

NUM 417157388

[illegible]

NA1207398

Human's Particulars:		Invoice Preparation Checklist:		Invoice Billing	
Driver/Owner:		1) AR: Accident Reporting (\$30):	17		
Contact No:		2) DA: Damage Assessment (\$100):	INC (\$30)		
Amaged Portion:		3) TF: Towing Fee:	\$40/\$43		
		4) FT: Follow-Through Survey:	\$150		
		5) FT: Follow-Through Survey (Return):	\$30		
		For planning against INC Only (Ref 10 Jan 2003)			
		6) TR: Re-inspection:	\$25		
		7) NI: Idm DA + SMRT Survey:	\$160		
		8) NTUC Additional Services:			
		Q1:			
C Checked by (Ingr-In-Charge):		*N3: Courtesy Car / Trip Allowance:	\$5		
		*N6: Repair Coordination:	\$10		
		*N7: Post Repair Inspection:	\$25		
		*N8: DY / Collect Unsett Coordination:	\$5		
		TP (N1): TP (Non INC) against INC:	\$20		
		P) N13: Idm Invoice:	10		
		Invoice dated:	File Charges		
		Invoice desc:	New Charge		
2/3:					

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	29/11/2017 10:12
Date Of Accident	28/11/2017 18:35
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE CLEMENTI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2825G
Insured/Policyholder	
Name Of Registered Owner	FOO MAY LING LINDA
NRIC No	S7000840H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93868583
Alternative Phone No	OTHERS-93868583

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE-1.2 TSI (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	DMPCSN3051771702
Cover Note Number	

Driver

Name of Driver	FOO MAY LING LINDA
NRIC No	S7000840H
Date Of Birth	14/01/1970
Occupation	INDOOR
Date Of Driving Pass	10/03/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93868583
Fax Number	
Contact Number	OTHERS-93868583
Email Address	NOEMAIL

Address	BLK 370 BUKIT BATOK STREET 31 #06-203
Postcode	650370
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4429K
Vehicle Make/Model/Colour	TAXI
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	

DETAILS OF INJURED PERSON 1

Name	FOO MAY LING LINDA
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Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SKG2825G
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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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.
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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.

