale of the vehicle.

The policy will remain in force until the policy period has expired or the policy has been cancelled. The policy will remain in force until the policy period has expired or the policy has been cancelled.

杨西美

2022年1月25日 16:00:00 (新加坡时间) 16:00:00 (新加坡时间) 16:00:00 (新加坡时间)