

# NATIONAL Assessment Centre Services

(wef 1 Jan'03)

24/08/23/10003

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 14/07/2023 17:02 | Job description                          | Date & Time Completed | Done by |
| Ref No: N/A/C77230071674  | SAS e-filing                             |                       |         |
| Veh No: SLG 92414         | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A : 13/07/2023 18:55  | 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: SLG 4494P

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

NA2302130/NA2302131

## Invoice Preparation Checklist

Am't (\$)

Am't

1st Bill

Add

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

- 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 : 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              | 14/07/2023 17:02 (SGT)               |
| Reported by                     | Both Policyholder and Actual Driver  |
| Date of Accident                | 13/07/2023 18:55 (SGT)               |
| Exact Location of Accident      | Seletar Expw., Singapore             |
| Additional Location Information | TOWARDS CTE AFTER WOODLANDS AVENUE 2 |
| Country/State of Loss           | Singapore                            |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLG9241H                 |
| INSURED/POLICYHOLDER        |                          |
| Is company?                 | No                       |
| Name Of Registered Owner    | TAN CHEE WEE             |
| NRIC No                     | SXXXXX517G               |
| Email Address               | jefftancheewee@gmail.com |
| Mobile Phone No             | (Phone) +65-97417038     |
| Alternative Phone No        | -                        |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezel                     |
| 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   | 1496                      |

### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00209242200                            |

### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | TAN CHEE WEE |
| NRIC No        | SXXXXX517G   |
| Date Of Birth  | 12/07/1988   |
| Occupation     | Indoor       |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass   | 08/10/2015                     |
| Driving experience   | 7 YEARS AND 9 MONTHS           |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-97417038           |
| Alt. Phone Number  | -                              |
| Email Address  | jefftancheewee@gmail.com       |
| Address  | BLK 109A CANBERRA WALK #09-306 |
| Address complement   | -                              |
| Postcode   | 751109                         |
| 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/20230714/7026

#### 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 | SLS4494P |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |



|   |             |
|---|-------------|
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | -           |
| Name of Driver .....                          | Private car |
| 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 .....                              | TAN CHEE WEE         |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-97417038 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SERIOUS INJURY       |
| Injured person in which vehicle? .....                    | SLG9241H             |
| 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

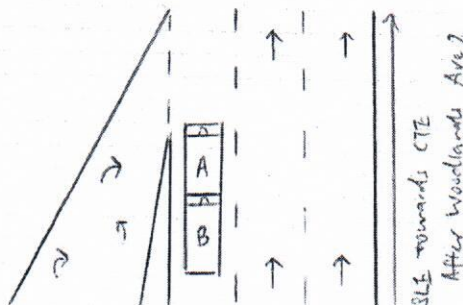
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Veh A - SLG7241H  
Veh B - SL84494P



Describe Circumstances of the Accident

Refer to Police Report : 7/20230714/7026

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

  
14/07/2023  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230714/7026

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

1 of 3

Report No. T/20230714/7026

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>14/07/2023 13:54 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

### Informant's Particulars

|  |            |                              |   |  |                  |
|--|------------|------------------------------|---|--|------------------|
| Name of Informant:<br>TAN CHEE WEE       |            |                              | Address:<br>109A CANBERRA WALK #09-306 SINGAPORE 751109 |  |                  |
| ID Type / ID No.:<br>NRIC NO / S8823517G |            |                              | Contact No.:  |  |                  |
|  |            |                              | Home/Office:  |  | Mobile: 97417038 |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>JEFFTANCHEEWEE@GMAIL.COM                      |  |                  |
| Sex:<br>Male                             | Age:<br>35 | Date of Birth:<br>12/07/1988 | Type of Informant:<br>Driver                            |  |                  |
| Race:<br>Chinese                         |            |                              | Language:<br>English                                    |  |                  |
| Occupation:<br>Supervisor                |            |                              | Driving Licence Information:<br>Class:                  |  | Date of Expiry:  |

