

**NATIONAL Assessment Centre Services** (Call 1-800-823-6400) **2100823640006**

Date In: **15/06/2023 18:18** Job Description: **SAS e-File** Date & Time Completed: Done by:

Ref No: **X/182301749** E-mail (within 30 days, A/C 2003)

Vol No: **SMK 3182B** 1-Motor Claim Form

D.O.A: **13/06/2023 16:32** 1-Motor W/O (Within 30 days, A/C 2003)

QC **TP** Reporting Only 1-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax/Hand In Owner/Driver

Preferred Wksp / NO Assgn Wksp / QW: Tel: Fax:

TP Pending: **Yell No: GBE 5890P** INC ( ) / Non-INC ( )

Owner / Driver: Tel:

Policy No: Period: Cover Type:

Confirmed by: Date: Time:

Insured/Driver Liability: (%) (Note: Inc Status (W/O): 10-0-2004, P: 21-79%, 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 color of repair.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Damage: ( )

Other: ( )

**X/182301749**

Client/Owner: Invoice: Preparation Charge: ( )

Contact No: 1) All: Accident Report ( ) INC ( )

Assigned Portion: 2) DA: Damage Assessment ( ) INC ( )

3) TP: Towing Fee ( )

4) PC: Follow-up Survey ( )

5) PT: Follow-up Survey ( )

6) TR: Repair ( )

7) NI: No DA + SMRT Survey ( )

8) KTC: Additional Services ( )

9) QLT ( )

10) No: Courtesy Car / Tel Allowance ( )

11) No: Repair Coordination ( )

12) No: Post Repair Inspection ( )

13) No: DV / Collect Excess Coordination ( )

14) AP: TP (Non-INC) Invoice ( )

15) No: ( )

16) No: ( )

17) No: ( )

18) No: ( )

19) No: ( )

20) No: ( )

21) No: ( )

22) No: ( )

23) No: ( )

24) No: ( )

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93) No: ( )

94) No: ( )

95) No: ( )

96) No: ( )

97) No: ( )

98) No: ( )

99) No: ( )

100) No: ( )

Checked by (Sign-In-Charge):

Signature: ( )

Date: ( )

Time: ( )

Location: ( )

Comments: ( )



## 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	15/06/2023 18:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/06/2023 16:32 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK3182B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEVINIA SHAREENA CHER
NRIC No	SXXXX830E
Email Address	leviniacher@gmail.com
Mobile Phone No	(Phone) +65-87888180
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW0025622201

### DRIVER

Name of Driver	LEVINIA SHAREENA CHER
NRIC No	SXXXX830E
Date Of Birth	19/06/1991
Occupation	Indoor

Date Of Driving Pass	12/05/2010
Driving experience	13 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-87888180
Alt. Phone Number	-
Email Address	leviniacher@gmail.com
Address	BLK 980A BUANGKOK CRESCENT #11-85
Address complement	-
Postcode	532980
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 POLICE REPORT T/20230614/7067

#### 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	GBE5890P
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LI TONGLEI
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LEVINIA SHAREENA CHER
Gender .....	Female
Phone No .....	(Phone) +65-87888180
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMK3182B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

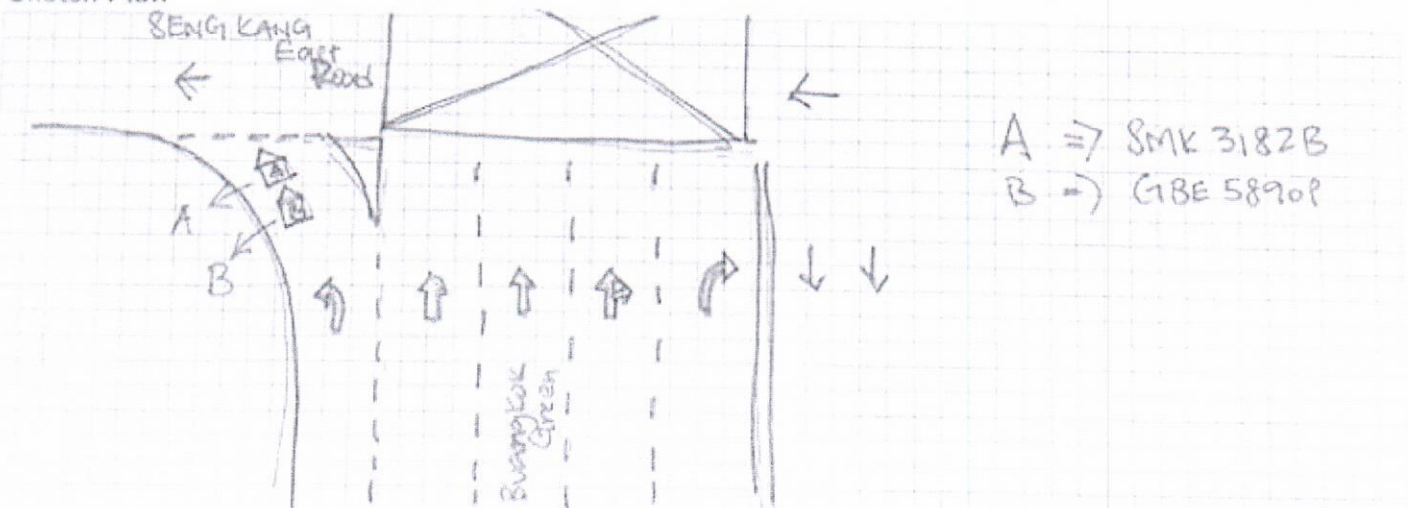
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

