

Date In: 6/12/18 14:14	Job description	Date & Time Completed	Done By
Ref No: WA/C72 18002329/h4	SAS e-filing		
Veh No: SLP 1361A	E-mail (within 3hrs. AIO Desc)		
D.O.A: 5/12/18 01:35	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (within 30 days TP date)		
	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: SLN 7674T	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

NA1800831	Invoice Preparation Checklist	Am (S)	Am (C)
Claimant's Particulars:-	1) A.R: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) D.A: Damage Assessment (\$100% INC (\$30)		
Contact No:	3) T.P: Towing Fee \$40.545		
Damaged Portion:	4) F.T: Follow-Through Survey \$120		
	5) F.T: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (waived Jan 2009)		
	6) T.R: Re-inspection \$75		
	7) N.I: Idex DA - SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q.M:		
QC Checked by (Engr-In-Charge):	*N.I: Courtesy Car / Tpt Allowance \$5		
	*N.I: Repair Co-ordination \$10		
	*N.I: Post Repair Inspection \$25		
Auditors' Comments:-	*N.I: DN / Collect Excess Coordination \$5		
Panel:	T.P (N.I) / T.P (N.I) against INC \$30		
Lat: 2/3	9) N.I: Idex Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	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 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	06/02/2018 14:14
Date Of Accident	05/02/2018 01:35
Exact Location Of Accident	WOODLANDS CHECKPOINT TWDS SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1361A
Insured/Policyholder	
Name Of Registered Owner	M/S KEN GARAGE PTE LTD
Co Reg No	201626734D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92263440

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1750811700
Cover Note Number	-

Driver

Name of Driver	LAM WEI HAO
NRIC No	S9145079H
Date Of Birth	03/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92263440
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 44 BENDEMEER RD #04-1472
Postcode	330044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : LAM WEN LIANG GENDER: : MALE
Passenger 2	NAME: : CAROL LIM YI TING GENDER: : FEMALE
Passenger 3	NAME: : HENG CHOR HUANG GENDER: : FEMALE
Passenger 4	NAME: : LAM PHEOW YONG GENDER: : MALE

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	SLN7674T
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)

DETAILS OF INJURED PERSON 1

Name

LAM WEI HAO

Approximate Age

Injuries Sustain

NECK, NUMBNESS, HAND

Injured person in which vehicle?

SLP1361A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

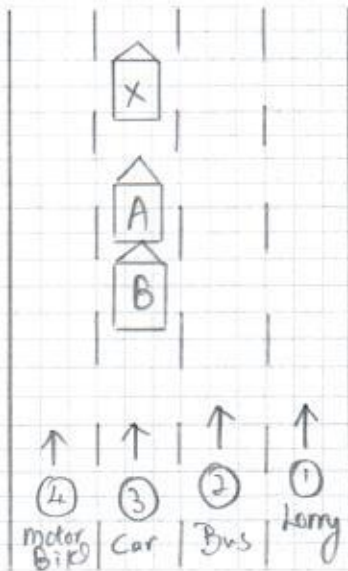


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SLP 1361A

B = SLN 7674T

Woodlands Checkpoint
towards
Singapore Custom

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.02.18 at about 01:35 hours at along Woodlands checkpoint towards Singapore Custom. while I was travelling straight on the lane 3 and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have four passengers inside the vehicle.

Vehicle (A) : SLP 1361A

Vehicle (B) : SLN 7674T

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: 05/02/18	Time: 01:35	(hh:mm) 24 hr format
Location Woodlands Checkpoint towards Singapore Customs		
Vehicle Number SLP 1361A		
Insured Name Ken Garage Pte Ltd		
NRIC/FIN 201626747D	Contact Number -	
Make Toyota	Model Wish	
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		
Insurance Company China Taiping		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMHCSN 17503 11700		
Name of Driver Lam Wei Hao	() Same as Insured	
NRIC/FIN 59145079H	Contact Number 92263440	
Date of Birth 03/12/1991		
Driving Pass Date 04/08/2015		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address xraylam.wh@outlook.com	() NO EMAIL	
Address of Driver B1K 44 Bendermeir Road		
#04-1472 Singapore 330044		
Was driver an employee of the Insured's Company? () Yes () No Hires		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) 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? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Lam Wei Hao (Neck, Numb, hand) injured		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes () No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	SLN 7674T	
Veh C		
Veh D		
Veh E		
Veh F		

Passenger 1 = Lam Wen Liang (male)
 2 = Carol, Lim Yi Ting (Female)
 3 = Heng chor Huang (Female)
 4 = Lam Phew Yong (Male)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9145079H



Name

LAM WEI HAO

藍偉豪

Race

CHINESE

Date of birth

03-12-1991

Sex

M

Country of birth

SINGAPORE

S9145079H

SLP1361A
driver

3975718



NRIC No. S9145079H



Date of issue

16-12-2006

Address

APT BLK 44 BENDEMEER ROAD
#04-1472
SINGAPORE 330044

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9145079H**

Name: **LAM WEI HAO**

Birth Date: **03 Dec 1991**

Issue Date: **06 May 2010**

001854010K




SLP1361A
driver

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

Class	Description	PASS DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	06 May 2010
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	04 Aug 2015

S9145079H

S / No. 9000224604

Licence No: S9145079H

NP 426A





中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ME406L/SN SN 3
AN0590A
Cov. Type: C
AUTOSAFE

\$1819.00

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMHCSN1750811700	Engine No : 1223099955 Chassis No: ZNE100409364
1. Index Mark and Registration Number of Vehicle	SLP1361A	
2. Name of Policy Holder	M/S KEN GARAGE PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 JULY 2017	EXCESS SECT I\$1,000.00 EXCESS SECT. II\$1,000.00 EX ON WINDSCREEN\$100.00
4. Date of Expiry of Insurance	25 JULY 2018	
5. Persons or Classes of Persons entitled to drive *	<p>AS PER NAMED DRIVER(S) STATED BELOW.</p> <p>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.</p> <p>ANY EMPLOYEE OF THE COMPANY OR ANY AUTHORISED HIRER/DRIVER ONLY</p>	
6. Limitations as to use: *	<p>USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED.</p> <p>THE POLICY DOES NOT COVER</p> <p>USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : TECK WEI CREDIT PTE LTD AS HP OWNER</p> <p>* 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.</p>		

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:



德威信貸私人有限公司
TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Tanjong Pagar Road, The Grandstand
Singapore 068495
Tel: 6465 0020 Fax: 6465 0017
Email: info@teckwei.com.sg

[Signature]

Authorised Signatory