

NATIONAL Assessment Centre Services. (Unit 1/2000) NAB/180004422

Date In: 08/01/2018 17:11	Job description	Date & Time Completed	Done by
Ref No: NAB/CTI/18000563/Y	SAS e-illing		
Veh No: SEK 88012	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 08/01/2018 14:20	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within 24 hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yell No: SLH 844 Y	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Turner:
Insured/Driver Liability: ()	(Note: Bsl 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 0006	DATE Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

On-site Towing: _____

Actions: _____

NAB/1800273	Invoice Preparation Checklist	Unit 1/2000	Unit 1/2000
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$50)		
Assessed Portion:	3) TP: Towing Fee \$40/\$12		
	4) FT: Follow-Through Survey \$10		
	5) FT: Follow-Through Survey (Resurvey) \$10		
	6) TR: Re-inspection \$10		
	7) NTUC: DA + SMRT Survey \$160		
	8) NTUC Additional Survey Fee		
C. Checked by (Engr-In-Charge):	9) NTUC: Courtesy Car / Tpi Allowance \$10		
	10) NTUC: Repair Coordination \$10		
	11) NTUC: Post Repair Inspection \$10		
	12) NTUC: DV / Collect Unass Coordination \$10		
	13) NTUC: TP (Nin INC) against INC \$10		
	14) NTUC: Idms Mobile		
	Invoice dated	File Charged	
	Issuing Date	File 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	09/01/2018 17:11
Date Of Accident	08/01/2018 14:20
Exact Location Of Accident	TAMPINES AVENUE 12 TOWARDS TAMPINES CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK8801Z
Insured/Policyholder	
Name Of Registered Owner	ASHLEE CHEW XUAN YU
NRIC No	S8417398C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98228703
Alternative Phone No	OTHERS-98228703
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (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	DMPCSN1753361700
Cover Note Number	

Driver

Name of Driver	ASHLEE CHEW XUAN YU
NRIC No	S8417398C
Date Of Birth	12/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98228703
Fax Number	
Contact Number	OTHERS-98228703
EMail Address	NOEMAIL

Address	BLK 743 PASIR RIS STREET 71 #03-11
Postcode	510743
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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	SLH844Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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: Res Li
NRIC/FIN No.: HA1108

TAMM, NEP3 RV2 12



① SFK 8801 Z

③ 52H 844 y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01 JAN 2018 I WAS DRIVING ALONG TAMPINES AVE 12
TOWARDS CENTRAL WHEN I STOPPED AT THE TRAFFIC LIGHT,
VEHICLE B SUDDENLY COLLIDED INTO MY VEHICLE.

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

Q



an 08/01/2018

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Ashlee Chew Xuan Yu.

License Number: **S8417398C**

Name: **ASHLEE CHEW XUAN YU**

Birth Date: **12 Jun 1984**

Issue Date: **12 Mar 2008**

Barcode: 001500462F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8417398C**

Portrait photo of Ashlee Chew Xuan Yu.

Name: **ASHLEE CHEW XUAN YU**

周軒宇

Race: **CHINESE**

Date of birth: **12-06-1984** Sex: **F** S8417398C

Country of birth: **SINGAPORE**

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: **12 Mar 2008**

NP 428A



2846019

Barcode

License No: **S8417398C**

Fingerprint

Date of issue: **24-02-2008**

Address: **APT BLK 743 PASIR RIS STREET 71 #03-11 SINGAPORE 510743**

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08 JAN 2018		TIME: 1419 HRS.		(hh:mm) 24 hrs Format	
LOCATION TAMPINES AVE 12 TOWARDS TAMPINES CENTRAL					
VEHICLE NUMBER SFR 8801 Z					
INSURED NAME ASHLEE CHEW XUAN YH.					
NRIC / FIN 5841739 JC		CONTACT: 9822 8703			
MAKE TOYOTA CHR 1.0		MODEL HYBRID S AUTO DPK			
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 TAIPIING INSURANCE					
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT					
POLICY NUMBER : DMPCSN 1753361700					
NAME DRIVER :		(/) SAME AS INSURED			
NRIC / FIN		CONTACT:			
DATE OF BIRTH: 12 JUN 1984					
DRIVING PASS DATE: 12 MAR 2008					
OCCUPATION : () INDOOR (/) OUTDOOR					
GENDER : () MALE (/) FEMALE					
EMAIL ADDRESS: () NO EMAIL					
ADDRESS OF DRIVER: BLK 743 PASIR RIS STREET 71 # 03-11 S(510743)					
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER.					
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 5LH 844 Y					
Veh C					
Veh D					
Veh E					
Veh F					
Veh G					

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1958 (Malaysia)

CERTIFICATE No.	DMPCSH1753361700	Engine No : 22R8123105 Chassis No: ZYX102045269
1. Index Mark and Registration Number of Vehicle	SPK88012	
2. Name of Policy Holder	MISS ASHLEE CHEM XUAN YU	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	7 AUGUST 2017	NAMED DRIVERS EX SECT. 1S\$1,150.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: 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 WINDSCREENS\$100.00
4. Date of Expiry of Insurance	6 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\$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. : TOKYO CENTURY LEASING (S) PTE LTD * 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

LQ BUSINESS PTE LTD

UEN NO. 201700848N
180B BENCOOLEN STREET
#04-02, THE BENCOOLEN
SINGAPORE 180648

Tel: 6333-4186 Fax: 6334-5233
Authorised Officer

Countersigned By:

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: 7398C

Vehicle Details

Vehicle No.: SFK8801Z

Vehicle to be Exported: No

Intended De-registration
Date: 31 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: C-HR 1.8 HYBRID G AUTO
5DR

Primary Colour: Yellow

Manufacturing Year: 2017

Engine No.: 2ZR8123105

Chassis No.: ZYX102045269

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$30,200.00

Original Registration Date: 07 Aug 2017

First Registration Date: 07 Aug 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 06 Aug 2027

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 06 Aug 2027

COE Category: B - Car above 1600cc or
97kW (130bhp)

COE Period(Years): 10

QP Paid: \$50,001.00

COE Rebate Amount: \$47,581.00

Total Rebate Amount: \$51,331.00

The information contained herein is correct as at 09 Jan 2018

OK