

NATIONAL Assessment Centre Services Form 1 Jan 05 MMA 118098824.

Date In: 31/7/18 13:48	Job description	Date & Time Completed	Done by
Ref No: MA1CTZ 18013882/64	SAS e-filing		
Veh No: SKC 1162M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 31/7/18 06:45-	i-Motor Claim Form		
OD <u>TP</u> 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: SBN 1368K	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

MA1804801	Invoice Preparation Checklist	Amt (\$) Ist Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat 1:	6) TR: Re-inspection \$75		
Pat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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	31/07/2018 13:48
Date Of Accident	31/07/2018 06:45
Exact Location Of Accident	ALONG YIO CHU KANG TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1162M
Insured/Policyholder	
Name Of Registered Owner	MISS CHERYL WEE HUI MIN
NRIC No	S7922133C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90939283
Alternative Phone No	OFFICE-90939283

Vehicle Particulars

Manufacturer	BMW
Model	523I 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	DMPCSN3003451804
Cover Note Number	-

Driver

Name of Driver	LOO JIA LING VAL
NRIC No	S8018102G
Date Of Birth	28/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90212180
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 308B PUNGGOL WALK #06-378
Postcode	822308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SISTER IN LAW
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)	2
Passenger 1	NAME: : DEALANN WEE LI WENG
	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 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	SBN1368K
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)	

DETAILS OF INJURED PERSON 1

Name	LOO JIA LING VAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC1162M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DEALANN WEE LI WENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKC1162M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

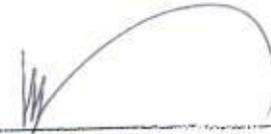
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance 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 lodging 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.

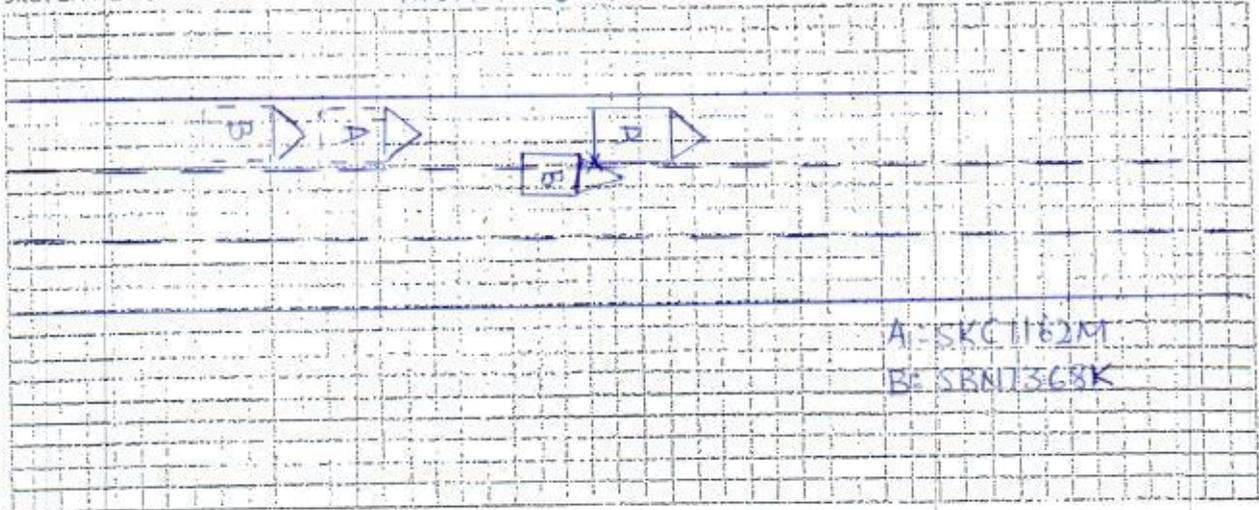
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

ALONG YIO CHU KANG TOWARD CTE



A: SKC1162M

E: SBM1368K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I was driving (Veh A: SKC1162M) on lane 3 along Yio Chu Kang Road towards CTE. Suddenly, I felt an impact on my rear. I alighted and realised (Veh B: SBM1368K) had collided onto me. My rear right bumper was seriously damaged which extends to the interior of my boot and bootlid. We exchange particulars and left the accident scene. That is all.

