

# NATIONAL Assessment Centre Services

Date In: 09/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/CFI/18004542/13	SAS e-filing		
Veh No: SKX 7426C	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 09/03/18 0740	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: (NEW HOCK TELE)	Tel:	Fax:
TP Particulars:	Veh No: SKH2066A	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 ( ) / Towel-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

NA1801539

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
Auditors' Comments :-	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	09/03/2018 12:40
Date Of Accident	08/03/2018 07:40
Exact Location Of Accident	PUNGGOL EAST B4 SLIP RD TWDS KPE/MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7426C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHEW KIM MEI(QIU JINMEI)
NRIC No	S8229977G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91006974
Alternative Phone No	OTHERS-91006974

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	DMPCSN3006691801
Cover Note Number	

### Driver

Name of Driver	KHEW KIM MEI(QIU JINMEI)
NRIC No	S8229977G
Date Of Birth	12/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91006974
Fax Number	
Contact Number	OTHERS-91006974
EMail Address	NOEMAIL

Address	57A EDGEDALE PLAINS #10-24
Postcode	828682
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	
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: : ONN YU TING 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

PLS REFER TO THE 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	SKH2066A
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


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

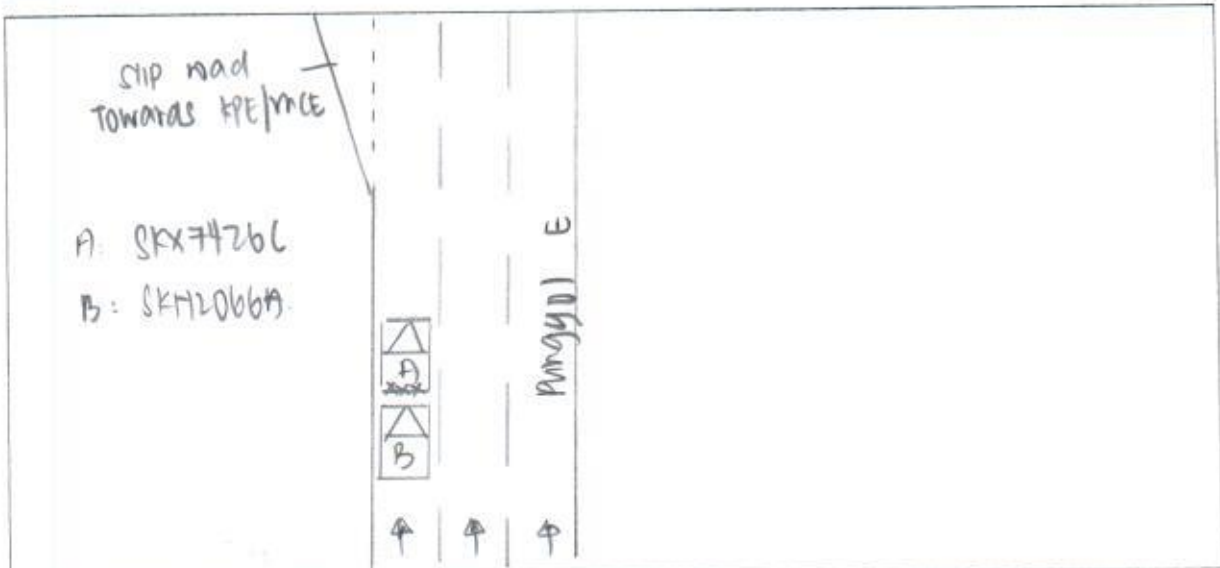
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the extreme left lane of Punggol E. Traffic was congested. Vehicle in front of me slowed and stopped, I followed suit. Suddenly, I felt an impact. Vehicle B hit on the rear portion of my vehicle and caused damages.

## 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:

 09/02/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



VEHICLE NO:

SKX7426C

MAKE &amp; MODEL:

MYC C200.

DATE OF ACCIDENT

08 / 03 / 2018

TIME OF ACCIDENT

07:40

AM/PM

LOCATION OF ACCIDENT

Junggol E. Before slip road towards KPE / MCE.

EXACT PURPOSE USE DURING ACCIDENT

NAME OF OWNER

Khen Kim Mei

TEL NO

91006974

NRIC

J82299776

CLAIM TYPE

OD

THIRD PARTY

REPORTING ONLY

INSURANCE CO

China Taiping

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire &amp; Theft

POLICY NO.

