

Date In: 27/11/2017 13:01	Job description	Date & Time Completed	Done by
Ref No: XBA/CTI/702251/Y	SAS e-filing		
Veh No: SKX 4826R	E-mail (with photo, AIC files)		
P.O.A: 28/11/2017 19:10	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (with photo, AIC files)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SBS 8377Z	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Printer:
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 0016	Date Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Action

MMA107340	Invoice Preparation Checklist	By	Amended	Amended
Human's Particulars	1) AR: Accident Reporting (\$30)			
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Recovery) \$10			
	6) TR: Re-inspection \$10			
	7) NI: NI + DA + SMRT Survey \$140			
	8) NTUC Additional Services			
	9) NI: NI + DA + SMRT Survey			
	10) NI: NI + DA + SMRT Survey			
	11) NI: NI + DA + SMRT Survey			
	12) NI: NI + DA + SMRT Survey			
	13) NI: NI + DA + SMRT Survey			
	14) NI: NI + DA + SMRT Survey			
	15) NI: NI + DA + SMRT Survey			
	16) NI: NI + DA + SMRT Survey			
	17) NI: NI + DA + SMRT Survey			
	18) NI: NI + DA + SMRT Survey			
	19) NI: NI + DA + SMRT Survey			
	20) NI: NI + DA + SMRT Survey			
	21) NI: NI + DA + SMRT Survey			
	22) NI: NI + DA + SMRT Survey			
	23) NI: NI + DA + SMRT Survey			
	24) NI: NI + DA + SMRT Survey			
	25) NI: NI + DA + SMRT Survey			
	26) NI: NI + DA + SMRT Survey			
	27) NI: NI + DA + SMRT Survey			
	28) NI: NI + DA + SMRT Survey			
	29) NI: NI + DA + SMRT Survey			
	30) NI: NI + DA + SMRT Survey			
	31) NI: NI + DA + SMRT Survey			
	32) NI: NI + DA + SMRT Survey			
	33) NI: NI + DA + SMRT Survey			
	34) NI: NI + DA + SMRT Survey			
	35) NI: NI + DA + SMRT Survey			
	36) NI: NI + DA + SMRT Survey			
	37) NI: NI + DA + SMRT Survey			
	38) NI: NI + DA + SMRT Survey			
	39) NI: NI + DA + SMRT Survey			
	40) NI: NI + DA + SMRT Survey			
	41) NI: NI + DA + SMRT Survey			
	42) NI: NI + DA + SMRT Survey			
	43) NI: NI + DA + SMRT Survey			
	44) NI: NI + DA + SMRT Survey			
	45) NI: NI + DA + SMRT Survey			
	46) NI: NI + DA + SMRT Survey			
	47) NI: NI + DA + SMRT Survey			
	48) NI: NI + DA + SMRT Survey			
	49) NI: NI + DA + SMRT Survey			
	50) NI: NI + DA + SMRT Survey			
	51) NI: NI + DA + SMRT Survey			
	52) NI: NI + DA + SMRT Survey			
	53) NI: NI + DA + SMRT Survey			
	54) NI: NI + DA + SMRT Survey			
	55) NI: NI + DA + SMRT Survey			
	56) NI: NI + DA + SMRT Survey			
	57) NI: NI + DA + SMRT Survey			
	58) NI: NI + DA + SMRT Survey			
	59) NI: NI + DA + SMRT Survey			
	60) NI: NI + DA + SMRT Survey			
	61) NI: NI + DA + SMRT Survey			
	62) NI: NI + DA + SMRT Survey			
	63) NI: NI + DA + SMRT Survey			
	64) NI: NI + DA + SMRT Survey			
	65) NI: NI + DA + SMRT Survey			
	66) NI: NI + DA + SMRT Survey			
	67) NI: NI + DA + SMRT Survey			
	68) NI: NI + DA + SMRT Survey			
	69) NI: NI + DA + SMRT Survey			
	70) NI: NI + DA + SMRT Survey			
	71) NI: NI + DA + SMRT Survey			
	72) NI: NI + DA + SMRT Survey			
	73) NI: NI + DA + SMRT Survey			
	74) NI: NI + DA + SMRT Survey			
	75) NI: NI + DA + SMRT Survey			
	76) NI: NI + DA + SMRT Survey			
	77) NI: NI + DA + SMRT Survey			
	78) NI: NI + DA + SMRT Survey			
	79) NI: NI + DA + SMRT Survey			
	80) NI: NI + DA + SMRT Survey			
	81) NI: NI + DA + SMRT Survey			
	82) NI: NI + DA + SMRT Survey			
	83) NI: NI + DA + SMRT Survey			
	84) NI: NI + DA + SMRT Survey			
	85) NI: NI + DA + SMRT Survey			
	86) NI: NI + DA + SMRT Survey			
	87) NI: NI + DA + SMRT Survey			
	88) NI: NI + DA + SMRT Survey			
	89) NI: NI + DA + SMRT Survey			
	90) NI: NI + DA + SMRT Survey			
	91) NI: NI + DA + SMRT Survey			
	92) NI: NI + DA + SMRT Survey			
	93) NI: NI + DA + SMRT Survey			
	94) NI: NI + DA + SMRT Survey			
	95) NI: NI + DA + SMRT Survey			
	96) NI: NI + DA + SMRT Survey			
	97) NI: NI + DA + SMRT Survey			
	98) NI: NI + DA + SMRT Survey			
	99) NI: NI + DA + SMRT Survey			
	100) NI: NI + DA + SMRT Survey			

