

NATIONAL Assessment Centre Services (Unit 1/2000)

Date In: 04/06/2018 10:35	Job description	Date & Time Completed	Done by
Ref No: NA/CT#18010020/K4	SAS e-illing		
Veh No: SFS 688 U	E-mail (vehicle shot, AIO 2hrs)		
D.O.A: 02/06/2018 13:05	1-Motor Claim Form		
OO: TP / Reopening Only	1-Motor W/O (vehicle shot, 2hrs, 1hr)		
TP Insurech:	1-Photo Uploaded		
	Assessment/Survey Report		
	Final Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Toll () Fax ()

TP Particulars: Yell No: EH 800G, INC () / Non-INC ()

Owner/Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Driver: ()

Insured/Driver Liability: () % (Note: Bil. Subri (WO): NI 0-20%; PI 21-79%; PI 30-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-in-Garage / Customers 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 on the 5/8/2018)

1) Apply 1st Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

NA1803558

Item/Particulars	Invoice Preparation/Checklist
Driver/Owner:	1) ARI Accidental Reporting (300)
Contact No:	2) DA (Damage Allowance) (\$100) INC (40)
Approved Person:	3) TPI Towing Fee (\$221.50)
	4) FT Follow Through Survey (\$100)
	5) FT Follow Through Survey (Resurvey) (\$20)
	For claim against INC Only (WSP 10/1/2018)
	6) TR (Trailer) Inspection (\$12)
	7) HILICVDA + SMRT Survey (\$150)
	8) NTUC Additional \$110000
	9) All:
	10) NI Courtesy Car / Tpl Allowance (\$10)
	11) NI Repair Coordination (\$10)
	12) NI Post Repair Inspection (\$10)
	13) NI BY / Collage / Usage Coordination (\$10)
	14) NI (NI) TP (NI) INC / (NI) INC (\$10)
	15) NI (NI) (NI) (NI) (\$10)
	16) NI (NI) (NI) (NI) (\$10)
	17) NI (NI) (NI) (NI) (\$10)
	18) NI (NI) (NI) (NI) (\$10)
	19) NI (NI) (NI) (NI) (\$10)
	20) NI (NI) (NI) (NI) (\$10)

Invoice total: ()
 Invoice paid: ()
 Net Charge: ()
 Net Charge: ()

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	04/06/2018 10:35
Date Of Accident	02/06/2018 13:05
Exact Location Of Accident	BEDOK CENTRAL BLK 208A MULTI-STORY CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS688U
Insured/Policyholder	
Name Of Registered Owner	MR LEE PIN KWAN
NRIC No	S7673167E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98435795
Alternative Phone No	OTHERS-98435795

Vehicle Particulars

Manufacturer	AUDI
Model	-
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	DMPCSN3015201702
Cover Note Number	

Driver

Name of Driver	POH AI LENG (FU AILING)
NRIC No	S7723491H
Date Of Birth	08/09/1977
Occupation	INDOOR
Date Of Driving Pass	27/06/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98435039
Fax Number	
Contact Number	OTHERS-98435039
Email Address	NOEMAIL

Address	214 JALAN EUNOS #04-84
Postcode	419551
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL 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

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	EH800G
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWA KIM SOON
NRIC/Passport Number	S1168028C
Contact Number	82028888
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.
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 liability.
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.

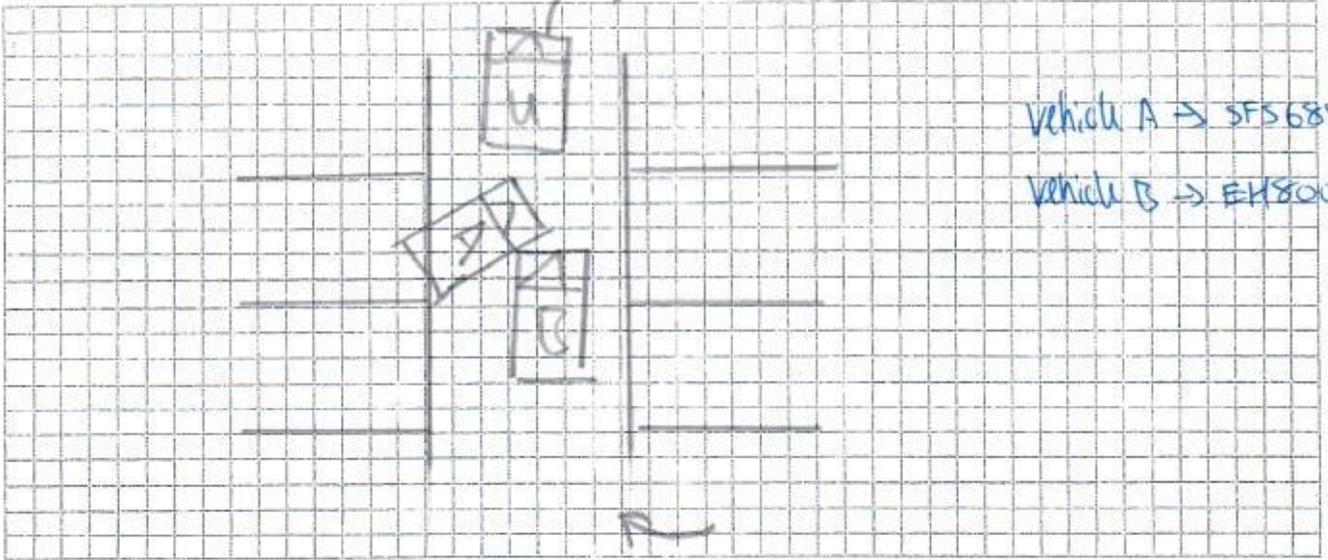
Policyholder's Signature
Date & Time:

