

NATIONAL Assessment Centre Services (part 1 of 2)			
Date In: 06/07/2023 11:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N158167123001193/V	E-mail (within 24hrs, A/C this)		
Veh No: SKP-8933R	I-Motor Claim Form		
D.O.A: 05/07/2023 10:18	I-Motor W/O (within 24hrs, A/C this)		
QC / TR: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: SUJ 2576Z	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note: List Status (WO): No 0-20%, P: 21-72%, 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 repater.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks: (INC Notation 0788.0016)	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

NIA2300363	Invoice Preparation Checklist	AMT	Ass't
Insured's Particulars:	1) AR: Accident Reporting (\$20)		
Owner/Driver:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$10/\$45		
Assigned Portion: 100%	4) PT: Follow-Through Survey \$125		
	5) FT: Follow-Through Survey (Resurvey) \$100		
	6) TR: Redemption \$75		
	7) NI: New DA, PMPT Survey \$140		
	8) NIUC Additional Services:		
	GM		
	*NB: Courtesy Car / Tot Allowance \$5		
	*NB: Repair Coordination \$10		
	*NB: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$1		
	*NB: (1) TP (Non-INC) Ignored INC \$10		
	*NB: (1) TP (Non-INC) Ignored INC \$10		
	Invoice dated	Fee Charged	
	Invoice dated	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	06/02/2023 11:06 (SGT)
Reported by	Driver
Date of Accident	05/02/2023 10:18 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY BEFORE EXIT 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8933R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU ERNI
NRIC No	SXXXX519C
Email Address	chengf1128@gmail.com
Mobile Phone No	(Phone) +65-81867818
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00159372201

DRIVER

Name of Driver	CHEN GUANGFENG
NRIC No	SXXXX277A
Date Of Birth	28/11/1970
Occupation	Indoor

Date Of Driving Pass	04/02/2002
Driving experience	21 YEARS
Gender	Male
Mobile Number	(Phone) +65-94237206
Alt. Phone Number	-
Email Address	chengf1128@gmail.com
Address	107 TAMPINES STREET 86 #15-18
Address complement	-
Postcode	528533
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	Chain Collision
Weather Conditions	Clear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	SON
Gender	Male

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/20230205/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

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

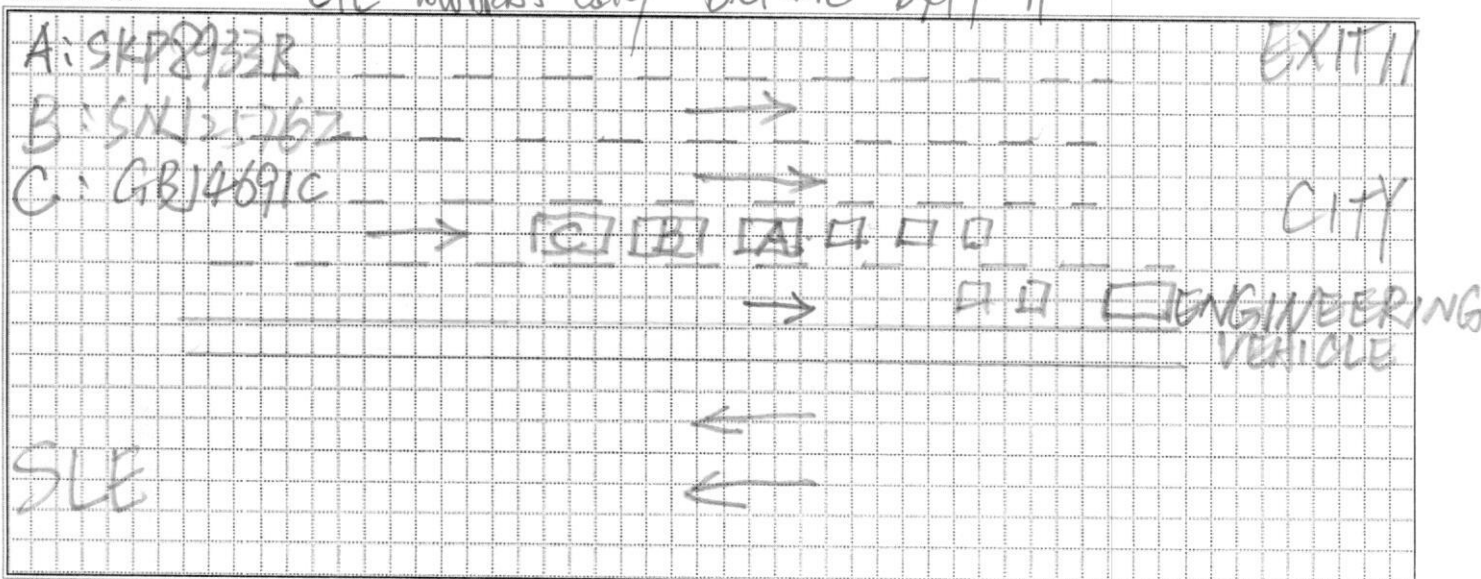
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230205/7028

