

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 11/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT/23006984/d4	SAS e-filing		
Veh No: SNA 5358P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/07/2023 16:40	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SNJ 129U

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%. P: 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 repalrer.

( ) 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

NA2302081

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

In Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) N1 : Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

Op\*

\*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 (N-on INC) against INC \$20

9) N12: Idao 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	11/07/2023 13:33 (SGT)
Reported by	Actual Driver
Date of Accident	10/07/2023 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI ( TOA PAYOH AVENUE 6 )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5358P
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DIPINGXIAN SERVICES
Company Reg No	5XXXX579J
Email Address	claims@miragemw.sg
Mobile Phone No	(Phone) +65-93897293
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	1969

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00017662201

#### DRIVER

Name of Driver	WANG BILLY
NRIC No	SXXXX658C
Date Of Birth	19/08/1972
Occupation	Indoor

Date Of Driving Pass	10/07/2006
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-93897293
Alt. Phone Number	-
Email Address	claims@miragemw.sg
Address	APT BLK 491D TAMPINES STREET 45
Address complement	# 09-232
Postcode	523491
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	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ129U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour .....	-
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WANG BILLY
Gender .....	Male
Phone No .....	(Phone) +65-93897293
Address .....	APT BLK 491D TAMPINES STREET 45
Address Complement .....	# 09-232
Post Code .....	523491
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK
Injured person in which vehicle? .....	SNA5358P
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.

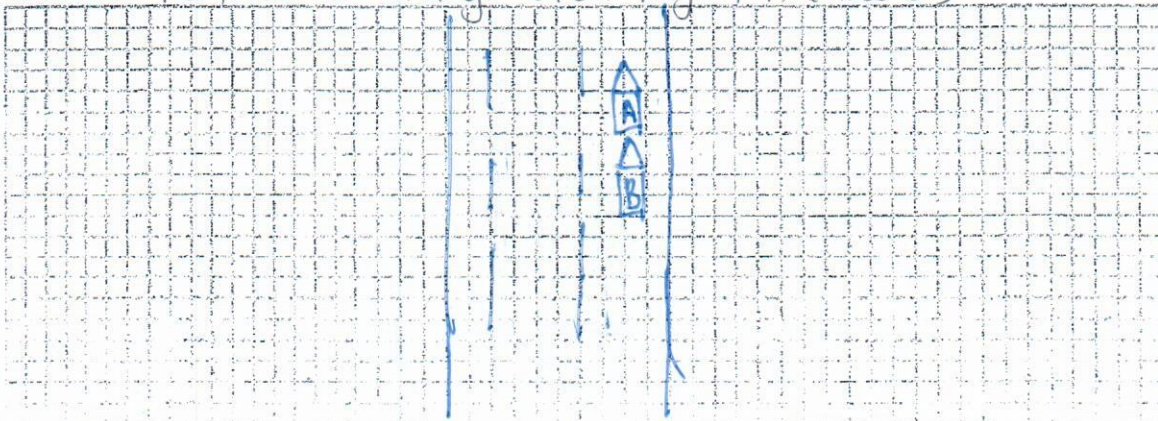


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan PIE towards Changi (Toa Payoh Avenue 6)



(A) SNA5358p

(B) SNJ 1290



Describe Circumstances of the Accident

I was driving along P.E towards Changi  
traffic condition was moving slowly  
at the point of time and suddenly  
SNJ 129U collide on to my Rear  
portion of my car.

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

Witnessed by Reporting Centre  
Personnel

*[Signature]* 11/7/2023





**SINGAPORE  
POLICE FORCE**



T/20230711/2107

1 of 3

Police Station Of Origin  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20230711/2107

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made  
11/07/2023 18:23

Vide Report No.:

Station Diary No.:  
45

**Informant's Particulars**

Name of Informant:  
WANG BILLY

Address:  
APT BLK 491D TAMPINES STREET 45 #09-232 SINGAPORE  
523491

ID Type / ID No.:  
NRIC NO: S7262658C

Contact No.:  
Home/Office: Mobile: 93897293

Nationality:  
GUINEAN (BISSAU)

Email:  
privatebillyw@gmail.com

Sex: Age: Date of Birth:  
Male 50 19/08/1972

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Occupation:  
Business Consultant

Driving Licence Information:  
Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2023 17:00	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	Notes
SNA5358P	Car		XC60 T5	Brown	Slightly Damaged	0
SNJ129U	Car		Vezel 1.5X A	Blue	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No 1800-5872999



T/20230711/2107

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Report No. T/20230711/2107

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	WANG BILLY	ID No.	S7262658C
Related Vehicle	SNA5358P (Car)	Contact No.	93897293
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2023	Date Discharge	11/07/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Ang Boon Kiat, Kelvin	ID No.	S9326535A
Related Vehicle	SNJ129U (Car)	Contact No.	87485421
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 10/7/23 at about 5pm, I was driving back home from work and was driving along PIE towards Changi Airport on the first lane. The traffic was heavy along the exit of Toa Payoh Ave 6 hence I slowed down my vehicle(SNA5358P). However while slowing down, another car(SNJ129U) suddenly collided onto the rear of my car.

After the collision, both drivers got out of the vehicle to inspect our respective vehicles and to exchange particulars as well. The impact resulted in dents to the rear bumper of my car. Thereafter, I continued with my journey back home. I did not feel any pain immediately after the accident as I was still in shock however later on that night on the same day, I felt pain on my neck and back.

I went to have a medical check up done the next day on the 11/7/23 where I was prescribed with topical and oral anaesthesia. I was also given 3 days of medical leave.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20230711/2107

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Report No. T/20230711/2107

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /

SR STAFF SGT MUHAMMAD  
SAIFUL BAKHRI BIN RAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/07/2023 18:23

Classification Of Case:

NP168



Date of Accident : 10/7/2023 Accident Time: 16.40 (24-HR-FORMAT)  
 Accident Place : Pietowards changi (Toa payoh Ave 6)  
 Vehicle Reg. No (Car plate No.) : SNA5358 P Vehicle Make/Model: VOLVO XC60  
 Insurance Company : China Taiping Policy No. DMHESNW00017662201  
 Name of Registered Owner : Company / Individual Piping Xian Services  
 ID of Registered Owner : Co Reg No: 53368579J Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 93897293  
 DRIVER'S Name : Wang Billy DRIVER'S NRIC No: S7262658C  
 DRIVER'S Date of Birth : 19/08/1972 DRIVER'S License Pass Date 10/7/2006  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : Blk 491D Tampines Street 45 #09-232  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : claims@mirage.mw.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (including Driver): 0 (1 Driver only) *Built by Neel*  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SNJ 129U  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_





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 Hire Car

MZ407

R SN

AN0008A

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, 1969 (Malaysia)

CERTIFICATE No.

DMHCSNW00017662201

Engine No.: B4204T111077816

Cha. No.: YV1DZ40LDF265572

1. Index Mark and Registration  
Number of Vehicle

SNA5358P

AUTOSAFE

2. Name of Policy Holder

DIPINGXIAN SERVICES

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

30/09/2022  
(00:00:00)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

29/09/2023

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive\*

Any employee or any person who is driving with 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.\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes.

The Policy does not cover

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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:



Authorised Officer

Signature of Authorised Signatory

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