### General Information of the Accident

|  |                  |                       |  |                                     |
|--|------------------|-----------------------|--|-------------------------------------|
| Type of Accident:                                      | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of Accident:<br>13/07/2023 18:55 | Type of Location:                   |
| Location:<br><br>SLE towards CTE after Woodlands ave 2 |                  |                       |  |                                     |
| Weather:   |                  | Road Surface:         |  |                                     |
| Traffic Flow:  |                  | Traffic Control:      |  | Traffic Volume:                     |
| Type of Collision:                                     |                  |                       |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type | Make  | Model          | Color | Conditio | No of |
|-------------|------|-------|----------------|-------|----------|-------|
| SLG9241H    | Car  | HONDA | VEZEL 1.5X CVT | Blue  |          | 0     |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No        | Effective  | Expiry Date |
|-------------|---|---------------------|------------|-------------|
| SLG9241H    | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW002092 42200 | 05/09/2022 | 17/10/2023  |





**SINGAPORE  
POLICE FORCE**



T/20230714/7026

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

2 of 3

Report No. T/20230714/7026

**CONTINUATION OF REPORT**

| Details of Person Involved        |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                |                                   |                                   |
| Name                              | TAN CHEE WEE   | ID No.                            | S8823517G                         |
| Related Vehicle                   | SLG9241H (Car) | Contact No.                       | 97417038                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | 05             | Degree of                         | Serious                           |

Brief Details.

On the stated date and time I vehicle SLG9241H was travelling straight along SLE towards CTE on lane 3.

I was moving straight and when my front vehicle stopped I gradually follow suit.

Suddenly I felt a huge impact from behind.

The impact caused me to be lunged forward only to be restrained by my seatbelt.

I later alighted and realised that vehicle SLS4494P had not stopped in time and slammed into my vehicle's rear portion.

After a while I felt pain on my neck, shoulders and lower back areas.

The next day the pain worsen and I proceeded to Norwood Medical Clinic to seek treatment and I was given 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20230714/7026

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

3 of 3

Report No. T/20230714/7026

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
LEE GUANG HUI  
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:  
14/07/2023 13:54

Classification Of Case:

NP168

Jurk

Date of Accident : 13/07/2023 Accident Time: 1855 (24-HR-FORMAT)  
Accident Place : SLE towards CTE After Woodlands Ave 2  
Vehicle Reg. No (Car plate No.) : SLG9241H Vehicle Make/Model: Honda Vezel  
Insurance Company : China Taiping Policy No. DMPCSNW00209242200  
Name of Registered Owner : Company / Individual Tan Chee Wee  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8823517G  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 9741 7038  
DRIVER'S Name : Tan Chee Wee DRIVER'S NRIC No: S8823517G  
DRIVER'S Date of Birth : 12/07/1988 DRIVER'S License Pass Date 08/10/2015  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner  
DRIVER'S Address : 109A Canberra Walk #09-306 S751109  
DRIVER'S Contact No./ Alt No. : 1) 9741 7038 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : jofftancheewee@gmail.com  
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): 01 Passenger Name: \_\_\_\_\_ Gender: M/F  
Was the accident reported to the police? YES / NO Passenger Name: \_\_\_\_\_ Gender: M/F  
Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: Tan Chee Wee  
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. <u>SL84494P</u> | Vehicle Reg No. _____         |
| Vehicle Make/Model: _____       | Vehicle Make/Model: _____     |
| Name DRIVER: _____              | Name DRIVER: _____            |
| IC No. DRIVER: _____            | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____   | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No. _____         | Vehicle Reg No. _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | 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 Private Car

MX1F

N SN

AN0421A

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.

DMPCSNW00209242200

Engine No.: L15B4037298

Cha. No.:RU11117323

1. Index Mark and Registration  
Number of Vehicle

SLG9241H

AUTOSAFE  
=====

2. Name of Policy Holder

TAN CHEE WEE(CHEN ZHIWEI)

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

05/09/2022  
(11:34:42)

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

4. Date of Expiry of Insurance

04/09/2023

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 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.

HIRE PURCHASE CO.: DBS 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.

**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: VITESSE SOLUTIONS  
Authorised Officer

张元义

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

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