

Date In	11/12/17 14:48	Job description	Date & Time Completed	Done by
Ref No	NAI CTZ 17023450164	SAS e-filing		
Veh No	SL5 4725 Z	E-mail (within 3hrs. add date)		
D.O.A	10/12/17 13:50	i-Motor Claim Form		
OD <input checked="" type="radio"/>	Reporting Only	i-Motor W/O (within 30 days. TP 4hrs)		
		i-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHC 8135 G	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

MA 1707656	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tps Allowance	\$0	
	*N6: Repair Co-ordination	\$12	
	*N7: Post Repair Inspection	\$12	
Auditors' Comments:-	*N8: DV: Collage/Excess Coordination	\$5	
	TP (\$100) : TP (Non-INC) against INC	\$100	
	9) N12: 1 day Mobile	\$0	
	Invoice date	Fee Charged	
	Invoice date	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 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	11/12/2017 14:48
Date Of Accident	10/12/2017 13:50
Exact Location Of Accident	MERPATI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4725Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MISS YEO YOKE GEN
NRIC No	S7271967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90700372
Alternative Phone No	OFFICE-90700372

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G 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	DMPCSN3075771700
Cover Note Number	-

### Driver

Name of Driver	HO SOO LEE (HE SHULI)
NRIC No	S7737699B
Date Of Birth	24/12/1977
Occupation	INDOOR
Date Of Driving Pass	27/05/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90700372
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 333 AMK AVE 1 #08-1913
Postcode	560333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BUSINESS PARTNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	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 ATTACHED STATEMENT.

#### 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	SHC8135G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN CHONG HUAK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### 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: 11/DEC/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/DEC/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# HUP MOTOR TRADING & SERVICE

BLK 9004 TAMPINES STREET 93

#01-120 SINGAPORE 528838

TEL: 67840039 (24 hrs) HP: 98154655

Email: hupmotor@gmail.com

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims



To be signed by BOTH drivers

1 Date of accident 10/12/17	Time 13:50	2 Exact location of accident MERPATI RD	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. **SLD 4725Z**

**6 Insured / policyholder** (see insurance cert.)  
Name **YEO YOKE GEN**  
(capital letters)  
Address **BLK 333 AMK AVE 1**  
**#07-1923 SINGAPORE 56038**  
NRIC / Passport no. **S7711673**  
Tel no. (from 9am till 5pm)  
HP **90700372 (OWNER)**  
**93684526 (DRIVER)**

**7 Vehicle**  
Make, type **2/ONDA SHUTTLE**

**8 Insurance company**  
**CHINA MARINE**  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. (if available) **08PCSV3075**  
**771700**

**9 Driver** (See driving licence)  
(if different from insured A above)  
Name **MR YEO YOK LEE**  
(capital letters)  
NRIC / Passport no. **S7737699B**  
Class of licence **3**

**12 CIRCUMSTANCES**  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

Registration No. **PHC 8135G**

**6 Insured / policyholder** (see insurance cert.)  
Name  
(capital letters)  
Address  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP **91067497 (DRIVER)**

**7 Vehicle**  
Make, type **2/SONATA**

**8 Insurance company**  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

**9 Driver** (See driving licence)  
(if different from insured B above)  
Name **TAN CHONG HUAH**  
(capital letters)  
NRIC / Passport no.  
Class of licence

**10 Indicate the point of initial impact with an arrow (→)**

**11 Visible damage to vehicle A**  
**LEFT SIDE**  
**1 DRIVER / PASSENGER**  
**NO CCTV**

**13 Sketch of accident when impact occurred**  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: ☐

**10 Indicate the point of initial impact with an arrow (→)**

**11 Visible damage to vehicle B**  
**FRONT RIGHT SIDE**  
**X/O PASSENGER**

**14 My remarks**

A

**15 Signatures of drivers**

A

**14 My remarks**

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7737699B**

Name: **HO SOO LEE (HE SHULI)**

Birth Date: **24 Dec 1977**

Issue Date: **27 May 2006**

001421865K




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7737699B**

Name: **HO SOO LEE (HE SHULI)**

何淑麗

Race: **CHINESE**

Date of birth: **24-12-1977**

Country of birth: **SINGAPORE**

Sex: **F**





*DRIVER OF SLS 4725Z*

**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: **27 May 2006**

NP 426A



4188618



NRIC No: **S7737699B**



Date of issue: **13-03-2008**

APT BLK 333 ANG MO KIO AVENUE 1 #08-1913  
SINGAPORE 560333

NRIC No: S7737699B Date: 31/10/2016



**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.	DMPCSN3075771700	Engine No : L15B5001895 Chassis No: GK81101575
1. Index Mark and Registration Number of Vehicle	SL547252	
2. Name of Policy Holder	MISS YEO YOKE GEN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 SEPTEMBER 2017 NAMED DRIVERS EX SECT. 1.....S\$500.00 (09:29 HOURS) IN ADDITION TO NAMED DRIVERS EX: 25 SEPTEMBER 2018 EX SECT. 1 - AGE <= 25.....S\$3,000.00 EX SECT. 1 - AGE >= 26.....S\$500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN.....S\$100.00	
4. Date of Expiry of Insurance		
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\$500 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.



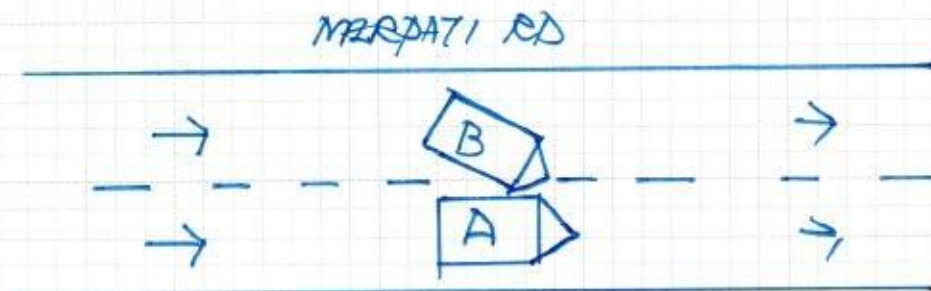
Countersigned By:

Authorised Officer

Authorised Signatory



# SKETCH PLAN



A = SLS 4725Z

B : SHC 8135G (TILTER 10/10 MY KANZ & 2/17 0070 MY CAR)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12 at about 1.50p.m. I was driving my car (SLS 4725Z) straight ahead along merpati Road in the extreme right lane. Suddenly I heard a loud bang from my car left hand side. I stopped my car to check. Then i discovered a taxi (SHC 8135 G) front right side hit onto my car left hand portion. After the accident the taxi driver refuse to exchange ic & name. So I call the police. Then they send down 2 traffic police after 1/2 hour. The taxi driver admit his fault in front of the traffic officer. The police officer had taken down both party particular and ask me to report. Then the taxi driver admitted his fault and ask me to make a claim under his taxi insurance policy for my car repairing costs.

## DECLARATION

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

Policyholder's Signature

Date & Time: 11/DEC/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/DEC/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: