

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MANA 1180 74992

Date In: 09/06/2018 13:09	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/18010588/Y	SAS e-filing		
Veh No: SLR 5370L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/06/2018 09:50	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: (

Tel:

Fax:

TP Particulars:

Veh No:

SGT 8419 K

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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : Towing Fee \$40/\$45

4) FT : Follow-Through Survey \$120

5) FT : Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR : Re-inspection \$75

7) NI : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

On:

*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

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	09/06/2018 13:09
Date Of Accident	09/06/2018 09:50
Exact Location Of Accident	T-JUNCTION OF BEDOK NORTH AVE 3/BEDOK NORTH ST 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5370L
Insured/Policyholder	
Name Of Registered Owner	LI WAN
NRIC No	S8877720D
Email Address	CAPTAINLIWAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81386456
Alternative Phone No	OTHERS-81386456

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (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	DMPCSN1754371700
Cover Note Number	

Driver

Name of Driver	LI WAN
NRIC No	S8877720D
Date Of Birth	16/12/1988
Occupation	INDOOR
Date Of Driving Pass	04/08/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81386456
Fax Number	
Contact Number	OTHERS-81386456
Email Address	CAPTAINLIWAN@GMAIL.COM

Address	BLK 774 BEDOK RESERVOIR ROAD #15-117
Postcode	470774
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 ON COLLISION
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)	4
Passenger 1	NAME: : WANG MIN GENDER: : FEMALE
Passenger 2	NAME: : WANG WAN GENDER: : FEMALE
Passenger 3	NAME: : LI TAILIN 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 SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8419K
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.
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:

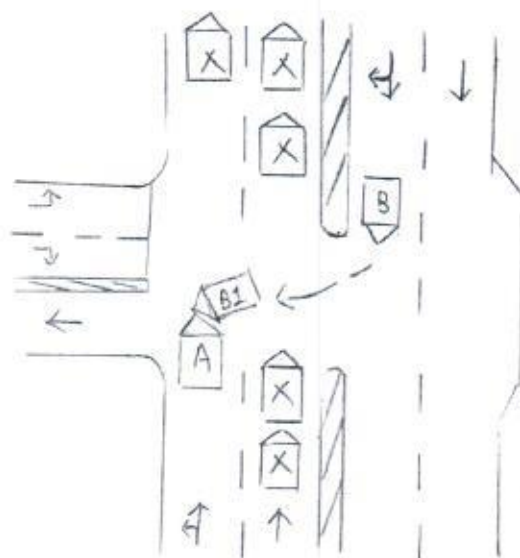
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

09/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = SLR 5370L
B = SGT 8419K

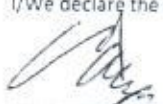
T-Junction of
Bedok North
Avenue 3 and
Bedok North
Street 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to attach

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:


09/06/2018
Reporting Centre Person's Signature
Name: Rosd wnttms
NRIC/FIN No.:

On 09.06.18 at about 09:50 hours T-Junction of Bedok North Avenue 3 and Bedok North Street 2. I was travelling straight on the lane 2 (along Bedok North Avenue 3 towards New Upper Changi Road) and the traffic on my way was clear, suddenly vehicle (B) from opposite direction cut into my lane and collided onto front portion of my vehicle (A). I wish to state that I have 3 passengers (included baby was 9 months old) inside my vehicle (A).

Vehicle (A): SLR 5370L

Vehicle (B): SGT 8419K



09/06/2018
Rep. C. H. B.

SINGAPORE ACCIDENT STATEMENT

Accident Date: 09/06/2018		Time: 09:50		(hh:mm) 24 hr format	
Location T-Junction of Bedok North Avenue 3 & Bedok North Street 2					
Vehicle Number SLR 5370L					
Insured Name Li Wan					
NRIC/FIN 58877720D		Contact Number 8138 6456			
Make Subaru		Model XV			
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 Chien Tai Ping					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number DMPCS N175437170D					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 16/12/1988					
Driving Pass Date 04/08/2017					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address captainliwan@gmail.com () NO EMAIL					
Address of Driver Blk 774 Bedok Reservoir View					
#15-117 Singapore 470774					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () 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? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		SLT 8419K			
Veh C					
Veh D					
Veh E					
Veh F					

P1 = Wang Min (F)
P2 = Wang Wan (F)
P3 = Li Tai Lin (M)

Driver + 3 passengers

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8877720D



Name

LI WAN

李 万

Race

CHINESE

Date of birth

16-12-1988

Country/Place of birth

CHINA

Sex

M

S8877720D



SLR5370L

owner & driver

5534121



NRIC No. S8877720D



Date of issue

20-11-2015

APT BLK 774 BEDOK RESERVOIR VIEW #15-117
SINGAPORE 470774

NRIC No: S8877720D

Date: 11/11/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8877720D**

LI WAN

Birth Date: **16 Dec 1988**

Issue Date: **04 Aug 2017**

002710878F



SLR5370L
owner driver

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	04 Aug 2017

NP 428A





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

SECTION 8B
AND 8CA
Cover Type: C

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)

CERTIFICATE No.	DMPCSN1754X11700	Engine No. 1F014V170013 Chassis No. 2F1G3K030Q204396
1. Index Mark and Registration Number of Vehicle	SLR5370L	
2. Name of Policy Holder	MR. L. J. NAM	
3. Effective date of the Commencement of Insurance for the purpose of the Regulations, Ordinance or Enactment	18 AUGUST 2017	NAMED DRIVERS EX SECT. 1 \$4750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25 \$42,000.00 EX SECT. 1 - AGE >= 26 \$8500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN \$3100.00
4. Date of Expiry of Insurance	17 AUGUST 2018	
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>		
<p>6. Limitations as to use *</p> <p>ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.</p> <p>THE POLICY DOES NOT COVER USE FOR HIRE OR HIRE-OR-RENTAL DRIVING TEST RACING RACE-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 EXCLUDED.</p> <p>ONE TIME WAIVER OF EXCESS FOR THE FIRST \$8500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF THE DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOPS FOR EACH POLICY YEAR.</p>		
<p>NOTE: PURCHASE COI BY BANK AC RD ORDER</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:



Authorized Office

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com