DMPCSN3006691801

NAME OF DRIVER

As Above

If No:

NRIC

Any Passengers: 01

DATE OF BIRTH

12 / 09 / 1982

Dm Yu Ting (F)

OCCUPATION

Outdoor

Indoor

DATE OF DRIVING PASS

26 / 01 / 2004

GENDER

Male

Female

CONTACT NO.

Office:

Home:

ADDRESS

57A Edgedale Plains #10-24 (S) 828682

DRIVER HAVE ANY OWN VEHICLE

NO / If yes: Reg No:

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

Clear

/ Raining / Other:

ROAD SURFACE

Dry

/ Wet / Other:

ANY INJURIES

No

/ If yes: Who?

CONTACT NO.

POLICE REPORT

No

/ If yes: Where?

VEHICLE B NO.

SKH2066A

Any Passenger: 02

NAME

CONTACT NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

OWNER/DRIVER EMAIL

PARTICULAR WORKSHOP

NEW HOCK TECK MOTOR WORKSHOP

1 Kaki Bukit Ave 5, Blk C #01-43

Autobay@Kaki Bukit Singapore 417883

TEL NO

TEL: 6747 9241

CONTACT PERSON

Reena / Sukyi

FAX NO.

FAX: 6741 7276

EMAIL

reena@nhtmotor.com

admin@nhtmotor.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8229977G



Name

KHEW KIM MEI  
(QIU JINMEI)

丘 金 枚

Race

CHINESE

Date of birth

Sex

12-09-1982

M

Country of birth

SINGAPORE

4952804



NRIC No. S8229977G



Date of issue

23-03-2013

57A EDGEDALE PLAINS #10-24  
SINGAPORE 828682

NRIC No: S8229977G

Date: 28/04/2017

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S8229977G**

Name:

**KHEW KIM MEI**  
**(QIU JINMEI)**

Birth Date: **12 Sep 1982**

Issue Date: **26 Jan 2004**



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

Class 3      Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

26 Jan 2004  
26/01/2004

NP 428A





**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)

ORIGINAL

CERTIFICATE No. DMPCSN3006691801 Engine No : 27195031084345  
 ChaNo: WDD2040412A171954

1. Index Mark and Registration Number of Vehicle SKX7426C AUTOSAFE

2. Name of Policy Holder KHEW KIM MEI (QIU JINMEI)

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 21 January 2018 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

4. Date of Expiry of Insurance 20 January 2019

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. : HUI HUA CREDIT PTE 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



Issued By: ..... INXPRESS INSURANCE AGENCY PTE LTD  
 Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

.....  
 Authorised Signatory



ORIGINAL

THE SCHEDULE

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3006691801
Account	AN0420A	Issued on	..... 16/01/2018 in SINGAPORE	Replacing Policy no.	DMPCSN3006691700
Client	3191934	Acceptance Date	16/01/2018		

Period of Insurance from 21/01/2018 to 20/01/2019, both dates inclusive

Insured's Name	KHEW KIM MEI (QIU JINMEI)
Address	21 WOODLANDS INDUSTRIAL PARK E1 #02-06 ADMIRALTY INDUSTRIAL PARK SINGAPORE 757720

Business/Occupn... MANAGER  
Financial interest HUI HUA CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium	SS\$2,017.50	
	Less 5% Loyalty Discount	SS\$100.88-	
	Less 35% Autosafe Scheme	SS\$670.82-	
	No Claim Discount ..... 30.00%	SS\$373.74-	
	Incentive Discount 5%	SS\$43.60-	
	Promotion Discount	SS\$150.00-	
	Total Annual Premium	SS\$678.46	Premium Due SS\$678.46
			Premium GST SS\$47.49
			Total Due SS\$725.95

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE: 21-07-2008		
1. Registration	SKX7426C	Make/Model ..	MERCEDES BENZ C200 KOMPRESSOR
Type of Cover	Comprehensive	No. of seats	5
Engine No.	27195031084345	Capacity cc's	1796
Chassis No.	WDD2040412A171954		Yr of Manuf/Regn 2008/2008
			Certificate Ref. MX1E
Sum Insured	Market value at the time of loss		
Named Drivers Ex Sect. I		SS\$750.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		SS\$3,000.00	
Ex Sect. I - Age >= 26		SS\$500.00	
* Age as at date of accident			
EX ON WINDSCREEN		SS\$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.

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