

NATIONAL Assessment Centre Services (Call 1 800 333 3333) **SN02284K0003**

Date In: 20/04/2023 12:52	Job description	Date & Time Completed	Done by
Ref No: N/A/C7123004001	SAS e-Milling		
Veh No: 87P 7771	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 18/04/2023 07:01	1-Motor Claim Form		
QD: TP Reporting Only	1-Motor W/O (Within 24 hrs, TP 1hr)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VW/Rep		

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

TP Particulars: () Veh No: **EX 902R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () (Note: Inc Status (WO): 1: 0-30%, 2: 21-70%, 3: 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: ()

1) Apply to: Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Other: ()

214280147

Owner/Owner: ()

Contact No: ()

Addressed Portion: ()

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

Invoice: Repairs/Other	1) AR: Accident Assistance (\$30)	
	2) DA: Damage Assessment (\$100)	INC (\$50)
	3) TP: Towing Fee	\$10/\$50
	4) PF: Follow Through Survey	\$15
	5) PT: Pull Through Survey (Emergency)	\$30
	6) TR: Rep/Repair	\$75
	7) NI: New Day Shift Survey	\$150
	8) NUC: Additional Services	
	9) NI: Courtesy Car / Tel Allowance	\$5
	10) NI: Repair Coordination	\$15
	11) NI: Post Repair Inspection	\$15
	12) NI: DV / Collect Excess Coordination	\$15
	13) NI: TP (Non-INC) Repairs INC	\$15
	14) NI: TP (Non-INC) Repairs INC	\$15

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	20/04/2023 12:52 (SGT)
Reported by	Actual Driver
Date of Accident	18/04/2023 07:00 (SGT)
Exact Location of Accident	Toh Yi Dr, Singapore
Additional Location Information	CAR PARK (CLTY2)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7777T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG BIN
Passport No/FIN	GXXXX310W
Email Address	alonejc_88@hotmail.com
Mobile Phone No	(Phone) +65-91236969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00112522201

DRIVER

Name of Driver	BRAYDEN MARCUS LOW
NRIC No	SXXXX621G
Date Of Birth	02/11/1988
Occupation	Outdoor

Date Of Driving Pass	08/12/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91236969
Alt. Phone Number	-
Email Address	alonejc_88@hotmail.com
Address	BLK 3 TOH YI DRIVE #08-177
Address complement	-
Postcode	590003
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT D/20230420/7017

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	GX9202R
Vehicle Manufacturer	Toyota
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**")

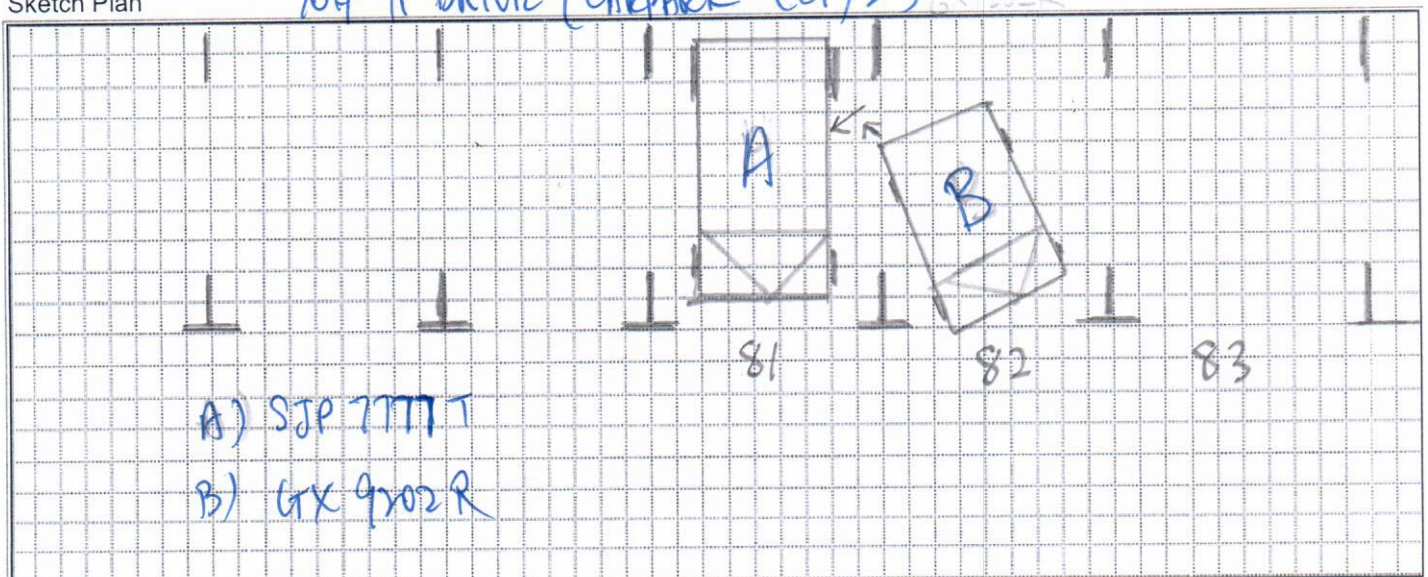
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

