

NATIONAL Assessment Centre Services. [wef 1 Jan 2015] NA11803772

Date In: 18/6/18-18:26	Job description	Date & Time Completed	Done by
Ref No: NA11803772	SAS e-filing		
Veh No: 56R32906	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/6/18-18:30	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: 56W5394R	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

NA1803772	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Ant Bill	Add Bill
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:-		
	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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

Dat 1:

Dat 2/3:

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	18/06/2018 18:26
Date Of Accident	15/06/2018 18:30
Exact Location Of Accident	BLK 298 BUKIT BATOK ST 22 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3290G
Insured/Policyholder	
Name Of Registered Owner	M/S S4R
Co Reg No	53319498M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1726151801
Cover Note Number	

Driver

Name of Driver	YANG CHIN
NRIC No	S8371886B
Date Of Birth	27/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94311149
Fax Number	
Contact Number	OFFICE-94311149
EEmail Address	NOEMAIL

Address	BLK 308C PUNGGOL WALK #12-304
Postcode	823308
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	YES
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: : - 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

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 Witness 1

Name	HARIATI
Phone Number	98247316
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW5394R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHARN TZE CHOONG
NRIC/Passport Number	S8115713H
Contact Number	97603659
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

YANG CHIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGR3290G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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)

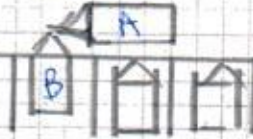
Reporting Centre Personnel's Signature

SKETCH PLAN

A SGR 3290G

B SJW 5394R

BLK 298
Bukit Batok
Car Park.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/6/18 at around 6:30pm I was driving my vehicle SGR3290G at carpark of BLK 298 Bukit Batok St 22. After picking up my customer I was driving out towards the exit there was a vehicle SJW5394R suddenly drive out of the carpark lot and hit onto my vehicle.

DECLARATION

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



chi
(If driver is not the policyholder)
Date & Time:

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

[Signature]

VEHICLE NO:	SGR 3290G	MAKE & MODEL:	Mercedes B80
DATE OF ACCIDENT	15 / 06 / 2018		
TIME OF ACCIDENT	6:30 AM/PM		
LOCATION OF ACCIDENT	BLK 298 Bukit BATOK ST 22 (650298) CAR PARK.		
Exact Purpose use during accident	Pickup Car.		
NAME OF OWNER	SHR		
TELP NO	94311149		
NRIC	Co Reg No. 5331949SM		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only		
PRIVATE HIRE	<u>YES</u> / NO ?		
INSURANCE CO.	CHINA TAIPING		
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMIT DMHCSN1726151801		
NAME OF DRIVER	As above / If No: YANG CHIN.		
NRIC	88371886B Any passengers: Yes		
DATE OF BIRTH	27 / 05 / 1983		
OCCUPATION	<u>Outdoor</u> / Indoor		
DATE OF DRIVING PASS	17 / 03 / 2004		
GENDER	<u>Male</u> / Female		
CONTAC NO.	94311149 Office: Home:		
ADDRESS	BLK 308C Punggol Walk #12-304 (823308)		
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:		
RELATIONSHIP	<u>Employee</u> / If No: owner M.D.		
WEATHER CONDITION	<u>Clear</u> / Raining / Other :		
ROAD SURFACE	<u>Dry</u> / Wet / Other :		
ANY INJURIES	No / If yes : Who? YANG CHIN.		
CONTAC NO.	94311149		
POLICE REPORT	<u>No</u> / If yes : Where?		
VEHICLE B NO.	3JW5394R Any Passenger : N.C.		
NAME	CHARN TZE CHOONG. S815713H.		
CONTAC NO.	97603659.		
VEHICLE C NO.	Any Passenger :		
VEHICLE D NO.	Any Passenger :		
VEHICLE E NO.	Any Passenger :		
VEHICLE F NO.	Any Passenger :		
ANY WITNESS	HARIATI		
WITNESS CONTACT NO.	98247316		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		
PARTICULAR WORKSHOP	Sme Motor Pte Ltd		
TELEPHONE NO	1 Kaki bukit ave 6 #02-15		
FAX NO.	Singapore 417883		
	(Telp : 67476106 (6 lines)		
	6 Speed Autowerkz Pte Ltd		
	68 Kaki Bukit Avenue 6		
	#02-05 ARK @ KB, Singapore 417896		
	Tel: 6384 7037 Fax: 6384 7039		
	Email: 6speedautowerkz@gmail.com		

SINGAPORE DRIVING LICENCE

License Number **S8371886B**

Name **YANG CHIN**

Birth Date: **27 May 1983**

Issue Date: **28 Sep 2010**

6955D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8371886B**



Name

YANG CHIN

楊 晉

Race

CHINESE

Date of birth

27-05-1983

Sex

M

Country of birth

TAIWAN

S8371886B

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **17 Mar 2004**



License No: S8371886B



3645215

NRIC No: **S8371886B**



Date of issue

06-12-2004

**APT BLK 308C PUNGGOL WALK #12-304
SINGAPORE 823308**

NRIC No: **S8371886B**

Date: **15/07/2015**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving Number S8371886B

Name

YANG CHIN

Birth Date: 27 May 1983

Issue Date: 28 Sep 2010



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 17 Mar 2004



License No: S83719868

NP 428A



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

MZ406L/BR SN B
AN0575A
Cov. Type: C
AUTOSAFE

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.	DMHCSN1726151801	Engine No : 26694030065543 Chassis No: WDD2452322J662140
1. Index Mark and Registration Number of Vehicle	SGR3290G	
2. Name of Policy Holder	M/S S4R	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	5 APRIL 2018 (14:17 HOURS)	EXCESS SECT. I S\$2,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE) S\$3,000.00 EXCESS SECT. II S\$2,000.00 EXCESS SECT. II (OUTSIDE SINGAPORE) S\$3,000.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	4 APRIL 2019	
5. Persons or Classes of Persons entitled to drive *	AS PER NAMED DRIVER(S) STATED BELOW. 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. ANY EMPLOYEE OF THE COMPANY OR NAMED DRIVER AS PER SCHEDULE	
6. Limitations as to use: *	(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES AND BUSINESS PURPOSES OF ANY PERSON TO WHOM THE VEHICLE IS HIRED. THE POLICY DOES NOT COVER: (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.	

* 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.

Countersigned By:



Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3582 Website: www.sg.cntaiping.com