

NATIONAL Assessment Centre Services [ver 1 Jan 05] **MMA118131935**

Date In: 11/10/18 12:55	Job description	Date & Time Completed	Done by
Ref No: NA107218018458164	SAS e-filing		
Veh No: G88 8762 Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/10/18 11:30	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> 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: SDL 545 J	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

NA1806572

Claimant's Particulars :-	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 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 \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

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 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	11/10/2018 12:55
Date Of Accident	10/10/2018 11:30
Exact Location Of Accident	KPE TUNNEL FROM PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8762Y
Insured/Policyholder	
Name Of Registered Owner	SUN ENERGY CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64429473

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1650881802
Cover Note Number	-

Driver

Name of Driver	ANDREW QUEK WEE SINN
NRIC No	S1318863G
Date Of Birth	15/02/1958
Occupation	INDOOR
Date Of Driving Pass	07/09/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97338039
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 99 BEDOK NORTH AVE 4 #02-1906
Postcode	460099
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	CHAIN COLLISION
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?	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)	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL545J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKL456A
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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)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

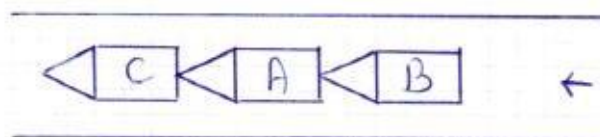
NRIC/FIN No.:

SKETCH PLAN

A: GBB87624

B: SBL545J

C: SKL456A



KPE Tunnel from DIE (Turas)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along KPE Tunnel from DIE (Turas). Due to heavy traffic, vehicles in front of me slowed down and stopped. I also slowed down and stopped. Suddenly, Vehicle B hit onto my rear. The strong impact caused my vehicle to surge forward and hit onto Vehicle C. When I got down to inspect, I realised that I was involved in a 3 car collision.

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.:

Date of Accident : 10/10/18 Accident Time: 1130hrs (24-HR-Format)
 Accident Place : KPE Tunnel from PIE (Tuas)
 Vehicle No. (Car Plate No.) : G8BBS7624 Make/Model: Mercedes Benz Vito 115EA
 Insurance Company : Chun Tai Ping Policy No: SMCYSN1650881802
 Owner or Company Name /IC No. : Sun Energy Construction Pte. Ltd. 2012290431J
 Owner or Company Contact No. : _____ Owner's Hp 6442 9473 Company Tel _____
 DRIVER'S Name / IC No. : Andrew Quek Wpe Sinn S1318863G
 DRIVER'S Date Of Birth : 15/2/58 DRIVER'S License Pass Date 7/9/78
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: _____
 DRIVER'S Address : Blk 99 Bish North Avenue 4 #02-1906 S(460099)
 DRIVER'S Contact No./ Alt No. : 1) 9733 8039 2) _____
 DRIVER'S Occupation : (INDOOR) OUTDOOR (e.g. working inside or outside office)
 Email Address : 88sunenergy@gmail.com
 Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ (Claim Other Party) Claim Own Insurance
 Number of Passengers (Including Driver): 1
 Was there any video Captured by car camera: (YES) NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SNL545J</u>	Vehicle No: <u>SKL456A</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

REPUBLIC OF SINGAPORE DRIVING LICENCE

1000549786E

ANDREW QUEK WEE SINN

Date of Birth: 15 Feb 1958
Licence Expiry: 12 Jul 2003

1000549786E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1318863G



Name
ANDREW QUEK WEE SINN

Race
CHINESE

Date of birth
15-02-1958

Country/Place of birth
SINGAPORE

Sex
M

S1318863G

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Sep 1978

NE 428A

Licence No. S1318863G

5917859

NRIC No. S1318863G

Date of issue
18-04-2018

Address
APT BLK 99 BEDOK NORTH AVENUE 4
#02-1906
SINGAPORE 460099



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208364E

MZ300/C
R SN
AN0478A
Cov.Type: C

MOTOR COMMERCIAL VEHICLE

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.	DMCVSN1650881802	Engine No : 64698051815943 Chano: WDF63970523571801
1. Index Mark and Registration Number of Vehicle	GB88762Y	AUTOSAFE
2. Name of Policy Holder	SUN ENERGY CONSTRUCTION PTE. LTD.	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 July 2018	Excess Sect I S\$500.00 EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	18 July 2019	
5. Persons or Classes of Persons entitled to drive*		

Any person who is driving on the Policyholder's order or with their 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:

- (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
 - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.


HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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:  INSURE HUB PTE. LTD.
Authorised Officer


Authorised Signatory