

NATIONAL Assessment Centre Services

Date: 17/04/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/C1123003924/04	E-mail (within 8hrs, APT 2hrs)		
Veh No: SMA 82949	i-Motor Claim Form		
DOA: 19/03/2023 02:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBP 6873A	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 repairer.

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

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

Remarks: (INC hotline: 6788 6616)	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

NA23 01103	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile 30		
	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	17/04/2023 11:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/03/2023 02:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8294G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HSU ZHI MING , SPENCER (XU SHUMING , SPENCER)
NRIC No	SXXXX941B
Email Address	spencer.hsu@outlook.com
Mobile Phone No	(Phone) +65-91899342
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00263232202

DRIVER

Name of Driver	HSU ZHI MING , SPENCER (XU SHUMING , SPENCER)
NRIC No	SXXXX941B
Date Of Birth	02/07/1982
Occupation	Indoor



Date Of Driving Pass	10/10/2003
Driving experience	19 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91899342
Alt. Phone Number	-
Email Address	spencer.hsu@outlook.com
Address	APT BLK 409 HOUGANG AVENUE 10
Address complement	# 07-1048
Postcode	530409
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 - Head to Rear
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?	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 THE ATTACHED POLICE REPORT - T/20230323/7002

**PLEASE BE INFORMED THAT VEHICLE HAS BEEN REPAIRED AND OWNER SAID THERE WAS NO ACCIDENT SCENE PHOTO TAKEN. PICTURES UPLOADED IS VEHICLE AFTER REPAIRED PHOTOS.

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	SD CARD WITH POLICE OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP6873A
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Accident report SN09234H0003

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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:

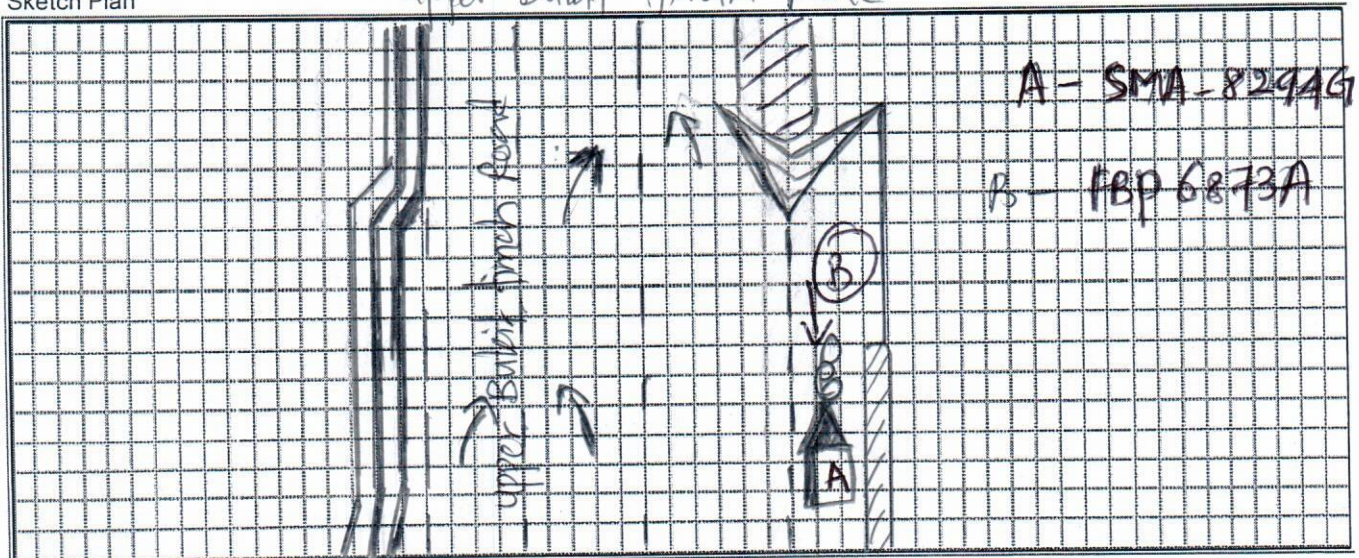
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


please Refer to the attached police Report
- T/20230323 /7002

Declaration

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

 17/04/23
Policyholder's Signature / Date & Time

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

 17/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230323/7002

1 of 3

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

Report No. T/20230323/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2023 05:01		Vide Report No.: D/20230319/0031		Station Diary No.:	
Informant's Particulars					
Name of Informant: HSU ZHI MING, SPENCER			Address: 18 FERNVALE STREET #05-33 SINGAPORE 797394		
ID Type / ID No.: NRIC NO / S8221941B			Contact No.: Home/Office: Mobile: 91899342		
Nationality: SINGAPORE CITIZEN			Email: SPENCER.HSU@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 02/07/1982	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 Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 19/03/2023 03:00	Type of Location: Straight Road
Location: CHEONG CHIN NAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA8294G	Car	TOYOTA	WISH 1.8 CVT	Orange		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA8294G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002632 32202	20/12/2022	19/12/2023



**SINGAPORE
POLICE FORCE**



T/20230323/7002

2 of 3

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

Report No. T/20230323/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HSU ZHI MING, SPENCER	ID No.	S8221941B
Related Vehicle	SMA8294G (Car)	Contact No.	91899342
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
Rider			
Name	NA	ID No.	NA
Related Vehicle	NIL	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

Brief Details.

I was driving along Upper Bukit Timah Rd (stretch near to Al Azhar) on the way to my in-laws place at Dairy Farm Estate when I switched to a right turning lane just opposite Bukit Timah Shopping Centre only to notice a motor bike just in front of me and tried to brake but was not able to do so in time and knocked into the bike from behind. The impact caused the rider to fall off his bike and I immediately rushed out to help the rider get the bike off him, with the help of passers by. Another passerby called for the ambulance as the rider appeared to be in pain.



**SINGAPORE
POLICE FORCE**



T/20230323/7002

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

3 of 3

Report No. T/20230323/7002

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 /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476225

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

Date/Time:
23/03/2023 05:01

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 03 / 2023 (DD/MM/YYYY), TIME: 02 : 20 (HHMM)

LOCATION: upper Bukit Timah Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 8294G
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSN W00263232202
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Wish 1.8 AUTO / MANUAL
 f) TYPE: SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Hsu zhi ming, spencer (xu shuming, spencer) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8221941B CONTACT: 91899342
 c) ADDRESS: Apt Blk 409 Honggang Avenue 10 # 07-1048
S530404

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 02 / 07 / 1982 (DD/MM/YYYY)

b) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 10/10/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITIONS: clear / RAINING / OTHERS

b) ROAD SURFACE: dry / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBP 6873A MODEL: _____
 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 = spencer.hsu@outlook.com

sex =

yes, sd card with police



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)

MX1WF

R SN

AN0575A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00263232202

Engine No.: 2ZR1977297

Cha. No.:JTDGG20W70J007435

1. Index Mark and Registration
Number of Vehicle

SMA8294G

AUTOSAFE

=====

2. Name of Policy Holder

HSU ZHI MING SPENCER

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

20/12/2022

(00:00:00)

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

4. Date of Expiry of Insurance

19/12/2023

* 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 will be doubled). A Flat \$S5,000 Excess shall apply for Theft Losses occurring outside Singapore. 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.

* 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: OH GIM KONG
Authorised Officer


Authorised Signatory