

NATIONAL Assessment Centre Services (Call 1 800 555 5555) **Surf 239005**

Date In: 16/08/2023 15:10	Job description	Date & Time Completed	Done by
Ref No: NA2300735	SAS e-filing		
Veh No: SEK 5588J	E-mail (with title, A/C 2hrs)		
D.O.A: 16/08/2023 10:30	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (with: OD title, 20 mins)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax (Hand to Owner/VR) or		

Preferred Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: () Veh No: **QBB 164RB** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: 1st Status (WO): 10-0-30%, F: 21-72%, F: 80-110%)

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: ()

Rentals: () (INC 10hrs @ 67.85/6010)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Action	Done by

NA2300735	Invoice Preparation Checklist	NA2300735
Client/Owner:	1) AR: Accident Passwdg (\$300)	
Contact No:	2) DA: Damage Assessment (\$1000) INC (\$50)	
Assigned Person: ()	3) TP: Towing Fee \$10545	
Checked by (Engr-In-Charge):	4) PT: Follow Through Survey \$132	
	5) PT: Follow Through Survey (Barometer) \$90	
	6) TR: Rep/Response 375	
	7) NI: New DA + SMIT Survey 2545	
	8) NIUC Additional Fee: ()	
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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	16/03/2023 15:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/03/2023 10:30 (SGT)
Exact Location of Accident	Lor 11 Geylang, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK5588J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG WAI KEI
NRIC No	SXXXX706J
Email Address	sfk5588j@hotmail.sg
Mobile Phone No	(Phone) +65-92225588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	DMPCSNW00034712300

DRIVER

Name of Driver	CHEONG WAI KEI
NRIC No	SXXXX706J
Date Of Birth	18/11/1978
Occupation	Outdoor

Date Of Driving Pass 02/02/2000
 Driving experience 23 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-92225588
 Alt. Phone Number -
 Email Address sfk5588j@hotmail.sg
 Address BLK 348A YISHUN AVENUE 11 #16-543
 Address complement -
 Postcode 761348
 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? 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

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 GBB164B
 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) -

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

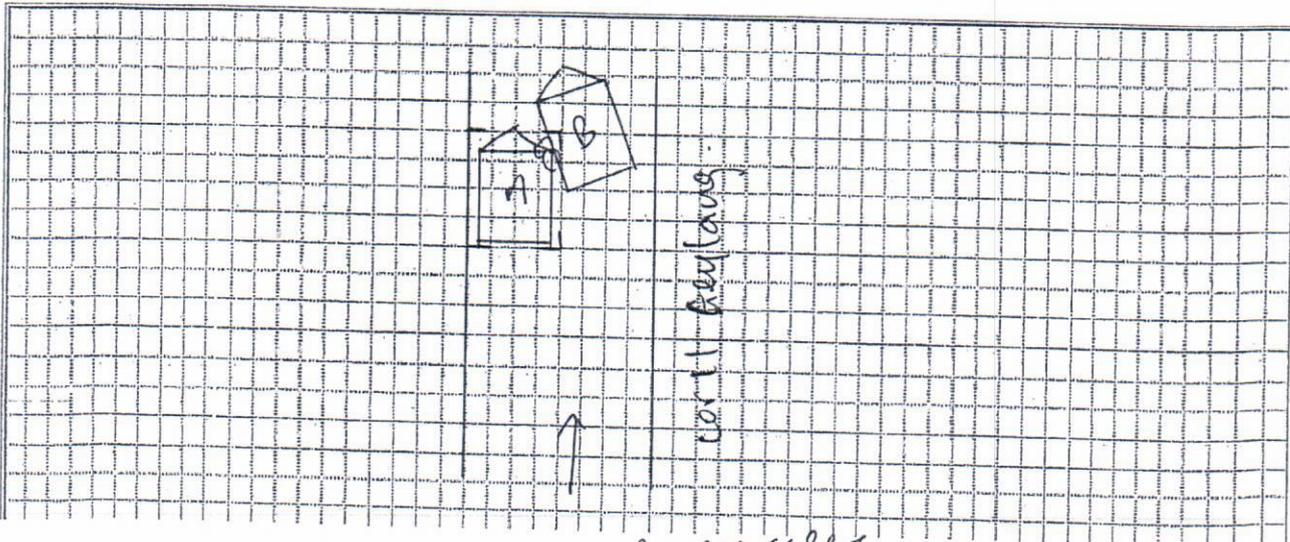
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

16/03/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A: SFK5588J
B: RBB164B

