

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

19th 4/8/2024

Date In: 08/10/2018 16:02	Job description	Date & Time Completed	Done by
Ref No: NBA/C72180/826514	SAS e-filing		
Veh No: SKA 58454	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/10/2018 16:55	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: SKA 58454	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

N/A 06423

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add. Bill

- 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) RT: Follow-Through Survey (Resurvey) \$30
For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idao Mobile 30

Invoice dated Fee Charged

10/10/2018

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 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 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. 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	08/10/2018 14:02
Date Of Accident	05/10/2018 16:55
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5845J
Insured/Policyholder	
Name Of Registered Owner	TAN JUN YUAN (CHEN JUNYUAN)
NRIC No	S8208259Z
Email Address	JUNYUAN82@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91879147
Alternative Phone No	OTHERS-91879147

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own Insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3038681803
Cover Note Number	

Driver

Name of Driver	TAN JUN YUAN (CHEN JUNYUAN)
NRIC No	S8208259Z
Date Of Birth	15/03/1982
Occupation	INDOOR
Date Of Driving Pass	04/07/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91879147
Fax Number	
Contact Number	OTHERS-91879147
EEmail Address:	JUNYUAN82@HOTMAIL.COM

Address	BLK 501 BEDOK NORTH STREET 3 #14-16
Postcode	460501
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?	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 SKETCH PLAN

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	SKA5885U
Vehicle Make/Model/Colour	NISSAN XTRAIL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HWEE TIAN
NRIC/Passport Number	S1620549D
Contact Number	90938898
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:

08/10/2018

11.10 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Along BRADDILL ROAD
A → SKA588SV
B → SKF5845J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1655 pm 5th Oct 2018, I was travelling along Braddell Road and there was a jam on the road. Speed was about 10 - 20 km/hr. The Vehicle (A) suddenly stopped and despite the fact that I stepped on the brake immediately, the accident resulted.

DECLARATION

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

Policyholder's Signature

Date & Time:

08/10/18
11:10 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

08/10/2018
Robbie Lim

ACCIDENT STATEMENT

ACCIDENT DATE: 05/10/2008 (DD/MM/YYYY), TIME: 16:55 (HH:MM)

LOCATION: Along Braddell Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CKF 58455
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMP/CSN 3038681/803
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Audi A4 1.8L
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN JUN YUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 82082592 CONTACT: 91879147
 c) ADDRESS: 501 Bedok North Street 3 #14-16
S (460501)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 15/03/1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 04/07/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA 5885U MODEL: Nissan X-trail
 b) DRIVER'S NAME: Mr Tan Hwee Lion
 c) NRIC/FIN/PASSPORT: S 1620549D CONTACT: 90938898

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

EMAIL =

junyuan82@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8208259Z



Name

TAN JUN YUAN
(CHEN JUNYUAN)

陈俊源

Race

CHINESE

Date of birth

15-03-1982

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S8208259Z

Name

TAN JUN YUAN
CHEN JUNYUAN

Birth Date: 15 Mar 1982

Issue Date: 01 Oct 2015



002478551Q

SG
50



4775773



NRIC No. S8208259Z

Date of issue
09-09-2011

Address
APT BLK 501 BEDOK NORTH STREET 3
#14-16
SINGAPORE 460501

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE

04 Jul 2008

NP 428A



Licence No: S8208259Z

2008年 12月20日 星期一

Policy Number : SA9PC883032001963
 Replacing Policy No. SA9PC8830319661702

Period of Insurance from 11/06/2019 to 14/06/2019 . both dates inclusive

Insured's Name : HO TAN JUN YUAN (CHEN JUNYUAN)
Address : 814 001 BEDOK NORTH STREET 3
#14-15
SINGAPORE 462001

Fullname/Designation : SANKAR
 Example1 Interest RATE/AGE AS OF DATE

Basic Annual Premium.....	\$28,312.10		
Less 15% Loyalty Discount.....	\$4,246.82		
Less 20% Automatic Scheme.....	\$1,411.06		
Rebate Claim Discount.....	\$50.00		
Total Annual Premium.....	\$22,603.22	Premium Due	\$22,603.22
		Premium GHT	\$2195.64
		Total Due	\$24,798.86

REG - 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE: 15.06.2012		
Registration	SEF5045J	Make/Model ..	AUDI A4 AMBITION 1.8 TFSI MU
Type of Cover	Comprehensive	No. of seats	5
Engine No. ..	CJH011614	Capacity cc's	1798
Chassis No. ..	WAEZZZ8K7DA830113		Yr of Manuf/Regn 2012/2012

Certificate Ref. 4018

Sum Insured, Market value at the time of loss	
Named Drivers Ex Sect. 1	\$15,000.00
Additional Ex Other than Named Drivers:	
Ex Sect. 1 - Age <= 25	\$1,000.00
Ex Sect. 1 - Age >= 26	\$200.00
* Age as at date of accident	
EX ON WINDSCREEN	\$100.00
Named Drivers THE INSURED	

Following clauses and endorsements apply to this policy
Subject to Endts. 2, 25, 27, 72, W & W (unltd).

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 authorized workshop for repairs if he/she wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)
Notwithstanding anything contained to the contrary, we will waive up to the first \$91,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year in respect of damage to the motorcar covered under this Policy for repairs carried out by our

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11/6/2018