

Date In: 13/7/18 16:29	Job description	Date & Time Completed	Done By
Ref No: NA/C7Z18012785/h4	SAS e-filing		
Veh No: SFP 4407 D	E-mail (w/plus Mtr, APC 2hrs)		
IP/A: 12/7/18 14:25	i-Motor Claim Form		
QD: TP Reporting Only	i-Motor W/O (Within 60 Days, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: () Veh No: **GBG7780A** 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	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)		
Damaged Portion:	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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) TP (Non INC) against IP: \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated: Fee Charged		
Auditors' Comments :-	Invoice dated: Fee Charged		
Ref 1			
Ref 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	13/07/2018 16:24
Date Of Accident	12/07/2018 14:25
Exact Location Of Accident	CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFP4407D
Insured/Policyholder	
Name Of Registered Owner	KONG LI-SZE(KANG LISI)
NRIC No	S7444220Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81441166
Alternative Phone No	OFFICE-81441166

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4 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	DMPCSN3002161700
Cover Note Number	-

Driver

Name of Driver	CHOOI WENG FAI
NRIC No	S6827813I
Date Of Birth	27/07/1968
Occupation	INDOOR
Date Of Driving Pass	06/03/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81441166
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 102 BT BATOK WEST AVE 6 #04-80
Postcode	650102
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	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	
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)	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	GBG7780A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHOOI WENG FAI
Approximate Age	

Injuries Sustain

NECK N BACK

Injured person in which vehicle?

SFP4407D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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



Choa Chu Kong Rd

A: SFP 4407 D

B: GBG 7780 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waited stationary at the traffic light junction.
suddenly my veh rear portion being collided
by veh B.

Traffic light turned red, I braked
but veh B failed to brake in time
hit onto my veh rear 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.:

Personal Particulars

Date of Accident: 12/7/18 Time of Accident: 2.25 pm
Exact Location of Accident: Chooi Chu Kang
Owner's Name: Kong Li Sze NRIC No: S7444 HP No: 2207
Driver's Name: Chooi Weng Fai NRIC No: S682781 HP No: S1441166
Date of Birth: 27/7/1968 Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: _____
Relationship of Driver with Insured: Spouse Email Address: _____
Vehicle No: SFP 4407D Make & Model: Toyota
Insurance Co: China Taiping Coverage: comprehensive Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / No) If ☒ Yes,

Name / NRIC / In Vehicle: neck & back Chooi Weng Fai

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GBG 7780A Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: S68278131

Name: CHOOI WENG FAI

Birth Date: 27 Jul 1968

Issue Date: 06 Mar 2018

Barcode: 002779830H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S68278131

Portrait of a man

Name: CHOOI WENG FAI

Chinese Name: 徐永輝

Race: CHINESE

Date of Birth: 27-07-1968

Sex: M

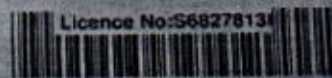
Country of Birth: SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 05 Mar 2018

NP 428A



Licence No: S68278131

A0144482



NP No S68278131



Blood Group Date of issue
O+ 12-06-2002

Address

APT BLK 102 BUKIT BATOK WEST AVENUE 6
#04-80
SINGAPORE 650102

LQ BUSINESS PTE LTD

UEN NO. 201700648N

180B BENCOOLEN STREET

#04-02, THE BENCOOLEN

SINGAPORE 189648

Tel: 6333-4136 Fax: 6334-5238

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0166A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3002161700
Account	AN0166A	Ren.Notice Date	22/11/2017	Expiry Date	17/01/2018
Client	6027580					

Renewal Period from 18/01/2018 to 17/01/2019 , both dates inclusive

Insured's Name....	KONG LI-SZE (KANG LISI)
Address.	BLK 102 BUKIT BATOK WEST AVENUE 6 #04-80 SINGAPORE 650102

Business/Occupn...	DEALER ASSET MANAGEMENT
Financial interest	HONG LEONG FINANCE LTD AS HP OWNER

Premium	Base Annual Premium.....	S\$1,959.10		
	Less 5% Loyalty Discount.....	S\$97.96-		
	Less 35% Autosafe Scheme.....	S\$651.40-		
	No Claim Discount40.00%	S\$483.90-		
	Promotion Discount.....	S\$75.00-		
	Total Annual Premium	S\$650.84	Renew.Prem.	S\$650.84
			Premium GST	S\$45.56
			Total.....	S\$696.40

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	18-01-2007		
1. Registration	SFP4407D	Make/Model ..	TOYOTA ESTIMA 2.4	
Type of Cover	Comprehensive	No. of seats	7	Body Type MPV
Engine No. .	2AZC120076	Capacity cc's	2362	Yr of Manuf/Regn 2006/2007
Chassis No. .	ACR500022481			
				Certificate Ref. MX1F
Sum Insured..Market value at the time of loss				
Named Drivers Ex Sect. I		S\$1,000.00		
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				
EX ON WINDSCREEN		S\$100.00		
Named Drivers THE INSURED				

The Following clauses and endorsements apply to this policy :

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W) - PARALLEL IMPORT VEHICLE

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop, CAR CITY AUTO CENTRE PTE. LTD. or SNG AH TEE MOTOR & PANEL SERVICE for repairs if he/they wish to seek indemnity under Section I of this Policy.

Continued on page 2