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

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

Bedok Central Blk 208A Multi-Story Carpark

SKETCH PLAN



Vehicle A -> SFS688U

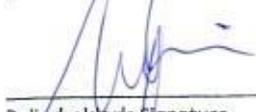
Vehicle B -> EH800G

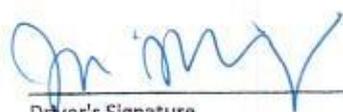
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

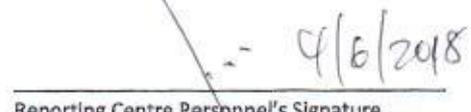
I was completely stationary on the multi-story of Bedok Central Block 208A. As there's a heavy jam my car was stationary waiting for the queue to move off. All of a sudden, I felt an impact from my vehicle that left portion.

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

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	02/06/18	(DD/MM/YY)
Time of accident	1305	(HH:MM)
Exact location of accident	Bedok central Bkk 208A Multi-story carpark	

DETAILS OF VEHICLE		
Vehicle registration number	SFS688U	
Vehicle make and model	Audi A6	
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____	
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>	
Purpose of using at said time	-	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION		
Insurance company	China Taiping	
Policy number	DMPLSN3015201702	
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>	

INSURED / POLICY HOLDER		
Name	Lee Pin Kuan	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7673167E	
Contact	98435795	
Address	Bkk 214 Jalan Eunos #04-84 S(419551)	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Poh Ai Leng	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S7723491H	
Contact	98435039	
Address	Bkk 214 Jalan Eunos #04-84 S(419551)	
Email address		
Date of birth	08/09/1977	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	27/06/2005	

Email: Teamwalc

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the Insurad's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

2 passenger in males. 2

PASSENGER 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

I check from male.

PASSENGER 2

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

WITNESS 1

Name	_____
------	-------

WITNESS 2

Name	_____
------	-------

THIRD PARTY VEHICLE 1

Vehicle registration number	BH800G
Vehicle make model	Mercedes
Name	Kwa Kim Soon
NRIC / Fin / Passport number	51168028C
Contact	8202 8888

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Driver

4668130



NRIC No: S7723491H



Date of issue
20-12-2010

Address
214 JALAN EUNDS #04-84
SINGAPORE 419551

NRIC No: S7723491H Date: 28/06/2016

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg 27 Jun 2005

NP 426A

Licence No: S7723491H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7723491H




Name
POH AI LENG
(FU AILING)
傅爱玲

Race
CHINESE

Date of birth Sex
08-09-1977 F

Country of birth
SINGAPORE

S7723491H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7723491H
Name

POH AI LENG
(FU AILING)

Birth Date 08 Sep 1977
Issue Date 20 Dec 2010



001921368A

OWNER

BE97511



NRIC No: S7673167E



Nationality: MALAYSIAN
Blood Group: B+ Date of Issue: 16-07-1998

APT BLK 214 JALAN EUNOS #04-84
SINGAPORE 419551
NRIC No: S7673167E Date: 18/04/2016

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7673167E



Name: LEE PIN KWAN



李彬观

Race: CHINESE
Date of Birth: 16-07-1976 Sex: M
Country of Birth: MALAYSIA



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)

Working Agent:
Covell Insurance Agency
Pte. Ltd | tel. 63392592
11555 6 Burn Road #03-09
contactus@covell.com.sg

CERTIFICATE No.	DMPCSN3015201702	Engine No :CDN376202 Chassis No:WAUZZZ4G8EN049883
1. Index Mark and Registration Number of Vehicle	SFS688U	
2. Name of Policy Holder	MR LEE PIN KWAN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	17 JUNE 2017	NAMED DRIVERS EX SECT. IS\$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
4. Date of Expiry of Insurance	16 JUNE 2018	EX ON WINDSCREENS\$100.00
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</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>	
6. Limitations as to use: *	<p>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.</p> <p>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.</p>	
<p>HIRE PURCHASE CO. : DBS BANK 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.</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:

Authorized Officer

Authorized Signatory