

NATIONAL Assessment Centre Services SU0828480005

Date In: 11/04/2023 15:43	Job Description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: N88/C1228003719N	E-mail (within 24hrs, A/C 24hrs)		
Veh No: SMK 5547R	1-Motor Claim Form		
D.O.A: 09/04/2023 15:00	1-Motor W/O (within 24hrs, A/C 24hrs)		
QC: (78) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Vch No: SMK 2686X	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (9% (Note-Bst Status (WO): 10-0-30%, P: 21-72%, P: 30-140%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks: () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO info of repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks: (INC To Inc: 0788-0010) 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	Action	By

N882801048 Insured's Particulars: Owner/Driver: Subject No: Damaged Portion: Wheel Checked by (Engr-In-Charge): Customer's Comments: C.I. L.P/S	Invoice Preparation Checklist		Ass'd By
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$56)	
	3) TP: Towing Fee	\$10/\$45	
	4) PT: Follow-Through Survey	\$12	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$15	
	7) NI: New DA + SMET Survey	\$140	
	8) NTUC Additional Services		
	9) QM		
*NB: Courtesy Car / Tst Allowance \$5 *NB: Repair Coordination \$15 *NB: Post Repair Inspection \$25 *NB: DV / Collect Excess Coordination \$1 *NB: (H) TP (Non-INC) replace INC \$30 *NB: (H) TP (Non-INC) replace INC \$30 *NB: (H) TP (Non-INC) replace INC \$30			
Invoice Total 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	11/04/2023 15:43 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 15:00 (SGT)
Exact Location of Accident	Marine Parade, Singapore
Additional Location Information	BETWEEN BLK 81/82 OPEN CAR PARK-MP14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ5547R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH PUAY HUA @ GOUW POOI HWA
NRIC No	SXXXX650I
Email Address	wongliangming@gmail.com
Mobile Phone No	(Phone) +65-98772805
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
Variant	CACTUS
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	1199

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00043032302

DRIVER

Name of Driver	WONG LIANG MING
NRIC No	SXXXX390D
Date Of Birth	01/09/1988
Occupation	Indoor

Date Of Driving Pass	08/04/2008
Driving experience	15 YEARS
Gender	Female
Mobile Number	(Phone) +65-98772805
Alt. Phone Number	-
Email Address	wongliangming@gmail.com
Address	973 UPPER CHANGI ROAD NORTH
Address complement	-
Postcode	507669
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230409/7046

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	SMK2686X
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Brown
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

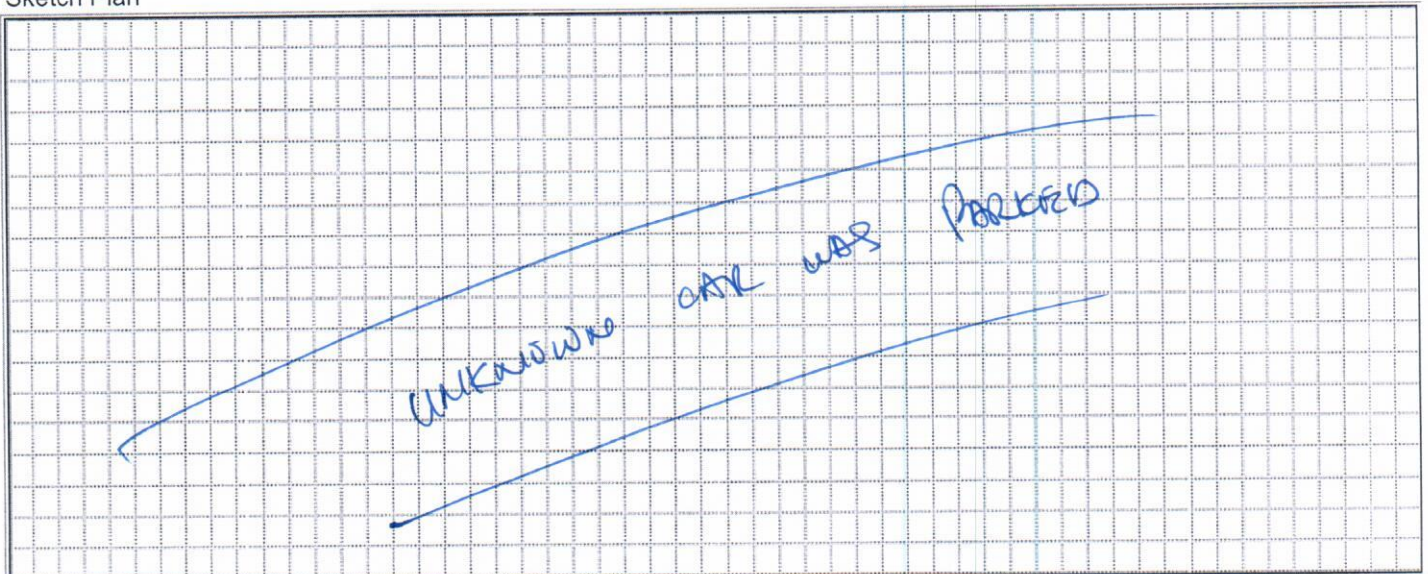
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

