

NATIONAL Assessment Centre Services (wef 1 Jan'06)

SUE823700004

Date In: 12/01/2023 16:33	Job description	Date & Time Completed	Done by
Ref No: X/A/C12 28006414	SAS e-filing		
Veh No: SU 1737X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/01/2023 19:00	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:

SMW 4052Z

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

X/A2302096

Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

Claimant's Particulars :-

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

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

INC (\$80)

Driver/Owner:

3) TF : Towing Fee

\$40/\$45

Contact No:

4) FT : Follow-Through Survey

\$120

Damaged Portion:

5) FT : Follow-Through Survey (Resurvey)

\$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection

\$75

7) N1 : Idac DA + SMRT Survey

\$160

QC Checked by (Engr-In-Charge):

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

Auditors' Comments :-

TP (N11) : TP (Non INC) against INC

\$20

Cat. 1:

9) N12: Idac Mobile

\$30

Cat. 2 / 3:

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	12/07/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2023 19:00 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TOWARDS CTE AFTER WOODLANDS AVENUE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1737X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAN MING JIE
NRIC No	SXXXX238A
Email Address	mingjie091@gmail.com
Mobile Phone No	(Phone) +65-84986275
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 hire
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00001682300

DRIVER

Name of Driver	HAN MING JIE
NRIC No	SXXXX238A
Date Of Birth	02/09/1991
Occupation	Outdoor

Date Of Driving Pass	11/05/2010
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84986275
Alt. Phone Number	-
Email Address	mingjie091@gmail.com
Address	BLK 470 PASIR RIS DRIVE 6 #06-446
Address complement	-
Postcode	510470
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	JACQUELINE
Gender	Female

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 SKETCH AND POLICE REPORT T/20230712/7026

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	SMW4052Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG4162K
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	HAN MING JIE
Gender	Male
Phone No	(Phone) +65-84986275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL1737X
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 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. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

CTE

SLE

A
C
A
A
B

SLE towards CTE
(after Woodlands
Ave 12 Exit)

A : SLL1737X

B : SM W 4052Z

C : SLG 4162K

Describe Circumstances of the Accident

On 11-07-23 at about 7:00 pm. I was travelling along SLE towards CTE (after Woodlands Ave 12 Exit). The front vehicle slowed down and stopped, I follow. Suddenly, Vehicle B (SMW 4052Z) hit my rear portion of my vehicle (SLU 1737X), I was involved in a 3 vehicles chain collision.

Please refer to the police report - T/2023 0712/7026.

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



SINGAPORE POLICE FORCE



T/20230712/7026

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

1 of 3

Report No. T/20230712/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 12:36	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: HAN MING JIE			Address: 470 PASIR RIS DRIVE 6 #06-446 SINGAPORE 510470		
ID Type / ID No.: NRIC NO / S9130238A			Contact No.: Home/Office: Mobile: 84986275		
Nationality: SINGAPORE CITIZEN			Email: MINGJIE091@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 02/09/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Interior designer			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: 11/07/2023 19:00	Type of Location: Straight Road
Location: SLE TOWARDS CTE				
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	Conditio	No of
SLG4162K	Car					0
SLL1737X	Car	HONDA	CIVIC 1.6 VTI CVT	White	Seriously Damaged	1
SMW4052Z	Car					0



**SINGAPORE
POLICE FORCE**



T/20230712/7026

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

2 of 3

Report No. T/20230712/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1737X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000016 82300	16/02/2023	15/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAN MING JIE	ID No.	S9130238A
Related Vehicle	SLL1737X (Car)	Contact No.	84986275
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/07/2023	Date	12/07/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	JACQUELINE	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

On 11.07.2023 at about 7:00pm. I was travelling along SLE towards CTE (after woodlands Ave 12exit). The front vehicle slowed down and stopped, I follow. Suddenly, vehicle B (SMW 4052Z) hit my rear portion of my vehicle (SLL 1737X), I was involved in a 3 vehicles chain collision.

I felt pain to my shoulder, neck and back. I visited Our Family Physician Clinic & Surgery after the accident. The doctor gave me 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230712/7026

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

3 of 3

Report No. T/20230712/7026

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

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

Date/Time:
12/07/2023 12:36

Classification Of Case:

Date of Accident : 11.07.23 Accident Time : 07.00pm (24-HR-Format)
 Who reported the accident? : Owner / Driver / Both
 Accident Place : SLE towards CTE (after Woodlands Ave 12 Exit)
 Vehicle No (Car Plate No) : SL 1737X Make/Model: Honda Civic 1.6
 Insurance Company : China Taiping Policy No: DMH CSNW 00001682300
 Fleet Policy : YES / NO
 Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft
 Name of Owner / IC No : Han Ming Jie (S 9130 238A)
 Owner Contact No : 8498 6275 Owner's Hp _____ Company Tel _____
 Driver Name / IC No : AS Above
 Driver's Date of Birth : 02.09.1991 Driver's License Pass Date: 11.05.2010
 Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner
 Driver's Address : APT BLK 470 Pasir Ris Drive 6 # 06-446 S (510470)
 Driver's Contact No : 1) 8498 6275 2) _____
 Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : mingjie 091 @ gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance
 Number of Passenger(include Driver) : 2 person (1 driver / 1 passenger)
 Was there any video footage? : YES / NO
 Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose
 Any injury (If Yes, Pls State) : Have injury

Other Party Driver's Particular (if any)

VEH B : <u>SMW 40.52 Z</u>	Name & Contact No: _____
VEH C : <u>SLG 4162 K</u>	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

Jacqueline (Female)

Jie

Motor Hire Car

MZ406L/B

CERTIFICATE OF INSURANCEMotor 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

AN0567A

Cov. Type:C

CERTIFICATE No.	DMHCSNW00001682300	Engine No.: R16B21601417
		Cha. No.:MRHFC5650GT001118
1. Index Mark and Registration Number of Vehicle	SLL1737X	AUTOSAFE *****
2. Name of Policy Holder	HAN MING JIE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	16/02/2023 (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 Excess Sect. II (Outside Singapore). S\$2,500.00 EX ON WINDSCREEN. S\$100.00
4. Date of Expiry of Insurance	15/02/2024	
5. Persons or Classes of Persons entitled to drive*	As per Named Driver(s) stated below. 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. HAN MING JIE	
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 and business purposes of any person to whom the vehicle is hired. 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: AUTOSHIELD PTE LTD
Authorised Officer
Authorised SignatoryChina 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