

**NATIONAL Assessment Centre Services** (Call 1-800-451-2233) **NA233000638**

Date In: 01/08/2023 16:46	Job description	Date & Time Completed	Done by
Ref No: NHA/C122300226874	SAS e-filing		
Vehicle: SKA/1/9/87C	E-mail (with 3rd, A/C 2nd)		
D.O.A: 01/08/2023 17:52	1-Motor Claim Form		
OS: (P) Repairing Only	1-Motor W/O (with 3rd, A/C 2nd)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vehicle No: **SLW 38-31K** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: Hst Status (WO): N: 0-30%, P: 31-70%, 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 repair.

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

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

Remarks: (N/A to Inc: 07/08/2023) 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: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NA2300638**

Invoice Preparation Charge:	
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee (\$10545)	
4) PT: Follow-Through Survey (\$150)	
5) FT: Follow-Through Survey (Emergency) (\$50)	
6) TR: Re-inspection (\$25)	
7) NI: New DA + SMPT Survey (\$140)	
8) NTUC Additional Fee (\$100)	
GR:	
*NI: Courtesy Car / Transport Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$25
*NI: DV / Collect Excess Coordination	\$5
*TP (NI): TP (Non-INC) applies INC	\$20
*NI (NI) Fee	100
Invoice Total	
Fee Charged	

Checked by (Engr-In-Charge): ( )

Printed by: ( )

Printed on: ( )

Printed at: ( )

Printed by: ( )

Printed on: ( )

Printed at: ( )

Printed by: ( )

Printed on: ( )

Printed at: ( )

## 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	02/03/2023 16:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 17:52 (SGT)
Exact Location of Accident	Eunos Rd 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN9189C
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG KING BING
NRIC No	SXXXX622E
Email Address	wongkingbing@gmail.com
Mobile Phone No	(Phone) +65-93859596
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	Ttc
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	1984

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00106982200

#### DRIVER

Name of Driver	WONG KING BING
NRIC No	SXXXX622E
Date Of Birth	06/08/1990
Occupation	Indoor

Date Of Driving Pass .....	14/03/2018
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93859596
Alt. Phone Number .....	-
Email Address .....	wongkingbing@gmail.com
Address .....	48 LORONG 32 GEYLANG #03-12
Address complement .....	-
Postcode .....	398308
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 - Change/cross lane
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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 .....	SLW3831K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

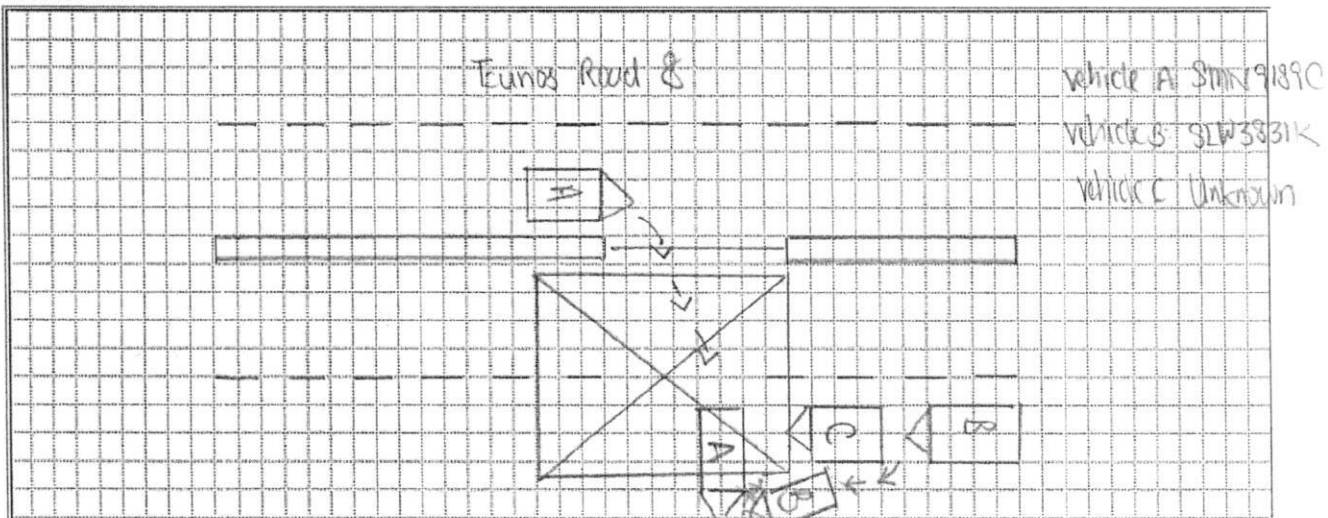
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 02/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

On 01/03/2023 at about 17:52 hrs. I was travelling towards Eunus Road 8.  
As when I come to the yellow box, the opposite vehicle was stopped as it was  
traffic jam. I started to move into the yellow box and travel straight. This vehicle  
SLW3831K(B) was behind vehicle unknown (C) which blocked his vehicle. His  
insisted to cut off from behind vehicle unknown (C) and cross into my lane  
where I already moving straight.  
When I saw that happen, I immediately jam my brake and he still knock  
into my car. I have video footage of what happen.  
I will claiming against vehicle SLW3831K(B) for causing the accident and  
damaged my car. No one was injured in this accident.  
We exchange the particular and go off.

I (Owner/In-charge/Driver) \_\_\_\_\_, NRIC NO: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

will be sending my above stated damaged vehicle to Company name: \_\_\_\_\_  
for my vehicle damaged repairs and insurance claims.

