

# NATIONAL Assessment Centre Services

Date In 10/01/2023	Job description	Date & Time Completed	Done by
Ref No NA/LT123000340/d4	SAS e-filing		
Veh No SMH 4713D	E-mail (within 8hrs. Aft 2hrs)		
DOA 09/01/2023	i-Motor Claim Form		
OD/ TP Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XD 3137P	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 ( )	

**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)	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

NA2300103

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n) INC against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date:	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	10/01/2023 17:47 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 13:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DEFU LANE 4 TOWARDS DEFU AVENUE 2 BESIDE SIM JOO HUAT ( S539407)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH4713D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SIEW YIN
NRIC No	SXXXX585J
Email Address	dylan_chensiwei@hotmail.com
Mobile Phone No	(Phone) +65-96619497
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180k
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	1597

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00082912202

### DRIVER

Name of Driver	CHEN SI WEI
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Occupation .....	Indoor
Date Of Driving Pass .....	02/11/2009
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92250999
Alt. Phone Number .....	-
Email Address .....	dylan_chensiwei@hotmail.com
Address .....	813A CHOA CHU KANG AVENUE 7
Address complement .....	# 13-551
Postcode .....	681813
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Collided into Parked Vehicle
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-F/20230109/7069

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YD2127D
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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) .....	-



## SKETCH PLAN

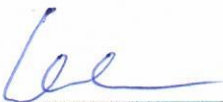
### IMPORTANT NOTICE


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:

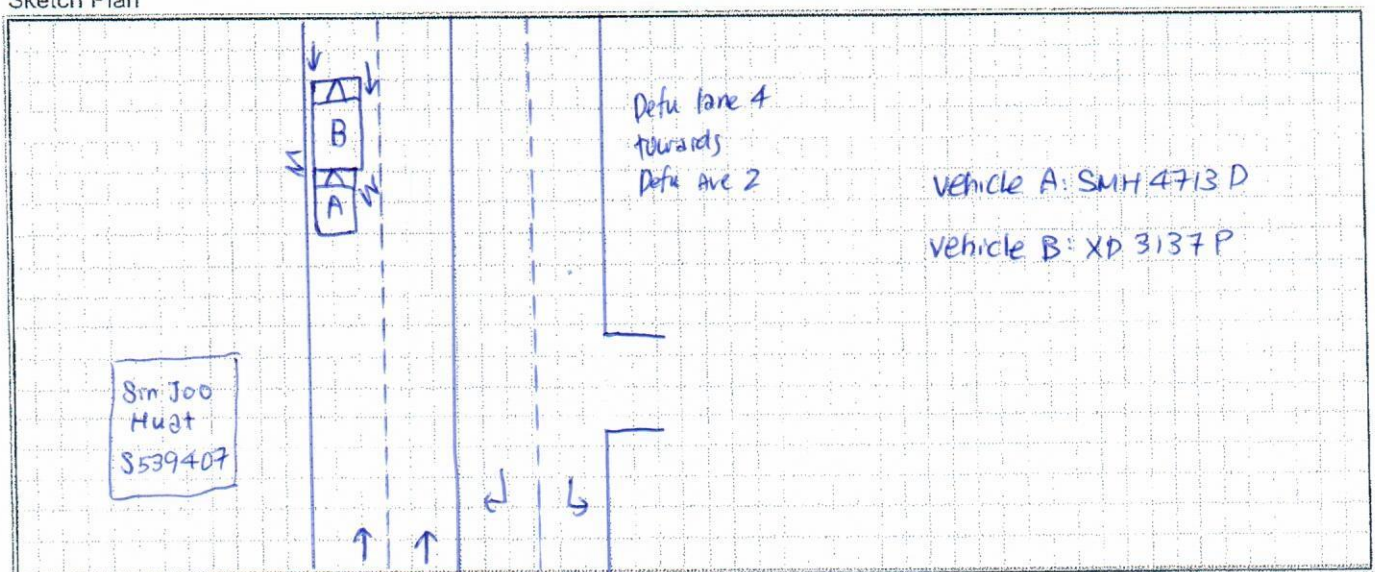
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