On the 18 APRIL 2023, i arrive home at about 0100hrs and parked
 SJP7777 T on carpark code (CLTY2) TOH YI DRIVE ~~and~~ ~~head~~ at LOT
 81. AT about 0700 hrs i starting to drive off to work as i was
 Smoking i notice a ~~se~~ few Scratch line on SJP 7777 T left side
 near rear tyre. i observe the scratch mark and the lorry GX9202R
 it pretty obvious the lorry did a reverse and scratch into my car.
 I later than left a note in the lorry saying he scratch my car
 Plr call me back at my mobile ~~num~~ number but turn up he didn't
 return my call. The whole night is only his lorry next to my
 car. i did some photo taking on the lorry.

POLICE REPORT D/20230420/7017

Declaration

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

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)



**SINGAPORE
POLICE FORCE**



D/20230420/7017

1 of 2

POLICE REPORT (NP299)

Report No. D/20230420/7017

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 20/04/2023 11:15	Vide Report No.	Station Diary No.
Name Of Informant BRAYDEN MARCUS LOW	Address 3 TOH YI DRIVE #08-177 SINGAPORE 590003	
ID Type / ID No. NRIC NO / S8846621G	Contact No. Home/Office:	Mobile: 91236969
Nationality SINGAPORE CITIZEN	Email Address ALONEJC_88@HOTMAIL.COM	
Occupation Other personal service workers	Sex Male	Age 34
Institution/School Name	Date of Birth 02/11/1988	Race Chinese
	Language English	
Date/Time Of Incident 18/04/2023 01:00 - 20/04/2023 07:00	Location Of Incident 3 TOH YI DRIVE #08-177 SINGAPORE 590003	

Brief details.

On the 18 April 2023 at about 1am I park my vehicle SJP7777T at TOY YI DRIVE CARPARK CODE (CLTY2) LOT 81. At about 0700hrs on the same day I saw a lorry parked next to my vehicle in LOT 82 and notice scratch mark on my vehicle. Vehicle number GX9202R. Very obvious is only this lorry who parked next to me. I dislike parking next to lorry but this lorry always like to park next to me. So I when to inspect the lorry and found out some damage marked on the lorry. I left a note for him to return call to me unfortunately he didn't. The date and time of accident happened is between 18/04/2023 0100hours to 18/04/2023 0700hrs.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2023 11:15
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20230420/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20230420/7017

Subjects Involved			
Victim			
Person Name	BRAYDEN MARCUS LOW		
ID Type	NRIC NO	ID No	S8846621G
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Other personal service workers	Address	3 TOH YI DRIVE #08-177 SINGAPORE 590003
Mobile No	91236969	Is Informant A Victim?	Yes
Person Name	BRAYDEN MARCUS LOW (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:
20/04/2023 11:15

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 04 2023 (DD/MM/YYYY), TIME: 01.00 - 0700 (HH:MM)

LOCATION: CARPARK CLTY2 TOH YI DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 7777 T
 b) INSURANCE COMPANY: CHINA TAIPING
 c) POLICY NUMBER: DMPLSNA00112522201
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA VELLFIRE 2.5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: STATIONARY PARK
 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: WANG BIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G8859310W CONTACT: 91236969
 c) ADDRESS: 21 DECK HAY ROAD CITYVISTA #10-04 S' (228214)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BRAYDEN MARCUS LOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8846621G CONTACT: 91236969
 c) ADDRESS: 03 TOH YI DRIVE #08-127 S' (590003)

* d) DATE OF BIRTH: 02 / 11 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/12/2010

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

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GX 9202R MODEL: TOYOTA
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

email: aloneJC_88@Hotmail.com
 VIDEO



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

MX1F

R SN

AN0667A

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.

DMPCSNA00112522201

Engine No.: 2AR2181876

Cha. No.: AGH300258346

1. Index Mark and Registration
Number of Vehicle

SJP7777T

2. Name of Policy Holder

WANG BIN

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

03/06/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$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.

* 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: Ho Li Hwa Irene
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