DECLARATION

(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.):

FILE NO:	SKC1162M	MAKE & MODEL:	BMW 532I
DATE OF ACCIDENT	31 / 07 / 2018		
TIME OF ACCIDENT	06:43	AM/PM	
LOCATION OF ACCIDENT	Along Yio Chu Kang Toward CTE		
Use Purpose use during accident			
NAME OF OWNER	Cheryl Wee Hui Min		
IC NO	90939283		
	S7922133C		
CLAIM TYPE	OD /	THIRD PARTY /	Reporting Only
DATE HIRE	YES/NO?		
INSURANCE CO.	China TaiPing		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
CY NO	DMPCSM3003451804		
NAME OF DRIVER	As above / If No: LOO Jia Ling, Val		
	S8018102G		Any passengers: 01
DATE OF BIRTH	28 / 05 / 1980		① Dealann Wee Li Weng (M)
OCCUPATION	Outdoor / Indoor	(T0805194H)	
DATE OF DRIVING PASS	22 / 03 / 2001		
SEX	Male /	Female	
TAC NO.	90212180	Office:	Home:
ADDRESS	Blk 308B Punggol Walk #06-378 S822308		
DO YOU HAVE ANY OWN Vehicle	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No: Sister-in-law		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who? Cheryl Wee Hui Min driver & passenger		
TAC NO.			
DATE REPORT	No / If yes: Where?		
CLAIM B NO.	SBN1368K		Any Passenger:
TAC NO.			
CLAIM C NO.	Any Passenger:		
CLAIM D NO.	Any Passenger:		
CLAIM E NO.	Any Passenger:		
CLAIM F NO.	Any Passenger:		
WITNESS			
TELEPHONE CONTACT NO.			
Have you been approach by unknown person soliciting (s) /			
requesting accident claims assistance?	YES / NO		
VEHICULAR WORKSHOP	Autowerke Automotive P/L		
ADDRESS	8 KAKI BUKIT AVE 4 #05-01/02 PREMIER Bldg		
CONTACT PERSON	Annabelle Lim #112 6485		SINGAPORE 4
PHONE NO	6282 4292		
EMAIL:	Reporting @ autowerke.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8018102G



Name

LOO JIA LING, VAL

吕佳玲

Race

CHINESE

Date of birth

28-05-1980

Sex

F

S8018102G



Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8018102G

Name

LEE JIA LING
(LI JIALING)

Birth Date: 28 May 1980

Issue Date: 21 Mar 2003



5551313



NRIC No: S8018102G



Date of issue

19-01-2016

Address

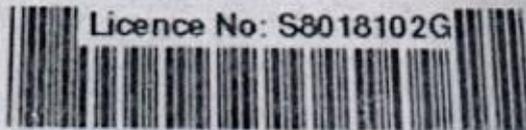
APT BLK 308B PUNGGOL WALK
#06-378
SINGAPORE 822308

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Mar 2001



Licence No: S8018102G

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7922133C



Name

CHERYL WEE HUI MIN

黄惠敏

Race

CHINESE

Date of birth

03-08-1979

Sex

F

Country of birth

SINGAPORE

S7922133C

4487454



NRIC No. S7922133C



Date of issue

11-11-2009

58 WEST COAST LANE
SINGAPORE 127788

NRIC No: S7922133C

Date: 27/09/2017

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	DNPCSN3003451804	Engine No :09167736N52B25AF Chassis No:WDAFP32050C866101
1. Index Mark and Registration Number of Vehicle	SKC1162M	
2. Name of Policy Holder	MISS CHERYL WEE HUI MIN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	22 JANUARY 2018	NAMED DRIVERS EX SECT. I\$81,000.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$43,000.00 EX SECT. I - AGE >= 26.....\$8500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN\$9100.00
4. Date of Expiry of Insurance	21 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *		
(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 \$81,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.	
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.		

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

CCL INSURANCE AGENCY PTE LTD
BLK 9006 TAMPINES ST.93
#01-19B SINGAPORE 528840
TEL: 6344 9990 FAX: 6342 9088 / 6344 7554

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By: _____
Authorised Officer

Authorised Signatory

Accident
Hotline: 96214 666
24 Hours / 7 Days