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 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 ability.
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 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 Report	27/11/2017 13:01
Date Of Accident	24/11/2017 19:10
Exact Location Of Accident	FROM NEWTON ROAD ENTERING NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4826B
Insured/Policyholder	
Name Of Registered Owner	LEE CHYE HUAT
NRIC No	S0087557J
Email Address	CHLEE@SG-GLOBELINK.COM
Mobile Phone No	(LOCAL) +65-98280704
Alternative Phone No	OTHERS-98280704

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3075271701
Cover Note Number	

Driver

Name of Driver	LEE CHYE HUAT
NRIC No	S0087557J
Date Of Birth	15/10/1950
Occupation	INDOOR
Date Of Driving Pass	26/09/1974
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98280704
Fax Number	
Contact Number	OTHERS-98280704
EMail Address	CHLEE@SG-GLOBELINK.COM

Address	BLK 107 ALJUNIED CRESCENT #07-04
Postcode	380107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS8399Z
Vehicle Make/Model/Colour	SBS BUS SERVICE NO:124
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

27/11/2017 @ 11:27

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/11/2017
Vicki Wong

On 26.11.2017 at about 19:09 hrs, myself and SBS bus service no. 261 plate no. SBS 8399Z which was at my left side (lane), ~~was~~ ^{we were} making left turn from extreme left lane into Scott Rd at Newton circle. Suddenly myself and family were shocked by an impact from the left side of my vehicle. Both of us have carry on the journey. None of my family was injured in the impact but the left front body of the car was dented and the bumper also pushed in right side of the drive seat. Mr. Alan at St. Michael SBS station was contacted on 26/11/17 morning for the said incident. And he asked me to proceed for the claims.

I/We declare the foregoing particulars are true in every respect.

Date & Time: 27/11/2027

Reporting Centre Personnel's Signature
Name: Peshi W...
NRIC/FIN No.: ...

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24/11/17 (DD/MM/YYYY), TIME: 19:10 (HH:MM)

LOCATION: Newton Circle

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SXX 4826 B
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DM PC 430 75 571701
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Cherry 1st
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Lee Chye Huan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0087527-J CONTACT: 98280904
 c) ADDRESS: B1R107, Agnited Circle 70704 (38107)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DS AGOJA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 15/10/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
50087527-J

f) DATE OF DRIVING LICENCE: 2005/12/17
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNED

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Wet
 b) ROAD SURFACE: (DRY / WET / OTHERS) Wet
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5838398Z MODEL: Bus (Service Bus No. 12)
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(2)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

stokento@yahoo.com.sg
 ext-86000000
 Email = Chlee@sg. ~~ext-86000000~~ com
 Fax = 62710714
 CW7-GLOBEINT
 INK.COM
 VIDEO yes.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0087557J



Name
LEE CHYE HUAT



李再發

Race
CHINESE

Date of Birth
15-10-1950

Sex
M

Country of Birth
SINGAPORE

S0087557J

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0087557J

Name
LEE CHYE HUAT



Birth Date 15 Oct 1950

Issue Date 03 Oct 2003



000885121J

0945669



NRIC No. S0087557J




Blood Group A+ Date of Issue 10-05-1993

Address
APT BLK 107 ALJUNIED CRESCENT
#07-04
SINGAPORE 1438

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	25 Feb 1977
Class 2A	Motorcycles between 201 cc and 400 cc	25 Feb 1977
Class 2	Motorcycles exceeding 400 cc	25 Feb 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Sep 1974

Pass Date



License No. S0087557J

NF-428A



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.
Co. Reg. No. 200208384E

MX1F
R SN
AN0576A
Cov. Type: C

MOTOR PRIVATE CAR

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)

ORIGINAL

CERTIFICATE No. DMPCSN3075271701		Engine No : X20D1086535K Chano: KL1LA69K188095480
1. Index Mark and Registration Number of Vehicle	SKX48268	
2. Name of Policy Holder	LEE CHYE HUAT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	13 September 2017	Named Drivers Ex Sect. I \$5750.00 Additional Ex other than Named Drivers: Ex Sect. I - Age <= 25 \$3,000.00 Ex Sect. I - Age >= 26 \$5500.00 * Age as at date of accident EX ON WINDSCREEN \$5100.00
4. Date of Expiry of Insurance	12 September 2018	
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 \$5500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.	

* 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: I MARKETING AGENCY.....
Authorised Officer

Authorised Signatory