

Date In: 20/11/18 16:26	Job description	Date & Time Completed	Done by
Ref No: MNA/CTI 18001242/h4	SAS e-filing		
Veh No: SKE 2853 K	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 20/11/18 13:15	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 3hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 7253 K	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

MNA1800465	Invoice Preparation Checklist	Am't (\$) In 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/\$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming assist INC Only (wef 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idas Mobile \$30		
QC Checked by (Engr-In-Charge):	Invoice dated	Paid Charged	
Auditors' Comments :-	Invoice dated	Paid Charged	
Ref 1:			
Ref 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 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	20/01/2018 16:26
Date Of Accident	20/01/2018 13:15
Exact Location Of Accident	SERVICE RD BETWEEN PUNGGOL EAST & LOR HALUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2853K
Insured/Policyholder	
Name Of Registered Owner	MDM TAN JIA ER
NRIC No	S8116592J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86682662
Alternative Phone No	OFFICE-86682662

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200
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	DMPCSN1608941701
Cover Note Number	-

Driver

Name of Driver	TAY BOON HONG
NRIC No	S8066466D
Date Of Birth	17/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2008
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91051659
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 663A PUNGGOL DR #13-258
Postcode	821663
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 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	XD7253K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:
NRIC/FIN No.:

SKETCH PLAN



A = SKE 2853K

B = XD7253K

Service Road between
Punggol East and
Lor Halus (beside TPE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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.:

On 20.01.18 at about 13:15 hours along Service Road between Punggol East and Lor Halus (beside TPE). While I was travelling straight on the lane 2, suddenly vehicle (B) from my right cut into my lane (he wanted to take the entrance of Lor Halus) and collided onto rear right hand side portion of vehicle (A) and swiped my vehicle (A) to the roadside.

Vehicle (A): SKE 2853K

Vehicle (B): XD 7253K

A handwritten signature in blue ink, appearing to be 'Johnny', with a stylized flourish at the end.

SINGAPORE ACCIDENT STATEMENT

Accident Date:	20/01/18	Time:	13:15	(hh:mm) 24 hr format
Location	Service Road between Punggol East and Lor Halus (beside TPE)			
Vehicle Number	SKE 2853 K			
Insured Name	Tan Jie Er			
NRIC / FIN	S8116592J	Contact Number	8668 2662	
Make	Mercedes Benz	Model	C200	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: () Third Party () Reporting				
Insurance Company	China Taiping			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	JMPCSN/600741701			
Name of Driver	Tay Boon Hong	() Same as Insured		
NRIC / FIN	S8066466D	Contact Number	9105-1659	
Date of Birth	17/05/1980			
Driving Pass Date	10/12/2008			
Occupation	() Indoor	(<input checked="" type="checkbox"/>) Outdoor		
Gender	(<input checked="" type="checkbox"/>) Male	() Female		
Email Address	Stanley - 2893 Durban - Lam - G9	() NO EMAIL		
Address of Driver	B1E 663A Punggol Dr #13-258 SC8216631			
Was driver an employee of the Insured's Company? () Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner (<input checked="" type="checkbox"/>) Spouse () Friend () Relative () Children () Sibling				
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 (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party		Name / Nric	Contact	
Veh B	XD7253 K			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8066466D



Name

TAY BOON HONG

郑文鸿

Race

CHINESE

Date of birth

17-06-1980

Sex

M

Country of birth

MALAYSIA

S8066466D

SEE 2853R

driver

8101784



NRIC No. S8066466D



Nationality

MALAYSIAN

Date of issue

11-08-2010

APT BLK 683A PUNGGOL DR #13-25B
SINGAPORE 621063

NRIC No: S8066408D


Date: 24/06/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8066466D
Name: TAY BOON HONG

Birth Date: 17 Jun 1980
Issue Date: 21 Oct 2014

002358131A



SFE 2853k


driver

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	10 Dec 2008
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	10 Dec 2008

NP 428A

Licence No: S8066466D



SKE 2853K
owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8116592J



Name

TAN JIA ER
(CHEN JIAER)

陈佳兒

Race

CHINESE

Date of birth

22-05-1981

Sex

F

S8116592J

Country of birth

SINGAPORE

4148832



NRIC No. S8116592J



Date of issue

30-11-2007

APT BLK 663A PUNGGOL DR #13-258
SINGAPORE 821663

NRIC No: S8116592J

Date: 24/06/2015

ORIGINAL

THE SCHEDULE

Agency	BR0070A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN1608941701
Account	BR0070A	Issued on 21/02/2017 in SINGAPORE	Replacing Policy no.	DMPCSN1608941600
Client	3186396	Acceptance Date	21/02/2017		

Period of Insurance from 22/02/2017 to 21/02/2018 , both dates inclusive

Insured's Name....	MDM TAN JIA ER
Address.	BLK 663A PUNGGOL DRIVE
	#13-258
	SINGAPORE 821663

Business/Occupn...	INTERIOR DESIGNER
Financial interest	MAYBANK AS HP OWNER

Premium	Base Annual Premium.....	S\$2,282.50	
	Less 5% Loyalty Discount.....	S\$114.13-	
	Less 35% Autosafe Scheme.....	S\$758.93-	
	No Claim Discount50.00%	S\$704.72-	
	Incentive Discount 10%.....	S\$70.47-	
	Total Annual Premium	S\$634.25	Premium Due S\$634.25
			Premium GST S\$44.40
			Total Due S\$678.65

Risk No. 001	MOTOR PRIVATE CAR			
	YEAR OF REGISTRATION : 22.02.2012			
1. Registration	SKE2853K	Make/Model ..	MERCEDES BENZ C 200	
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ..	27186030405638	Capacity cc's	1796	Yr of Manuf/Regn 2011/2012
Chassis No...	WDD2040482A661599			
				Certificate Ref. MX1E
Sum Insured..Market value at the time of loss				
Named Drivers Ex Sect. I	S\$750.00			
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 WINDSCREEN	S\$100.00			
Named Drivers THE INSURED				

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Waiver of Windscreen Excess Clause (repair at Glass-Fix Pte Ltd)

It is hereby declared and agreed that in the event of a windscreen claim, an excess of \$100.00 will be waived should the policyholder chooses to repair instead of replacement.