

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 20/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/CT123007404/J	SAS e-filing		
Veh No: 3NG 4870B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/07/2023 12:25	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 <u>Fax</u> / <u>Hand</u> to <u>Owner</u> / <u>Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SW 18D	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 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

NA2302190	Invoice Preparation Checklist	Am't (\$)	Inc Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl 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: 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	20/07/2023 12:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/07/2023 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RAFFLES LINK (INFRONT MARINA SQUARE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG4870B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TENG CHENG JUN, CLINT
NRIC No	SXXXX342A
Email Address	TENGCLINT@GMAIL.COM
Mobile Phone No	(Phone) +65-91123375
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00018592200

DRIVER

Name of Driver	TENG CHENG JUN, CLINT
NRIC No	SXXXX342A
Date Of Birth	12/04/1992
Occupation	Outdoor

Date Of Driving Pass	12/03/2012
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91123375
Alt. Phone Number	-
Email Address	TENGCLINT@GMAIL.COM
Address	BLK 455 SIN MING AVENUE
Address complement	#07-475
Postcode	570455
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 THE POLICE REPORT: T/20230720/7014

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	SW18D
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	TENG CHENG JUN, CLINT
Gender	Male
Phone No	(Phone) +65-91123375
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDER, BACK, CHEST AND HEAD (7 DAYS MC).
Injured person in which vehicle?	SNG4870B
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.
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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.

CL

Rm 20/7/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

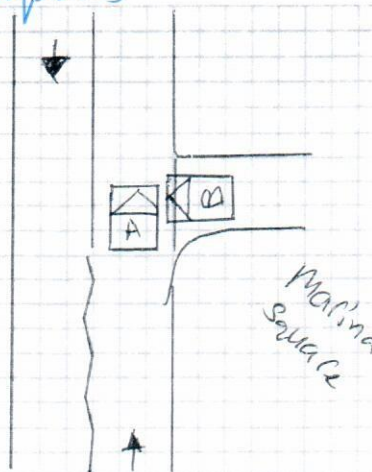
Sketch Plan

Raffles Link (in front Marina Square)

Vehicle: SNG4070B

Vehicle: SW18D

One Raffles Link




Describe Circumstances of the Accident

Handwritten notes and signatures in the accident description section:

- Top right: A signature and the date *20/7/23*.
- Center: The word *Driver* and the date *7/20/23* (likely 20/7/23).
- Bottom left: A signature.

Declaration

I/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

 *20/7/23*

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230720/7014

1 of 3

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

Report No. T/20230720/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 11:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: TENG CHENG JUN, CLINT			Address: 455 SIN MING AVENUE #07-475 SINGAPORE 570455	
ID Type / ID No.: NRIC NO / S9212342A			Contact No.: Home/Office: Mobile: 91123375	
Nationality: SINGAPORE CITIZEN			Email: TENGCLINT@GMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 12/04/1992	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2023 12:25	Type of Location: Straight Road
Location: RAFFLES BOULEVARD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGN4870B	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Grey		0
SW18D	Car	MERCEDES BENZ				0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGN4870B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000185 92200	30/09/2022	29/09/2023



**SINGAPORE
POLICE FORCE**



T/20230720/7014

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

2 of 3

Report No. T/20230720/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TENG CHENG JUN, CLINT	ID No.	S9212342A
Related Vehicle	SNG4870B (Car)	Contact No.	91123375
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	19/07/2023	Date	19/07/2023
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time. I, Vehicle A (SNG4870B) was travelling straight on Raffles Link. Suddenly, Vehicle B (SW18D) dashed out from the exit of Marina Square without stopping at the stop link and collided onto my vehicle right portion.

I wish to state that due to the huge impact i felt pain on my neck,shoulder,back,chest and head. I went to consult a doctor @ Intemedical Kovan and was given 7 days mc.



**SINGAPORE
POLICE FORCE**



T/20230720/7014

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

3 of 3

Report No. T/20230720/7014

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:
20/07/2023 11:26

Classification Of Case:

Date of Accident : 19/7/2023 Accident Time: 12:25 (24-HR-Format)
Accident Place : Raffles Link (infront Marina Square)
Vehicle. No. (Car Plate No.) : SNG4870B Make/Model: Mitsubishi Attrage 1.2
Insurance Company : China Taiping Policy No: DMHCSNW00018592200
Owner or Company Name /IC No. : Teng Cheng Jun, Clint (59212342A)
Owner or Company Contact No. : 91123375 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : — Saw AS Above —
DRIVER'S Date Of Birth : 12/4/1992 DRIVER'S License Pass Date 12 Mar 2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : B1K 455 Sin Ming Avenue #07-475 (S) 570455
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Teng Clint@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
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
Any Injury (If YES, Pls state): Driver

Other Party Driver's Particular (if any)

Vehicle. No: SW18D
Vehicle Make\Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle. No: _____
Vehicle Make\Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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

AN0757A

Cov. Type: C

CERTIFICATE No.

DMHCSNW00018592200

Engine No.: 3A92UJK2757

Cha. No.: MMBSTA13AKH004805

1. Index Mark and Registration
Number of Vehicle

SNG4870B

AUTOSAFE

=====

2. Name of Policy Holder

TENG CHENG JUN, CLINT

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
(16:26:20)
Ordinance or Enactment

30/09/2022

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*

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.

TENG CHENG JUN, CLINT

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.

HIRE PURCHASE CO. : GOLDEN CHARTER PTE 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: GOLDEN CHARTER AGENCY 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