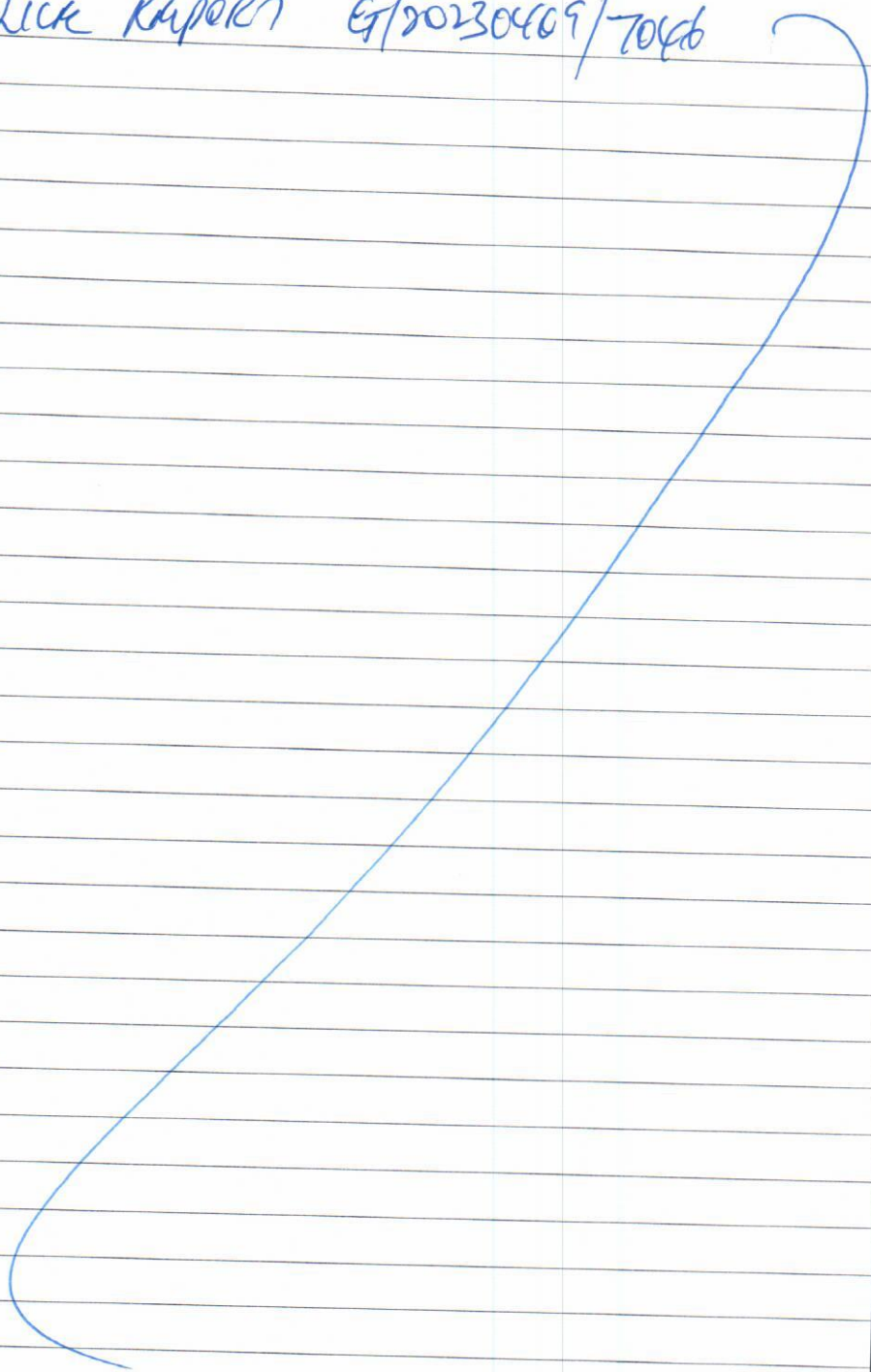
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER to police Report E/20230409/7046



