

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA18076219

Date In: 12/6/18-14:36	Job description	Date & Time Completed	Done by
Ref No: NA/C7218010755/24	SAS e-filing		
Veh No: 5N4835P	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 11/6/18-14:45	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: SKL8015L	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% P: 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

NA1803686	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	12/06/2018 14:36
Date Of Accident	11/06/2018 14:45
Exact Location Of Accident	ALONG BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4835P
Insured/Policyholder	
Name Of Registered Owner	EUGENE CHIAM TAT WAI
NRIC No	S7045563C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81824805
Alternative Phone No	OFFICE-81824805

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A170
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	DMPCSN1619161802
Cover Note Number	

Driver

Name of Driver	CHIAM TAT WAI EUGENE
NRIC No	S7045563C
Date Of Birth	15/12/1970
Occupation	INDOOR
Date Of Driving Pass	23/12/1988
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81824805
Fax Number	
Contact Number	OFFICE-81824805
Email Address	NOEMAIL

Address	18 NEWTON ROAD #02-02
Postcode	307989
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	2
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)	3
Passenger 1	NAME: : COHEN BARRON CHIAM GENDER: : MALE
Passenger 2	NAME: : CAIUS BARRON CHIAM 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

REFER TO 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	SKL8015L
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUAH JIAN GUANG (KE JIAN GUANG)
NRIC/Passport Number	S8608382E
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

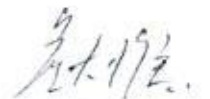
SKETCH PLAN

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:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bukit Timah Road. Suddenly vehicle B (SKL 8015 L) hit me from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2/4/12
 Policyholder's Signature
 Date & Time:

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

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

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 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 & Time of Accident 11/06/18 14:45pm
 ☆ Exact Location Of Accident Puket Timah Road
 ☆ Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SJN 4835 P
Insured/Policyholder
 ☆ Name Of Registered Owner / Company Chiam Tat Wai Eugene
 ☆ NRIC No / Work Permit No / ROC No S7045563C
 Email Address eugene.chiam@gmail.com
 Mobile Phone No (LOCAL) _____
 Alternative Phone No Others- _____

Vehicle Particulars

☆ Manufacturer Mercedes-Benz
 ☆ Model A170-1.7 (A)
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken Yes / Third Party / Reporting Only

☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government
Insurance Company
 ☆ Name of Insurance Company China Taiping Insurance (S) Pte Ltd
 ☆ Type Of Coverage Comprehensive / Third Party / Third Party Fire or Theft
 Fleet Policy Yes / No
 ☆ Policy Number DMPCSN1619161701
 Cover Note Number _____

Driver

☆ Name of Driver Chiam Tat Wai Eugene
 ☆ NRIC No S7045563C
 ☆ Date Of Birth 15/12/1970
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 23/12/1988
 Driving Experience _____
 ☆ Gender Male / Female
 ☆ Mobile Number (Local) 81824805
 Fax Number _____
 Contact Number Others- _____
 EMail Address eugene.chiam@gmail.com

☆ Address 18 Newton Road #02-02
☆ Postcode 207989
☆ Was driver an employee of the Insured's Company Yes / No
☆ If No, Relationship of the Driver with the Insured Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer
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 Raining / Clear / Other :
☆ Road Surface Wet / Dry / Other :

Other Information

☆ Was any foreign vehicle involved in this accident? Yes / No
☆ Foreign Vehicle Registration Number _____
☆ Was any body injured in the Accident? Yes / No Name: _____
Was any other material or property damaged? Yes / No
I have been approached by unknown person(s) soliciting/offering accident claims assistance. Yes / No

☆ Number of Passengers (Including Driver) 3 (M) Chen Barron Chiam
(M) Laius Barron Chiam

Details of Police Action

☆ Was the accident reported to the police? Yes / No
If Yes, Please state which Police Station
Police Station Name _____
Police Station Address _____
Police Station Contact _____
Was notice of intended Prosecution given? Yes / No
If Yes, against whom? _____

Circumstances of Accident


Attachment(s)

Are accident photos available for attachment? Yes / No
☆ Was there any video captured by Car Camera? Yes / No
Was there any audio recorded? Yes / No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number SKL 8015L
Vehicle Make/Model/Colour BMW
Details Of Properties
Name of Driver Kuan Jian Guang (Ke Jian Guang)
NRIC/Passport Number S8608382E
Contact Number _____
Address _____
Postcode _____
Insurance Company Name _____
Nature Of Damage _____
No. Of Passenger (Including Driver) _____
Details of Witness
Name _____
Phone Number _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7045563C



Name
CHIAM TAT WAI EUGENE

Race
CHINESE

Date of birth
15-12-1970

Country of birth
SINGAPORE

Size
S7045563C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Number
S7045563C

Name
CHIAM TAT WAI EUGENE

Birth Date
15 Dec 1970

Issue Date
22 Sep 2004

001267887C

3618477



NRIC No. **S7045563C**



Date of issue
23-09-2004

18 NEWTON ROAD #02-02
SINGAPORE 307989
NRIC No. **S7045563C** Date: **27/06/2016**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	22 Sep 2004
Class 2A Motorcycles between 201 cc and 400 cc	22 Sep 2004
Class 2 Motorcycles exceeding 400 cc	22 Sep 2004
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	23 Dec 1988

NP 426A

Licensee No: S7045563C

MOTOR PRIVATE CAR R

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.

DMPCSN1619161802

Engine No :26694030338342

Chano:WDD1690322J433537

1. Index Mark and Registration

Number of Vehicle

SJN4835P

AUTOSAFE

=====

2. Name of Policy Holder

EUGENE CHIAM TAT WAI

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

02 April 2018

Named Drivers Ex Sect. I S\$1,350.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

01 April 2019

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

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

* Age as at date of accident

5. Persons or Classes of Persons entitled to drive*

EX ON WINDSCREEN S\$100.00

(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.

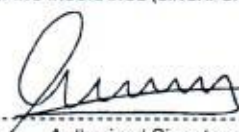
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: JSMR
 Authorised Officer


 Authorised Signatory