

NATIONAL Assessment Centre Services. (not a driver) SN0823240001			
Date In: 23/07/2023 10:25	Job description	Date & Time Completed	Done by
Ref No: X130107123002015/4	SAS e-Milling		
Yell No: SJR 2753C	E-mill (with in this, A/C 2015)		
D.O.A: 22/08/2023 13:00	1-Motor Claim Form		
OD: 75 Repairing Only	1-Motor W/O (with in this, A/C 2015)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wkap / INC Assgn Wkap / GW: (Tel:	Fax:
TP Particulars: Yell No: SN0 97834 INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () (Note: Hst. Status (WO): 10-0-2014, F: 21-70%, P: 90-100%)		
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 () / Non-INC ()	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 of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

Repair Shop: ()

Other: ()

NA2300574	Invoice/Preparation Charge	
1) All: Accident Processing (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee (\$10/\$45)		
4) PE: Follow-Through Survey (\$12)		
5) PE: Follow-Through Survey (Survey) (\$30)		
6) TR: Reproduction (\$7)		
7) NI: New DA + DMRT Survey (\$140)		
8) NTUC Administ. Fee (\$10)		
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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	23/02/2023 10:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/02/2023 13:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS EXIT CORPORATION ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3753C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WEI SHUN
NRIC No	SXXXX660B
Email Address	weishunnn@gmail.com
Mobile Phone No	(Phone) +65-96675219
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00278142202

DRIVER

Name of Driver	NG WEI SHUN
NRIC No	SXXXX660B
Date Of Birth	20/07/1990
Occupation	Indoor

Date Of Driving Pass	09/03/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96675219
Alt. Phone Number	-
Email Address	weishunnn@gmail.com
Address	BLK 131 ANG MO KIO AVENUE 2 #04-1591
Address complement	-
Postcode	560131
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?	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/20230222/7074 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLQ9783H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Etiqa Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG WEI SHUN
Gender	Male
Phone No	(Phone) +65-96675219
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3753C
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.
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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

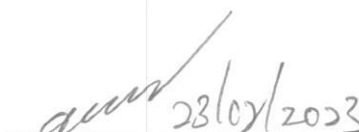
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



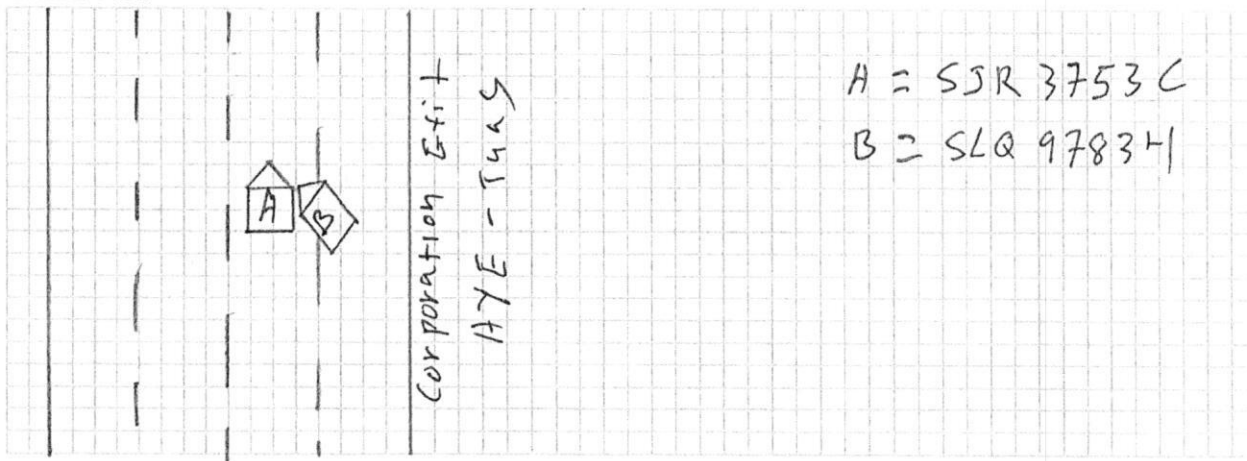
Policyholder's Signature / Date & Time



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


28/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



A = SJR 3753 C
B = SLQ 9783 H

Refer to Police Report
T/20230222/7074

We declare the foregoing particulars are true in every respect.