  
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

As per police Report

Report No : F/20230109/7069

Declaration

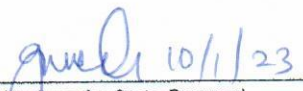
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

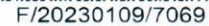


Driver's Signature (if driver is not the policyholder) / Date & Time



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





Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 09/01/2023 16:55	Vide Report No.	Station Diary No.		
Name Of Informant CHEN SIWEI	Address 813A CHOA CHU KANG AVENUE 7 #13-551 SINGAPORE 681813			
ID Type / ID No. NRIC NO / S9011119A	Contact No. Home/Office:	Mobile: 92250999		
Nationality SINGAPORE CITIZEN	Email Address DYLAN CHENSIWEI@HOTMAIL.COM			
Occupation Human resource consultant (excluding executive search consultant)	Sex Male	Age 32	Date of Birth 28/03/1990	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/01/2023 13:10 - 09/01/2023 14:00	Location Of Incident 2 DEFU LANE 4 DEFU INDUSTRIAL ESTATE SINGAPORE 539407			

on 09 January 2023 My Car (SMH4713D) Mercedes Benz 1,6L Kompressor was parked outside of my office from 9a.m and i was alert my car being hit&run by a Mitsubishi Fuso Truck : XD3137P at around 1.50p.m but the truck did not stop nor leave any note on my car. Hence i have withdraw CCTV footage from my factory and noticed the plate number of the truck and the footage where the truck have banged onto my car and did not have any intention to leave note or be responsible of what he did, but he just

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2023 16:55
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230109/7069

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20230109/7069**

drove off.

At this point , there is a witness who witnessed this case too.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2023 16:55
Officer In-Charge Of Case:	Classification Of Case:



VEHICLE NO: SMH 4713D	MAKE & MODEL: Mercedes C180	AUTO / MANUAL
DATE OF ACCIDENT	09 / 01 / 2023	CC: 1-6
TIME OF ACCIDENT:	1307 HRS	
LOCATION OF ACCIDENT:	Defu lane 4 towards Defu Ave 2 beside Sim Joo Huat S539407	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Lee Siew Ym	
TEL NO:	H/P: 9661 9497	OFFICE: HOME:
NRIC:	S1333585J	
ADDRESS:	Apt BIK 178 Lompang Road #24-28 S 670178	
EMAIL:	DYLAN_CHENSIWEI@HOTMAIL.COM	
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO	
INSURANCE COMPANY:	China Tarping	
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	DMPCSNW00082912202	
NAME OF DRIVER:	AS ABOVE / IF NO: Chen Si Wei	
NRIC:	S9011119A	ANY PASSENGER: N/A
DATE OF BIRTH:	28 / 03 / 1990	LICENCE PASSED DATE: 02 / 11 / 2009
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR	
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE	
CONTACT NO:	H/P: 9225 0999	OFFICE: HOME:
ADDRESS:	813A Choa Chu Kang Ave 7 #13-551 S 681813	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Mother	
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:	
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	NO / IF <input checked="" type="checkbox"/> YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:	XD 3137P	ANY PASSENGERS: Unknown
NAME OF DRIVER:	Unknown	CONTACT NO: unknown
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
ACCIDENT PORTION:	Front Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <input checked="" type="checkbox"/> NO
WORKSHOP PARTICULAR:	N-51 Automotive pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	



Motor Private Car

MX1E

R SN

AN0580A

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.

DMPCSNW00082912202

Engine No.: 27191031181556

Cha. No.: WDD2040452A261004

1. Index Mark and Registration  
Number of Vehicle

SMH4713D

AUTOSAFE  
=====

2. Name of Policy Holder

LEE SIEW YIN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment22/04/2022  
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/04/2023

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\$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.: EFIZZIG CREDIT 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: \_\_\_\_\_

ODDS & EVEN  
Authorised Officer

Authorised Signatory