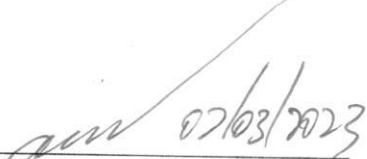
GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell  
Engineering Pte Ltd.

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

 02/03/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Complete and submit this Form to Authorised Reporting Centre ("ARC") for e-filing

2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding material facts may allow insurance company to repudiate policy liability.
5. The issue and acceptance this Form by insurance companies is not an admission of policy liability on the part the insurance companies.
6. Any false reporting may be referred to the Police for investigation.
7. This report will be forwarded by the insurers 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
8. By lodgement this report to the insurers, you hereby consent to the archiving this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Who reported the accident	<input type="checkbox"/> Owner <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Both
Date and Time of Accident	Date: 01-03-2023 Time: 17:52pm
Country / State of Loss	Eunos Road 8
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Claiming Third Party <input type="checkbox"/> Reporting Only
Exact Location of Accident	
Type of Collision	
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others,
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others,
Was any foreign vehicle involved in this accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Foreign Vehicle Registration Number	
Number of vehicles involved in the accident	2
Has the driver been approached by unknown person(s) soliciting / offering accident claim assistance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Police Station Name and Address	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was this statement translated from another language?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Vehicle Registration Number	SMN 9189C
Vehicle Category	<input checked="" type="checkbox"/> PV <input type="checkbox"/> CV <input type="checkbox"/> Bus <input type="checkbox"/> Private Hire <input type="checkbox"/> Motorcycle <input type="checkbox"/> Taxi
Vehicle Manufacturer / Vehicle Model	Audi / TT Coupe 2.0
Transmission	<input checked="" type="checkbox"/> Auto <input type="checkbox"/> Manual
CC	1984
Exact Purpose for which vehicle was being used at time of accident	Personal use
Number of Passengers (Including Driver)	1

Name of Insurance Company	China Taiping Insurance
Policy Number	DMPCSNW00106982200
ID Type	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company
Registered Owner ID	S9081622E
Registered Owner Name	Wong King Bing
Email	wongkingbing@gmail.com
Mobile Phone No.	9385 9516

Is Driver the policy holder?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Actual Driver	
Actual Driver Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Actual Driver ID Type	<input type="checkbox"/> NRIC No <input type="checkbox"/> Passport No/Fin <input type="checkbox"/> Work Permit No
Actual Driver Date of Birth	06.08.1990
Driving Pass Date	14.03.2018
Actual Driver Mobile No	
Actual Driver address	48 Lorong 32 Geylang #03-12 Singapore 398308
Actual Driver Email	
Actual Driver Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driver owner relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Hirer <input type="checkbox"/> Other
Does the Driver Own Any Vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	

Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Registration No	SLW3831K
Vehicle Category	<input checked="" type="checkbox"/> PV <input type="checkbox"/> CV <input type="checkbox"/> Bus <input type="checkbox"/> Private Hire <input type="checkbox"/> Motorcycle <input type="checkbox"/> Taxi



Was anybody injured in the accident?	[ ] Yes <input checked="" type="checkbox"/> No
Any injured conveyed to hospital by ambulance?	[ ] Yes <input checked="" type="checkbox"/> No

Was there any witnesses	[ ] Yes <input checked="" type="checkbox"/> No
Are accident photo available for attachment	<input checked="" type="checkbox"/> Yes [ ] No
Was there any video captured?	<input checked="" type="checkbox"/> Yes [ ] No



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

MX1E

N SN

AN0644A

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.

DMPCSNW00106982200

Engine No.: CHH310224

Cha. No.:TRUZZZFV9K1009836

1. Index Mark and Registration  
Number of Vehicle

SMN9189C

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

WONG KING BING

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

26/04/2022  
(12:08:52)

Named Drivers Ex Sect. I \$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 \$S3,000.00

Ex Sect. I - Age >= 26 \$S500.00

\* Age as at date of accident

EX ON WINDSCREEN . \$S100.00

4. Date of Expiry of Insurance

25/04/2023

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 \$S1,000 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. : HL BANK

\* 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: CAR HOUSE ENTERPRISE (S) 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 Vehicle Transfer Fee

### Vehicle Details

Vehicle No.

**SMN9189C**

Make / Model

**AUDI / TT COUPE 2.0 TFSI S TRONIC**

Vehicle Type :

**P10 - Passenger Motor Car**

Vehicle Attachment 1 :

**No Attachment**

Vehicle Scheme :

**Normal**

Chassis No. :

**TRUZZZFV9K1009836**

Propellant :

**Petrol**

Engine No. :

**CHH310224**

Motor No. :

-

Engine Capacity :

**1984 cc**

Power Rating :

-

Maximum Power Output :

**169.0 kW (226 bhp)**

Maximum Laden Weight :

**1660 kg**

Unladen Weight :

**1335 kg**

Year Of Manufacture :

**2019**

Original Registration Date :

**30 Aug 2019**

Lifespan Expiry Date :

-

COE Category :

**B - Car above 1600cc or 97kW (130bhp)**

Quota Premium :

**\$38,602.00**

COE Expiry Date :

**29 Aug 2029**

Road Tax Expiry Date :

**29 Feb 2024**

PARF Eligibility Expiry Date :

**29 Aug 2029**

Inspection Due Date :

**31 Aug 2024**

Intended Transfer Date :

**02 Mar 2023**

CO2 Emission :

**153.00 (g/km)**

CEV/VES Rebate Utilised Amount :

-

CO Emission :

**0.178810 (g/km)**

HC Emission :

**0.035320 (g/km)**

NOx Emission :

0.014330 (g/km)

PM Emission :

0.170000 (mg/km)

## Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Print

OK →

Save as PDF

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