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

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



SINGAPORE POLICE FORCE



T/20230205/7028

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

1 of 4

Report No. T/20230205/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2023 20:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN GUANGFENG		Address: 107 TAMPINES STREET 86 #15-18 SINGAPORE 528533			
ID Type / ID No.: NRIC NO / S7061277A		Contact No.: Home/Office: Mobile: 87980698			
Nationality: SINGAPORE CITIZEN		Email: CHENG1128@GMAIL.COM			
Sex: Male	Age: 52	Date of Birth: 28/11/1970	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2023 10:18	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Cloudy		Road Surface: A BIT WET		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBJ4691C	Lorry	FUSO		White	Seriously Damaged	2
SKP8933R	Car	BMW	730I	Black	Seriously Damaged	1
SNJ2576Z	Car	MAZDA		Red	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230205/7028

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

2 of 4

Report No. T/20230205/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP8933R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001593 72201	31/07/2022	30/07/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBJ4691C (Lorry)	Contact No.	NIL
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
Driver			
Name	CHEN GUANGFENG	ID No.	S7061277A
Related Vehicle	SKP8933R (Car)	Contact No.	87980698
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHEN ZHIHENG	ID No.	T1437663H
Related Vehicle	SKP8933R (Car)	Contact No.	NIL
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



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

CONTINUATION OF REPORT

Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SNJ2576Z (Car)		Contact No.	NIL
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	Slight
Driver				
Name	SAAD BIN ABDUL TALIB		ID No.	S0049704E
Related Vehicle	SNJ2576Z (Car)		Contact No.	96916283
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.

My car SKP8933R was driving towards city in the speed around 70km/h. The vehicles in the front suddenly stopped. I successfully stopped my car without tailgating but the car behind my car tailgated my car. I sensed two waves of hitting of my car from the rear. I observed safe then went out of car. I saw a red car SNJ2576Z damaged at both front and rear. A lorry GBJ4691C damaged at the front and stopped at the central plant barrier. I believe that the red car SNJ2576Z tailgated my car first, then lorry GBJ4691C tailgated the red car, then the red car hit my car for the 2nd time. I noticed there was one passenger in red car rear seats walked out with bleeding nose. Both the red car driver and the front passenger are senior citizen and had no injury and walked out to observe the situation. Lorry drivers and the front passenger sit inside the lorry. As I needed to send my son for class, I drove to school after getting driver particulars and took photos of the accident.

ACCIDENT STATEMENT

ACCIDENT DATE: (5.1.2023) (DD/MM/YYYY), TIME: (10:18) (HH:MM)

LOCATION: CTE TOWARDS CITY, BEFORE EXIT 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 8933 R
 b) INSURANCE COMPANY: CHINA THAI PING
 c) POLICY NUMBER: DMPCSNW00159372201
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 730L
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIU FENI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8087519C CONTACT: 81867818
 c) ADDRESS: BLK 513 HOUGANG ST F1 #12-282
 SINGAPORE 530513

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN GUANGFENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7061227A CONTACT: 94237206
 c) ADDRESS: 107 TAMPINES STREET 88 #15-18
 SINGAPORE 528533

* d) DATE OF BIRTH: (28/11/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/02/2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) SLIGHT WET

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: HOUGANG NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SN12576Z MODEL: MAZDA
 b) DRIVER'S NAME: SAAD BIN ABOL TALIB
 c) NRIC/FIN/PASSPORT: S0049704E CONTACT: 96916283

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GB14691C MODEL: FUSO
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 (3)

No of passenger
 (including driver)
 (2)

email =

VIDEO



Motor Private Car

MX1E

R SN

AN0692A

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.

DMPCSNW00159372201

Engine No.: 10168734N52B30AF

Cha. No.:WBAYE22030DZ21163

1. Index Mark and Registration
Number of Vehicle

SKP8933R

2. Name of Policy Holder

LIU ERNI

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

31/07/2022
(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

4. Date of Expiry of Insurance

30/07/2023

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.: UNITED OVERSEAS BANK LIMITED

* 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: TRANSCENDENCE MANAGEMENT
Authorised Officer

Authorised Signatory