Declaration

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

Policyholder's Signature / Date & Time

11/4/23 12.52pm

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

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

11/04/2023



**SINGAPORE
POLICE FORCE**



G/20230409/7046

1 of 2

POLICE REPORT (NP299)

Report No. G/20230409/7046

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/04/2023 16:30	Vide Report No.	Station Diary No.		
Name Of Informant WONG LIANG MING	Address 973 UPPER CHANGI ROAD NORTH SINGAPORE 507669			
ID Type / ID No. NRIC NO / S8832390D	Contact No. Home/Office:	Mobile: 98772805		
Nationality SINGAPORE CITIZEN	Email Address WONGLIANGMING@GMAIL.COM			
Occupation Other religious professionals	Sex Female	Age 34	Date of Birth 01/09/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 09/04/2023 09:15 - 09/04/2023 15:15	Location Of Incident 973 UPPER CHANGI ROAD NORTH SINGAPORE 507669			

Brief details.

A note was placed on my car saying that they witness another car reversing into my car and damaging my car. The note states:

Hi,

we just witnessed your car getting scratched by a BMW reversing into your car.

The plate #: SMK2868X Brown BMW SUV

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
09/04/2023 16:30

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230409/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230409/7046

Subjects Involved			
Victim			
Person Name	WONG LIANG MING		
ID Type	NRIC NO	ID No	S8832390D
Gender	Female	Age	34
Race	Chinese	Language	English
Occupation	Other religious professionals	Address	973 UPPER CHANGI ROAD NORTH SINGAPORE 507669
Mobile No	98772805	Is Informant A Victim?	Yes
Person Name	WONG LIANG MING (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
09/04/2023 16:30

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 04 / 2023) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: BLK 81/82 MARINE PARADE ROAD CARPARK - NP14

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMZ5547R
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPCSNA00043032302
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CITREDN CACTUS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING
 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: GOH PUAY HUA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S20056501 CONTACT: 98712805
 c) ADDRESS: 973 UPPER CHANAL ROAD NORTH S507669

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONE LIANG MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8832340/D CONTACT: 98712805
 c) ADDRESS: 973 UPPER CHANAL ROAD NORTH S507669

* d) DATE OF BIRTH: (01 / 09 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/04/2008

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

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

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

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: ONLINE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMK2686X MODEL: BMW (BROWN SUV)

- b) DRIVER'S NAME:

- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:

- e) DRIVER'S NAME:

- f) NRIC/FIN/PASSPORT: CONTACT:

Email: WONELIANGMING@gmail.com

VIDEO

Motor Private Car

MX1F

R SN

AN0055A

Cov. Type:C

CERTIFICATE OF INSURANCEMotor 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.

DMPCSNA00043032302

Engine No.: 10XVA10938117

Cha. No.: VF70PHNZWJE504505

1. Index Mark and Registration
Number of Vehicle

SMZ5547R

2. Name of Policy Holder

GOH PUAY HUA @GOUW POOI HWA

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, Ordinance or Enactment20/03/2023
(00:00:00)

Named Drivers Ex Sect. I \$S500.00

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

19/03/2024

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 \$S500 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.: HONG LEONG FINANCE 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).

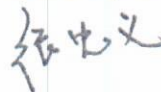
Please see reverse

 **COWELL
INSURANCE
Agency Pte Ltd**

Issued By: _____

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNR8234B0005 Vehicle Registration No: SMZ5547R
Name (as shown in NRIC): Wong Looch Ming NRIC/FIN/Passport No: SKXXX390D
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98772805
Email Address: _____
Date of Accident: 09/04/2023 Time of Accident: 15:00
Place of Accident: BETWEEN BLK 81/82 MARINE PARADE ARPAR-MP14
Insurance Company: CHINA MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

HANDPHONE NUMBER - 98772805

Policyholder / Actual Driver's Signature
Date:

11/04/2023

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: