

NATIONAL Assessment Centre Services

MMAY18025/62

Date In: 21/02/2018 15:22	Job description	Date & Time Completed	Done by
Ref No: NBR/CTI/8003302/Y	SAS e-illing		
Veh No: SGO 328 H	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 21/02/2018 09:25	E-Motor Claim Form		
OD: TP Reopening Only	E-Motor VVO (within 24 hrs, 24 hrs)		
TP Insurer:	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VHsp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: SKZ 1582m	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-1100%)		
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 Trans-in Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:
Other Tolls:
Actions:

NA/001185	Invoice Preparation Checklist:	Bill	Case/Bill
Is Member's Requirements:	1) AR: Accident Reporting (\$20)		
river/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$42	
Assigned Portion:	4) PT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2002)		
	6) TR: Re-inspection	\$15	
	7) NI: Day DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
C. Checked by (Engr-In-Charge):	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DV / Collect Excess Coordination	\$5	
	TP (NI) / TP (INC) against INC	\$30	
	9) NI: Idn Mobile	\$0	
	Invoice dated		
	Invoice total		
	Net Charged		
	Net 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	21/02/2018 15:22
Date Of Accident	21/02/2018 09:25
Exact Location Of Accident	JUNCTION OF JALAN MEMBINA AND KIM TIAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ328H
Insured/Policyholder	
Name Of Registered Owner	CHER CHEE MENG
NRIC No	S1623685C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96278292
Alternative Phone No	OTHERS-96278292

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200CGI
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	DMPCSN3022641701
Cover Note Number	

Driver

Name of Driver	CHER CHEE MENG
NRIC No	S1623685C
Date Of Birth	11/01/1963
Occupation	INDOOR
Date Of Driving Pass	16/06/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96278292
Fax Number	
Contact Number	OTHERS-96278292
EMail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 83 REDHILL LANE #09-77
Postcode	150083
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 - MAJOR/MINOR RD
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)	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKZ1582M
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

VEHICLE NO:

DOA: 21/02/2018

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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.

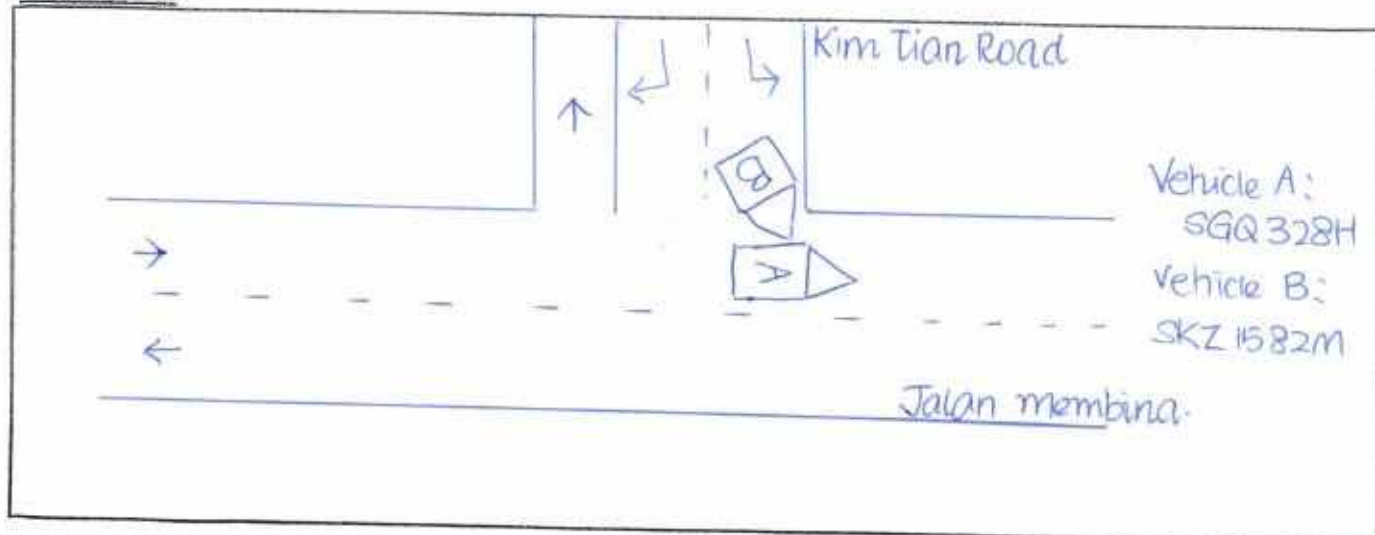
PLEASE NOTE YOUR INSURER MAY HAVE A **14 DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Junction of Jalan Membina & Kim
Tien Road when vehicle (B) came from the left minor
road and hit onto my car (A) which was on the major
road.

I was travelling straight when the collision happened.

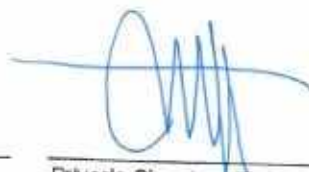
I wished to state that vehicle (B) failed to give way
to my car (A) ~~on~~ travelling on the major Road.

Declaration

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



26/02/2018

Witnessed by Reporting Centre
Personnel

Personal Particulars

Date of Accident: 21 / 02 / 2018 (dd/mm/yy)

Time of Accident: 09 : 23 (24 Hrs)

Vehicle No.: SGQ 328H Vehicle Make / Model: Mercedes Benz E200C62

Exact location of Accident: Junction of Jalan Membina and Kim Tian Road

Owner's Name / IC No.: Chen Chee Meng / S1623685C

Driver's Name / IC No.: Chen Chee Meng / S1623685C

Driver's Contact No.: 96278292 Insurance Company & Policy No.: China Taiping

Driver's E-mail address: hancarnepairs@gmail.com DMPCSN3022641701

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: _____

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details:

Driver's Name / IC No.: _____ Vehicle No.: SKZ 1582M

Insurance Company: _____ Driver's Contact No.: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: _____

Independent Witness (If Any): _____ Contact No: _____

Preferred workshop Name (If Any): _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1623685C



CHER CHEE MENG
徐志明
RACE
CHINESE
Date of Birth
11-01-1963
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1623685C
Name: CHER CHEE MENG

Birth Date: 11 Jan 1963
Issue Date: 16 Feb 2004





96278292

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Jun 2000

NP 428A



Licensee No: S1623685C

3175431



NRIC No: S1623685C



Blood Group: A+ Date of Issue: 21-07-2000

APT BLK 83 REDHILL LANE #03-77
SINGAPORE 150083
NRIC No: S1623685C Date: 06-06-2003 No: 4716753

21-02-18;14:52 ;From:Thrive Auto

To:63772240

;64750780

1/ 1

24-07-17;13:27 ;From:

To:Thrive Auto

;64798221

1/ 1

中国太平
CHINA TAIPING中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200209384EMKLE
R SN
AN0569A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3022641701

Engine No :27180030168404
Chano:WDD2120482A3868481. Index Mark and Registration
Number of Vehicle

SGQ328H

AUTOSAFE

2. Name of Policy Holder

CHER CHEE MENG

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

16 August 2017

Named Drivers Ex Sect. I S\$750.00

Additional EX Other than Named Drivers:

EX Sect. I - Age <= 25..... S\$3,000.00

4. Date of Expiry of Insurance

15 August 2018

EX Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

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 S\$1,000 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., 1 CENTURY TOKYO LEASING (S) PTE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 160) and Section 35 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 160) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see

Issued By:
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory