

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 21/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/C7123006304/d4	SAS e-filing		
Veh No: SMZ 9063T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/2023 20:00	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: unknown	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

NA2301838	Invoice Preparation Checklist	Am't (\$)	Am't
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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: Idac 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	21/06/2023 17:18 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD ENTERING TO NORMANTON PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ9063T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M5 EQUIPMENT PTE LTD
Company Reg No	2XXXXX517D
Email Address	nevin@m5equipment.com.sg
Mobile Phone No	(Phone) +65-69621510
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00203112200

DRIVER

Name of Driver	NEVIN GOH JING TAO
NRIC No	SXXXX803H
Date Of Birth	17/05/1993
Occupation	Indoor

Date Of Driving Pass	20/12/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96584224
Alt. Phone Number	-
Email Address	nevin@m5equipment.com.sg
Address	APT BLK 714 JURONG WEST STREET 71
Address complement	# 08-143
Postcode	640714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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/20230620/7067

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	UNKNOWN
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

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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.

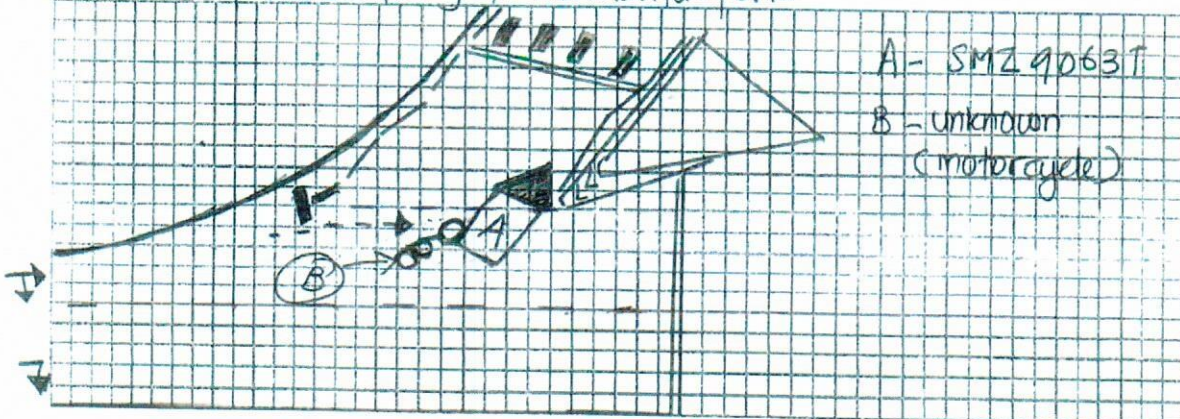


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Slip Road entering to Normanton Park



Describe Circumstance of the Accident

Please Refer to the attached
Police Report

- T/20230620/7067 -

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

21/06/2023

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

21/06/2023



SINGAPORE POLICE FORCE



T/20230620/7067

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

1 of 3

Report No. T/20230620/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2023 21:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NEVIN GOH JING TAO			Address: 714 JURONG WEST STREET 71 #08-143 SINGAPORE 640714		
ID Type / ID No.: NRIC NO / S9316803H			Contact No.: Home/Office: Mobile: 96584224		
Nationality: SINGAPORE CITIZEN			Email: gjtnevin@gmail.com		
Sex: Male	Age: 30	Date of Birth: 17/05/1993	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other commercial and marketing sales executives			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 20/06/2023 20:00	Type of Location: Bend
Location: SCIENCE PARK DRIVE				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ9063T	Car					0

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



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

CONTINUATION OF REPORT

Cyclist				
Name	DID NOT NOTE DOWN		ID No.	DID NOT NOTE DOWN
Related Vehicle	SMZ9063T (Car)		Contact No.	96584224
Hospital/Clinic	115 EASTPOINT CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/06/2023		Date	20/06/2023
No. of Days granted Medical Leave	01		Degree of	Slight
Driver				
Name	NEVIN GOH JING TAO		ID No.	S9316803H
Related Vehicle	SMZ9063T (Car)		Contact No.	96584224
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	NIL

Brief Details.

I was filtering left towards Normanton Park when I had side swiped a motor cyclist. The motorcyclist had some scratches and I had assisted him up. But due to shock, I went back to my car and drove off without noting down the motorcyclist contact number, identification number and vehicle plate number. After calming down I made a call to my boss to report the incident. Whereby he told me to head to a police station to report the accident. I went to Queensway police post along pasir panjang and they told me to make the report online.



**SINGAPORE
POLICE FORCE**



T/20230620/7067

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

3 of 3

Report No. T/20230620/7067

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
20/06/2023 21:16

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 20/06/2023	TIME OF ACCIDENT: 20:00
VEHICLE NO: SM2 9063 T	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Mercedes	LOCATION: Slip Road entering to Normanton Park
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: China Taiping	POLICY NO: DMPC8NW00203112200
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: M5 Equipment Pte Ltd	NRIC: 201904517D
ADDRESS:	CONTACT NO: 69621510
EMAIL ADDRESS:	VIDEO RECORDING: YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Nexin Goh Jing Tao	NRIC: S93168034 CONTACT NO: 9658 4224
DRIVER OWNER RELATIONSHIP: employee	PASSENGER: 0 MALE () FEMALE ()
DATE OF BIRTH: 17 / 05 / 1993	DRIVING PASSING DATE: 20 / 12 / 2012
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: Apt Blk 714 Strong West Street 71 # 08-143, S 640714
ANY INJURIES: NO, IF YES:	POLICE REPORT: NO / IF YES WHERE?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: unknown (motorcycle)	VEHICLE C REG NO:
DRIVER NAME:	DRIVER NAME:
NRIC:	NRIC:
CONTACT:	CONTACT:
VEHICLE D REG NO:	ANY WITNESS? NO, IF YES:
DRIVER NAME:	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN? YES / NO
	WERE INJURY CONVEYED BY AMBULANCE: YES / NO

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)

N SN

AN0144A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00203112200

Engine No.: 27491031029223

Cha. No.: WDD2050402R301305

1. Index Mark and Registration
 Number of Vehicle

SMZ9063T

AUTOSAFE
 =====

2. Name of Policy Holder

M5 EQUIPMENT PTE LTD

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

28/08/2022
 (00:00:00)

Named Drivers Ex Sect. I S\$500.00

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*

Any person who is driving on the Policyholder's order or with their 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\$1,000 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

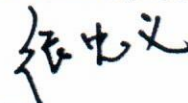
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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: LIAN HONG PTE LTD
 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