

NATIONAL Assessment Centre Services

Date In: 06/12/2017 13:01
Ref No: N/A/CTI17023142/Y
Veh No: SLA 8146 D
D.O.A: 02/12/2017 18:30

OD / TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor Y/O (within 20 hrs, TP 1hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars:

Veh No:

SGD 1222R

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

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: Customers Information strictly Confidential & strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: UNR 6016 (6788 6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Actions:

NA1707607

Insured's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Notes/Comments:

L1:

L2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$10

For claimline against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$15

7) NI: 144 DA + SMRT Survey \$160

8) NTUC Additional Services

9) NI:

*NI: Courtesy Car / Tpl Allowance \$5

*NI: Repair Coordination \$10

*NI: Post Repair Inspection \$25

*NI: DY / Collect Excess Coordination \$5

TP (NI): TP (Non INC) against INC \$20

9) NI: 144 Mobile \$10

Invoice dated

Fee Charged

Invoice total

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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	06/12/2017 13:01
Date Of Accident	02/12/2017 18:30
Exact Location Of Accident	PIE EXIT ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8140D
Insured/Policyholder	
Name Of Registered Owner	TAN YOONG HAW(CHEN YONGHAO)
NRIC No	S7970433D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97668886
Alternative Phone No	OTHERS-97668886

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (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	REPORTING ONLY
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	DMPCSN3027201701
Cover Note Number	

Driver

Name of Driver	TAN YOONG HAW(CHEN YONGHAO)
NRIC No	S7970433D
Date Of Birth	16/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2005
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97668886
Fax Number	
Contact Number	OTHERS-97668886
EMail Address	NOEMAIL

Address	BLK 525 JELAPANG ROAD #10-111
Postcode	670525
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	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)	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	SGD1222R
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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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:

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

Reporting Centre Personnel's Signature
Name: *Rishi*
NRIC/FIN No.: *06/12/2017*

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 02 DEC 2017 AT 1830HRS, I WAS TRAVELLING FROM PIE EXIT
ELP WHEN SUDDENLY VEHICLE B BRAKE. I COULD NOT STOP IN
TIME AND COLLIDED INTO VEHICLE A.

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:

 06/12/2017
Reporting Centre Personnel's Signature
Name: ROSLI WAHAB
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 2 Dec 2017		TIME: 1830 HRS	(hh:mm) 24 hrs Format
LOCATION PIE EXIT ECP			
VEHICLE NUMBER S2A 8140D			
INSURED NAME TAN YOON G HAN			
NRIC/FIN S7970433D		CONTACT: 97668886	
MAKE TOYOTA		MODEL CAMRY 2.0 Auto ABS AIRBAG	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : () Third Party (/) Reporting Only			
INSURANCE COMPANY CHINA TRIPING			
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : DMPCSN 302701701			
NAME DRIVER :		(/) SAME AS INSURED	
NRIC / FIN		CONTACT:	
DATE OF BIRTH:			
DRIVING PASS DATE :			
OCCUPATION : () INDOOR (/) OUTDOOR			
GENDER : (/) MALE () FEMALE			
EMAIL ADDRESS:		() NO EMAIL	
ADDRESS OF DRIVER: BLK 525 JELAPANG ROAD #10-11 S(670525)			
Number Of Passenger Include Driver: 1 DRIVER			
Was driver an employee of the Insured's Company? () YES (/) NO			
If No, Relationship Of The Driver With The Insured			
(/) 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 () Raining () Drizzling () Others			
Road Surface : (/) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO			
Was Anybody Injured In The Accident? () YES (/) NO			
If YES, Injured details :			
Convey By Ambulance: () YES (/) NO			
Was There Any Video Capture By Car Camera? () YES (/) NO			
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B S6D 1222 R			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7970433D



Name

TAN YOONG HAW
(CHEN YONGHAO)

陈永豪

Race

CHINESE

Date of birth

16-04-1979

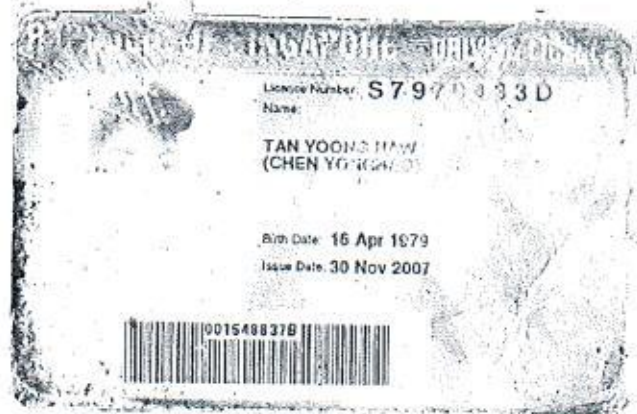
Sex

M

S7970433D

Country of birth

MALAYSIA



Licence Number S7970433D

Name

TAN YOONG HAW
(CHEN YONGHAO)

Birth Date: 16 Apr 1979

Issue Date: 30 Nov 2007



Date of issue
30-07-2007

Address
APT BLK 525 JELAPANG ROAD
#10-111
SINGAPORE 670525

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

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE

14 Dec 2005

NP 42EA



Licence No: S7970433D

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.	DMPCSN3027201701	Engine No :1A2E093569 Chassis No:MR053BK4107027049
1. Index Mark and Registration Number of Vehicle	SLA8140D	
2. Name of Policy Holder	TAN YOONG HAN (CHEN YONGHAO)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	9 APRIL 2017	NAMED DRIVERS EX SECT. I\$5750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$53,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT
4. Date of Expiry of Insurance	8 APRIL 2018	EX ON WINDSCREEN\$5100.00
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.		
HIRE PURCHASE CO. : LIEN CHONG ENTERPRISES PTE 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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	0433D

Vehicle Details

Vehicle No.	SLA8140D
Vehicle to be Exported	No
Intended De-registration Date	31 Dec 2017
Vehicle Make	TOYOTA
Vehicle Model	CAMRY 2.0 AUTO ABS AIRBAG
Primary Colour	Silver
Manufacturing Year	2008
Engine No.	1AZE093569
Chassis No.	MR053BK4107027049
Maximum Power Output	108.0 kW (144 bhp)
Open Market Value	\$26,830.00
Original Registration Date	09 Apr 2008
First Registration Date	09 Apr 2008
Transfer Count	1
Actual ARF Paid	\$29,513.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	08 Apr 2018
PARF Rebate Amount	\$14,756.00

Intended COE Rebate Details

COE Expiry Date	08 Apr 2018
COE Category	B - Car (1601cc & above)
COE Period(Years)	10
QP Paid	\$15,510.00
COE Rebate Amount	\$422.00
Total Rebate Amount	\$15,178.00

The information contained herein is correct as at 06 Dec 2017

OK