Describe Circumstance of the Accident

On the stated date and time, I had just parked my vehicle into a parking lot along Lor 11 Gentang. My vehicle was stationary. Suddenly, vehicle B swerved from the right in an attempt to park in front of my vehicle and while doing so hit onto the front light portion of my vehicle -

Declaration

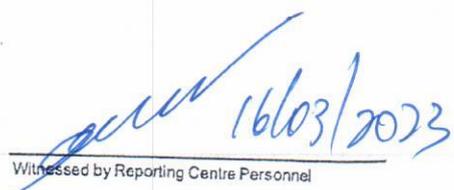
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



16/03/2023

Witnessed by Reporting Centre Personnel

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

17 Feb 2023

Our ref 1702230501N078140449

CHEONG WAI KEI
APT BLK 348A YISHUN AVENUE 11
#16-543
SINGAPORE 761348

Dear MR CHEONG WAI KEI

Vehicle With New No. SFK5588J Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SNJ6876G, has been successfully transferred to you. The vehicle registration number has been replaced with SFK5588J with effect from 17 Feb 2023. The Business Transaction Reference No. is 20230217140413998165.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 20 Feb 2023.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SFK5588J by 20 Feb 2023.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

17 Feb 2023

Our ref 1702230203N062115104

DARYL NG ZHONG JUN
APT BLK 542 SERANGOON NORTH AVENUE 4
#06-17
SINGAPORE 550542

Dear Sir/Madam

You Have Successfully Retained Vehicle Registration No. SNA43E

You have successfully retained vehicle registration number SNA43E. The number cannot be transferred to another person, and any fees paid will not be refunded.

The details of the application are as follows:

Business Transaction : 20230217115042264955
Ref. No.
Vehicle Registration : SNA43E
Number Retained
Retention Fee Paid : \$1,300.00
Vehicle Make : VOLKSWAGEN
Vehicle Model : GOLF GTI
Chassis No. : WWZZZ1KZ8U026187
Engine No./ Motor : BWA213591 / -
No.
Replacement : SNJ6876G
Registration Number
Assigned to Above
Vehicle

What You Need To Do:

- You must use your Vehicle Registration Number before it expires on 16 Feb 2024.
- If you are using the number on a new vehicle, you must tell your motor dealer to use this number on the vehicle **before the new vehicle is registered**. Otherwise, LTA will assign a system-generated number to the new vehicle, and you will not get a refund of \$1,200 if you subsequently use your retained number on your newly registered vehicle.
- For the vehicle you took the number from, you need to display its new number by 20 Feb 2023. However, you do not need to display the new number if you deregister the vehicle by 20 Feb 2023.

(J)

Date of Accident : 16/03/2023 . Accident Time: 1030 . (24-HR-FORMAT)

Accident Place : Lor 11 Geylang .

Vehicle Reg. No (Car plate No.) : SFK5588J . CC: 2000 . Vehicle Make/Model: Volkswagen Golf GTI .

Insurance Company : China Taiping . Policy No. DMPCSNW00034712300 .

Name of Registered Owner : Company / Individual Cheong Wai Kei

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 57833706J .

OWNER EMAIL ADDRESS: sfk5588j@hotmail.sg . Co Contact No: _____ Owner's Contact No: 92225588 .

DRIVER'S Name : Cheong Wai Kei . DRIVER'S NRIC No: 57833706J .

DRIVER'S Date of Birth : 18/11/1978 . DRIVER'S License Pass Date 02/02/2000 .

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self .

DRIVER'S Address : 348A, Vishnu Aven11, #16-543, S(761348) .

DRIVER'S Contact No./ Alt No. : 1) 92225588 . 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : sfk5588j@hotmail.sg .

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 . Name & Gender: _____

Was the accident reported to the police? YES \ NO

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 injuries, if yes(name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>ABB164B</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: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



Motor Private Car

MX1E

N SN

AN0770A

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.	DMPCSNW00034712300	Engine No.: BWA213591	
		Cha. No.: WWWZZZ1KZ8U026187	
1. Index Mark and Registration Number of Vehicle	SNA43E	AUTOSAFE =====	
2. Name of Policy Holder	CHEONG WAI KEI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17/02/2023 (12:16:07)	Named Drivers Ex Sect. I	\$S2,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	16/02/2024	* Age as at date of accident	
		EX ON WINDSCREEN .	\$S100.00
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 \$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. : MAYBANK SINGAPORE 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: ASSURE (SINGAPORE) PTE LTD
Authorised Officer


Authorised Signatory