

Date In: 27/1/18 14:41	Job description	Date & Time Completed	Done by
Ref No: NAI CTZ 18007798/164	SAS e-filing		
Veh No: SKB 4779 U	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 26/1/18 19:00	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within: OD 2hrs, 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: SKK 5545 Z. 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: 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:-		
	QI:*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

27/1/18

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	27/04/2018 14:41
Date Of Accident	26/04/2018 19:00
Exact Location Of Accident	JUNC OF WOODLANDS AVE 10 AND AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4779U
Insured/Policyholder	
Name Of Registered Owner	MR LI RIXIANG
NRIC No	S7865348E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96370909
Alternative Phone No	OFFICE-96370909

Vehicle Particulars

Manufacturer	BMW
Model	528I 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	DMPCSN3033951702
Cover Note Number	-

Driver

Name of Driver	MR LI RIXIANG
NRIC No	S7865348E
Date Of Birth	10/04/1978
Occupation	INDOOR
Date Of Driving Pass	02/06/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96370909
Fax Number	
Contact Number	OFFICE-96370909
Email Address	NOEMAIL

Address	BLK 312 TAMPINES ST 33 #10-16
Postcode	520312
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 - CROSS JUNCTION
Weather Conditions	AFTER RAINED
Road Surface	WET

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	SKK5545Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA BING YU BENJAMIN
NRIC/Passport Number	S8630798G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
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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.

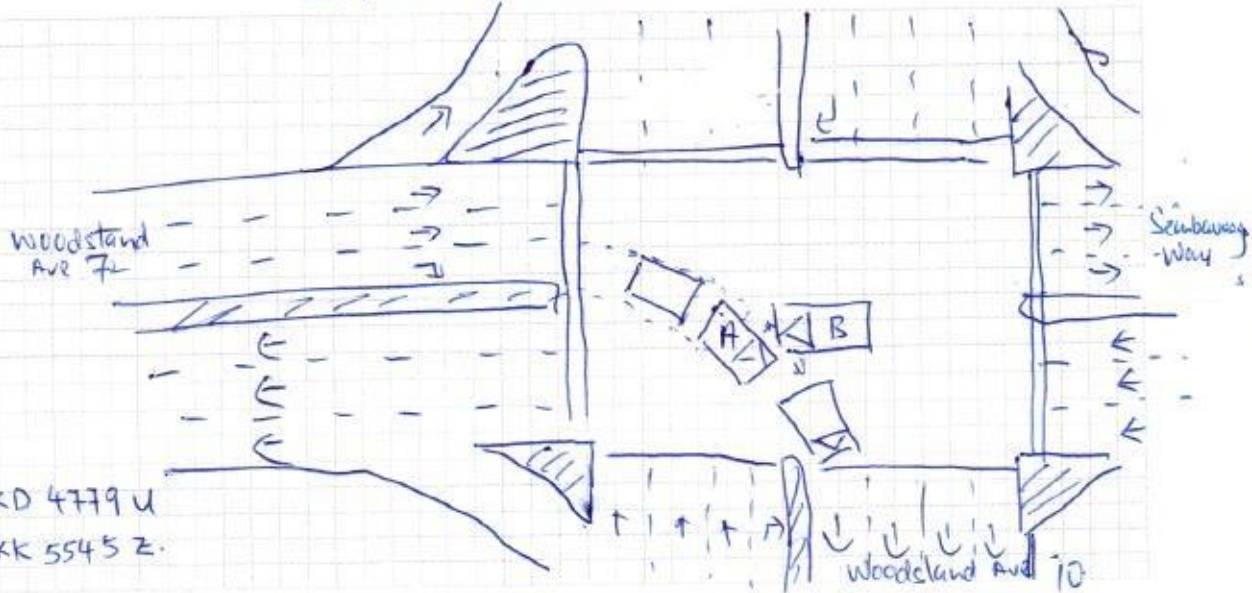
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Junction of Woodland Ave 7 & Woodland Ave 10.



veh A SKD 4779 U
veh B SKK 5545 Z.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodland Ave 7 towards Woodland Ave 10 on the right most lane of a 3-lane road to make a right turn to Woodland Ave 10. I stopped behind 2 vehicles ahead of me somewhere in the turning pocket of the junction. When the green arrow appears in my favour, I proceeded to complete the right turn to Woodland Ave 10 (towards Ave 12) after the 2 vehicles ahead of me started moving. As I just started to move, I saw vehicle B coming straight at me from the opposite direction. The vehicle tried to swerve to avoid but also collided into the left hand portion of my vehicle. After the accident, I stopped to see that vehicle B front left hand portion collided and brushed against the left hand portion of my vehicle. Hence I was involved in an accident of 2 vehicles.

veh A : SKD 4779 U
veh B : SKK 5545 Z.

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.:

Date of Accident : 26 April 2018 Accident Time: 1900hrs. (24-HR-Format)

Accident Place : Junction of Woodlands Ave 10 and Ave 7.

Vehicle No. (Car Plate No.) : SK^B 4779-U. Make/Model: BMW 528i.

Insurance Company : China Taiping. Policy No: _____

Owner or Company Name / IC No. : Li Rixiang

Owner or Company Contact No. : 96370909. Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Li Rixiang. / 87865348E

DRIVER'S Date Of Birth : 10 Apr 1978 DRIVER'S License Pass Date 02 Jun 2010.

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner.

DRIVER'S Address : Blk 312 Tampines St 33 #10-16 S(520312).

DRIVER'S Contact No./ Alt No. : 1) 96370909. 2) _____

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : sales@mia.com.sg.

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01 - Driver.

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SKK 5545Z.</u>	Vehicle No: _____
Vehicle Make/Model: <u>Jaguar</u>	Vehicle Make/Model: _____
Name Driver: <u>Chia Bing Yu, Benjamin</u>	Name Driver: _____
IC No. Driver/Contact: <u>586307986.</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

5793859



REF ID: S7865348E



DATE OF BIRTH
31-08-2017

ADDRESS
APT BLK 312 TAMPINES STREET 33
#10-16
SINGAPORE 520312

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7865348E



LI RIXIANG

李日香

JOHN
CHINESE

DATE OF BIRTH
10-04-1978

SEX
M

COUNTRY OF BIRTH
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: **S7865348E**
Name: **LI RIXIANG**
Birth Date: **10 Apr 1978**
Issue Date: **02 Jun 2010**

001862240A




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

	EFFECTIVE DATE
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg	02 Jun 2010

NP 420A

License No: S7865348E



DPPCS/N 3033951702

Engine No : AE690209N20820A
Chassis No : WBAAG320700X87425

CERTIFICATE No

DPPCS/N 3033951702

1. Index Mark and Registration Number of Vehicle

SKB4779U

2. Name of Policy Holder

MR LI RIXIANG

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

26 May 2017

Named Drivers Ex Sect. I S\$750.00
Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

25 May 2018

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

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.

* 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: HUI HUA CREDIT PTE. LTD.
Authorised Officer

Hui Hua Credit Pte.
ROC 1987
No. 1 Buhar Road
12-22 Vellay
Singapore
Tel: 6342311 (5 Lines) Fax: 6342312

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory