

NATIONAL Assessment Centre Services

Date In: 27/11/17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CIT/17022554/13	E-mail (within 2hrs, 517 2hrs):		
Veh No: SKTS177E	i-Motor Claim Form		
DOA: 25/11/17 1320	i-Motor W/O (Within 10E 2hrs, TP 4hrs)		
OD: (P) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: GZ6841E	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

NA1707314	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add 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) RT: 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: Idac 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-n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date:	Ref Charged	
	Invoice date:	Ref 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 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 17:03
Date Of Accident	25/11/2017 13:20
Exact Location Of Accident	BUKIT PANJANG (BLK 163 GANGSA RD MSCP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5177E
Insured/Policyholder	
Name Of Registered Owner	ZHANG XIAOZHEN
NRIC No	S8227387E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96211604
Alternative Phone No	OTHERS-96211604

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	DMPCSN3082541701
Cover Note Number	

Driver

Name of Driver	LIM KOK HUI(LIN GUOHUI)
NRIC No	S8225581H
Date Of Birth	16/08/1982
Occupation	INDOOR
Date Of Driving Pass	01/03/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96211604
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 440B FERNVALE LINK #14-171
Postcode	792440
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLEAR
Road Surface	DRY

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)	3

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ6841E
Vehicle Make/Model/Colour	
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


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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:



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

 22/11/17

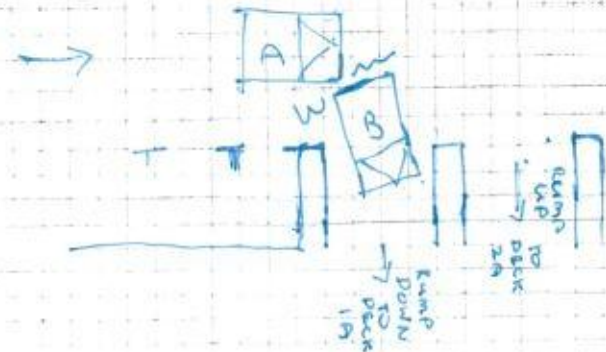
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DECK 13 OR BLK 163 GANSA RD MULTI STOREY CARPARK.

VEHICLE A - SKT 5177E

VEHICLE B - GZ 6841E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG ON A SINGLE WAY IN THE MULTI STOREY CARPARK ON DECK 13

WHILE DRIVING FORWARD AS A VEHICLE WAS STOPPED AT THE GOING DOWN RAMP, AND SO I APPLIED BRAKE AND STOPPED MY VEHICLE TO WAIT FOR MY TURN TO MOVE ON.

SUDDENLY THE VEHICLE ENGAGED TO REVERSE CLEAR AND STARTED REVERSING, AND HIT ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (GZ 6841E) THAT REVERSED FROM THE GOING DOWN RAMP AND HIT ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

VEHICLE A - SKT 5177E

VEHICLE B - GZ 6841E

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/11/17

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

Vehicle No.	SKT 5177E	Model / Make	VW JETTA
Date of Accident	25/11/17		
Time of Accident	1320	HRS	
Location of Accident	BUKIT PANJANG (BLK 163 GAMBANG RD MULTIGRABY CARPARK)		
Exact purpose use during accident	PRIVATE USE		DRACK 1B
Name of Owner	ZHANG XIAOZHAN		
Telephone No.	H/P: 96211604	Home:	Office: 91075422
NRIC	S8227387E		
Address	BLK 440B FERNVALE LINK #14-171 S(792440)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	CHINA TAIHANG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	DMPCLN 3082541701		
Name of Driver	As Above If No, LIM ROK HUI		
NRIC	S8225581H	Any Passengers:	2
Date of birth	16 Aug 1982		
Occupation	Outdoor / Indoor		
Driving License Pass Date	01 MAR 2002		
Gender	Male / Female		
Contact No.	H/P: 96211604	Home:	Office:
Address	BLK 440B FERNVALE LINK #14-171 S(792440)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		Spouse
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	GZ 6841E	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT RIGHT PORTION		
Camera Recorder	Yes / No		
Email Address	GUOHUI82@GMAIL.COM		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8225581H



Name
LIM KOK HUI
(LIN GUOHUI)

林 国 辉

Race
CHINESE

Date of Birth Sex
16-08-1982 M

Country of Birth
SINGAPORE

S8225581H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S822558
Name

LIM KOK HUI
(LIN GUOHUI)

Birth Date: 16 Aug 1982
Issue Date: 19 May 2003



000486756K



3160058



NRIC No. S8225581H

Blood Group Date of issue
O+ 05-06-2000

APT BLK 440B FERNVALE LINK #14-171
SINGAPORE 792440

NRIC No: S8225581H Date: 14/10/2014 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms 01 Mar 2002



Licence No: S8225581H

NP 428A

00012A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8227387E



Name

ZHANG XIAOZHEN

张小楨

Race

CHINESE

Date of birth

27-08-1982

Sex

F

S8227387E

Country/Place of birth

SINGAPORE



5206030



NRIC No. S8227387E



Date of issue

19-08-2013

APT BLK 440B FERNVALE LINK #14-171
SINGAPORE 792440

NRIC No: S8227387E

Date: 14/10/2014 (R)

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.	DMPCSN3082541701	Engine No :CAV428844 Chassis No:WVWZS216ZCM155584
1. Index Mark and Registration Number of Vehicle	SKT5177E	
2. Name of Policy Holder	ZHANG XIAOZHEN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 OCTOBER 2017	NAMED DRIVERS EX SECT. IS\$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 WINDSCREENS\$100.00
4. Date of Expiry of Insurance	9 OCTOBER 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 S\$1,000 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.



Countersigned By:

Authorised Officer

Authorised Signatory