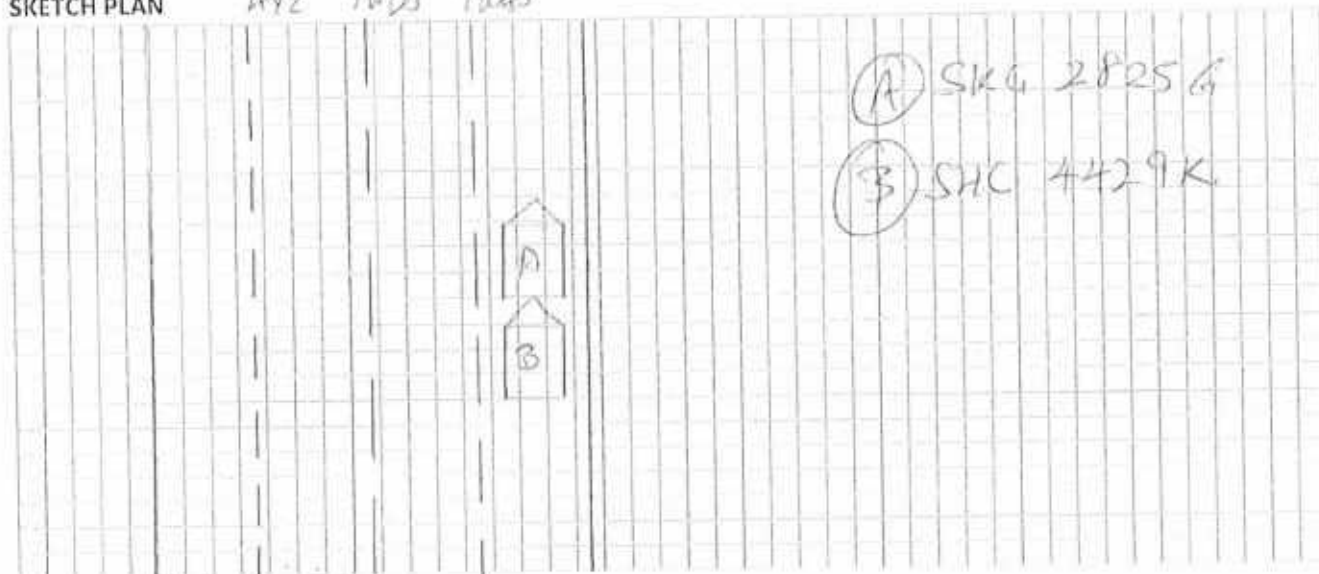

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

AYE TWDJ THAS




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

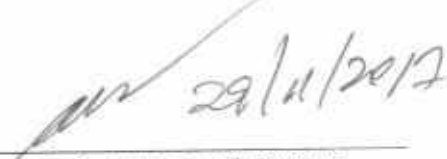
ON 28 NOV 2017 AT 1835 HR I WAS DRIVING ALONG AYE TWDJ THAS
 WHEN THE VEHICLE IN FRONT BRAKED I FOLLOW SUIT A FEW SECONDS
 LATER VEHICLE B COLLIDED INTO ME. AT THE REAR

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:


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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 NOV 2017		TIME: 1835	(hh:mm) 24 hrs Format
LOCATION AYE TNDI TUNAS BEFORE CLEMENTI EXIT.			
VEHICLE NUMBER SKG 2825G			
INSURED NAME FOO MAY LING LINDA			
NRIC / FIN S7000840H		CONTACT: 93868583.	
MAKE Volkswagen Beetle 1.2 MODEL Tailor 5C13DN SR			
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only			
INSURANCE COMPANY CHINA			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: DMPCSN 3051971702			
NAME DRIVER :		(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN S7000840H		CONTACT:	
DATE OF BIRTH: 14.			
DRIVING PASS DATE :			
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER : () MALE (<input checked="" type="checkbox"/>) FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: BLK 370 BUKIT BAROK STREET 31 #B-203 S(650370).			
Number Of Passenger Include Driver: 01 DRIVER			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO			
If No, Relationship Of The Driver With The Insured			
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle? : () YES () NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: () Clear (<input checked="" type="checkbox"/>) Raining () Drizzling () Others			
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO			
If YES, Injured details : Neck Back Pain			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B SHC 4429K			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7000840H**

Name: **FOO MAY LING LINDA**

Birth Date: **14 Jan 1970**

Issue Date: **13 Sep 2003**

000826220J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7000840H



FOO MAY LING LINDA

符美玲

Race:
CHINESE
 Date of Birth: **14-01-1970** Sex: **F**
 Country of Birth:
SINGAPORE

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

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

PASS DATE

10 Mar 1988



NP 428A



0732572

NRIC No: **S7000840H**



Blood Group: **O+** Date of issue: **15-01-1993**

APT BLK 370 BUKIT BATOK STREET 31 #08-203
SINGAPORE 650370

NRIC No: **S7000840H**

Date: **27/07/2017**

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.	DMPCSN3051771702	Engine No :CBZ687819 Chassis No:WVNZZZ16ZCM654415
1. Index Mark and Registration Number of Vehicle	SKG2825G	
2. Name of Policy Holder	MISS FOO MAY LING LINDA	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 AUGUST 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	16 AUGUST 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.		
HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER * 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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	0840H

Vehicle Details

Vehicle No.	SKG2825G
Vehicle to be Exported	No
Intended De-registration Date	30 Nov 2017
Vehicle Make	VOLKSWAGEN
Vehicle Model	BEETLE 1.2 TSI AT 5C13D5 SR
Primary Colour	White
Manufacturing Year	2012
Engine No.	CBZ687819
Chassis No.	WVWZZZ16ZCM654415
Maximum Power Output	77.0 kW (103 bhp)
Open Market Value	\$20,214.00
Original Registration Date	17 Aug 2012
First Registration Date	17 Aug 2012
Transfer Count	0
Actual ARF Paid	\$20,214.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	16 Aug 2022
PARF Rebate Amount	\$14,149.00

Intended COE Rebate Details

COE Expiry Date	16 Aug 2022
COE Category	A - Car (1600cc & below)
COE Period(Years)	10
QP Paid	\$68,656.00
COE Rebate Amount	\$32,334.00
Total Rebate Amount	\$46,483.00

The information contained herein is correct as at 29 Nov 2017

OK