23/08/2023

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230222/7074

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

1 of 3

Report No. T/20230222/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2023 17:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG WEISHUN			Address: 131 ANG MO KIO AVENUE 3 #04-1591 SINGAPORE 560131		
ID Type / ID No.: NRIC NO / S9025660B			Contact No.: Home/Office: Mobile: 96675219		
Nationality: SINGAPORE CITIZEN			Email: WEISHUNNN@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 20/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2023 13:00	Type of Location: Straight Road
Location: CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJR3753C	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	Blue	Seriously Damaged	0
SLQ9783H	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230222/7074

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

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Report No. T/20230222/7074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR3753C	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002781 42202	22/12/2022	21/12/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WEISHUN		ID No. S9025660B
Related Vehicle	SJR3753C (Car)		Contact No. 96675219
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	22/02/2023		Date 22/02/2023
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

I was traveling along AYE towards Tuas, I exit corporation driving on lane 2, then suddenly a car SLQ9783H change lane abruptly from lane 3 and collided onto my car.

I feel uncomfortable at my neck and body area after the accident, I visited Bok Family clinic and was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20230222/7074

3 of 3

Report No. T/20230222/7074

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
22/02/2023 17:22

Classification Of Case:

Date of Accident : 22/2/2023 Accident Time: 1300 (24-HR-Format)
 Accident Place : AYE - Tuns (Corperation Efit)
 Vehicle. No. (Car Plate No.) : SSR 3753C Make/Model: Kia Creta Forte 1.6 (A) SX ABS VHB
 Insurance Company : China Taiping Policy No: DMPCSNW0027642202
 Owner or Company Name / IC No. : Ng Welshyn SC9025660B
 Owner or Company Contact No. : 96675219 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : same as above
 DRIVER'S Date Of Birth : 20/07/1990 DRIVER'S License Pass Date 09/03/2010
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Blk 131 Hng Moki Ave 3 #04-1591
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 96675219 SC560131
 DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)
 Email Address : welshynn@gmail.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): Driver only
 Was there any video Captured by car camera: YES \ (NO)
 Exact purpose for which vehicle was being used at the time of accident: (Private use) \ Work purpose
 Any Injury (If YES, Pls state): Yes, Body Neck

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLQ 978317 (E71QA)</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* **NEW - Passenger's name & gender:**



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)

MX1F

R SN

AN0679A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00278142202

Engine No.: G4FC9H263093

Cha. No.:KNAFH221395085550

1. Index Mark and Registration
Number of Vehicle

SJR3753C

AUTOSAFE
=====

2. Name of Policy Holder

NG WEI SHUN

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

22/12/2022
(00:00:00)

Named Drivers Ex Sect. I \$5500.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

21/12/2023

Ex Sect. I - Age <= 25 \$33,000.00

Ex Sect. I - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$100.00

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.

HIRED PURCHASE CO.: GOLDBELL FINANCIAL SERVICES 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABWIN 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	660B
Vehicle Details	
Vehicle No.:	SJR3753C
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Apr 2023
Vehicle Make:	KIA
Vehicle Model:	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	G4FC9H263093
Chassis No.:	KNAFH221395085550
Maximum Power Output:	92.7 kW (124 bhp)
Open Market Value:	\$13,989.00
Original Registration Date:	22 Jun 2009
First Registration Date:	22 Jun 2009
Transfer Count:	3
Actual ARF Paid:	\$13,989.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Mar 2024
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$12,763.00
COE Rebate Amount:	\$2,497.00
Total Rebate Amount:	\$2,497.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 23 Feb 2023

OK