Refer to Police report T/20230614/7067.

**Declaration**

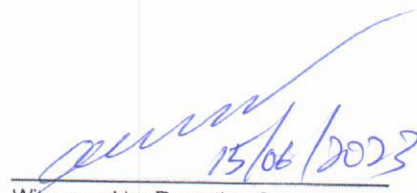
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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



15/06/2023  
Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20230614/7067

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

1 of 3

Report No. T/20230614/7067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2023 23:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEVINIA SHAREENA CHER			Address: 980B BUANGKOK CRESCENT #11-85 SINGAPORE 532980		
ID Type / ID No.: NRIC NO / S9121830E			Contact No.: Home/Office: Mobile: 87888180		
Nationality: SINGAPORE CITIZEN			Email: leviniacher@gmail.com		
Sex: Female	Age: 31	Date of Birth: 19/06/1991	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Business development manager			Driving Licence Information: Class: 3 Date of Expiry: 12/05/2010		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 16:30	Type of Location: Slip road
Location:  BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE5890P	Van	NISSAN	NV200	Grey	Slightly Damaged	0
SMK3182B	Car	HONDA	CIVIC	White	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20230614/7067

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

2 of 3

Report No: T/20230614/7067

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK3182B	CHINA TAIPING	DMPCSNW002562 22201	14/12/2022	13/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Vehicle Owner				
Name	LI TONGLEI	ID No.	G2626072N	
Related Vehicle	GBE5890P (Van)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 15/11/2021	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Vehicle Owner				
Name	LEVINIA SHAREENA CHER	ID No.	S9121830E	
Related Vehicle	SMK3182B (Car)	Contact No.	87888180	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 12/05/2010	
Date	13/06/2023	Date	13/06/2023	
No. of Days granted Medical Leave	03	Degree of	Serious	

**Brief Details.**

I was driving along a slip road and came to a complete stop as there was oncoming traffic from the main road. After a few seconds, I felt a huge impact on the rear of my vehicle and I was in a state of shock, there was also pain in my neck and back. When I came off the car, I realised that the van behind me had rear ended me and the impact pushed my vehicle to the main road. I sat by the road for awhile as my head was in pain.





**SINGAPORE  
POLICE FORCE**



T/20230614/7067

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

3 of 3

Report No. T/20230614/7067

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
14/06/2023 23:57

Classification Of Case:

VEHICLE NO:

SMK 3182B MAKE &amp; MODEL: HONDA Civic

AUTO / MANUAL

DATE OF ACCIDENT	13 / 06 / 2023	*C.C.
TIME OF ACCIDENT	16 32	AM / PM
LOCATION OF ACCIDENT	SENGI KANG EAST ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LEVINIA SHAIREENA CHIER.	
EMAIL	Leviniacher@gmail.com	Office: MOBILE: 8788 8180
NRIC	S 9121830E	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPC8NW00256222201	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC		
DATE OF BIRTH	19 / 06 / 1991	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	12 / 05 / 2010	
GENDER	Male / Female	
CONTACT NO.	Mobile: Office:	
EMAIL		
ADDRESS	980B Buangkok Crescent.	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER.	
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where? T 20230614/7067.	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	G1B58910P Any Passenger: NO	
NAME	LI TONGLEI	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Person Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	



Motor Private Car

MX1F

R SN

AND639A

Cov Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1980  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks and Compensation) Rules 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00256222201

Engine No.: R16B22000130

Chassis No. MRHFC5650HT000109

1 Index Mark and Registration Number of Vehicle

SMK31828

AUTOSAFE

2 Name of Policy Holder

LEVINIA SHAREENA CHER

3 Effective date of the Commencement of insurance for the purposes of the Regulations (Ordinance or Enactment)

14/12/2022

(09:00:00)

Named Drivers Ex Sect. I

\$5500.00

Additional Ex Other than Named Drivers

Ex Sect. I - Age <= 25

\$53,000.00

Ex Sect. I - Age >= 26

\$5500.00

\* Age as at date of accident

EX ON WINDSCREEN

\$5100.00

4 Date of Expiry of Insurance

13/12/2023

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 \$5500 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 OCBG BANK 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

**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: ACCELERATE ASSURANCE AGENCY

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