

NATIONAL Assessment Centre Services. Part 1 Jan 2003 MMA 48149187

| | | | |
|---|--|-----------------------|---------|
| Date In: 19/11/18 10:31 | Job description | Date & Time Completed | Done by |
| Ref No: NA/CTZ 18020841/h4 | SAS e-filing | | |
| Veh No: SGF 503B | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 16/11/18 09:50 | I-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> 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/Whse | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SLJ 5707 S. | 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: 0788 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 |
|-----------|---------|
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|--|---|---|
| <p>MAIP 07604</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sat. 1:</p> <p>Sat. 2 / 3:</p> | <p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p> | <p>Am (\$)</p> <p>30.00</p> <p>(\$ Add'l)</p> <p>Add'l bill</p> |
|--|---|---|

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 | 19/11/2018 10:31 |
| Date Of Accident | 16/11/2018 09:50 |
| Exact Location Of Accident | ANDAZ SINGAPORE-A CONCEPT BY HYATT CARPARK B1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SGF503B |
| Insured/Policyholder | |
| Name Of Registered Owner | MS JENNY CHAN YING YING |
| NRIC No | S7771921J |
| Email Address | CHAN.JYY@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94899993 |
| Alternative Phone No | OFFICE-94899993 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | BMW |
| Model | 116D 5DR HATCH DSC LED |
| Exact Purpose for which vehicle was being used at time of accident | PARKED |
| 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 | DMPCSN1814401800 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | MS JENNY CHAN YING YING |
| NRIC No | S7771921J |
| Date Of Birth | 12/03/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/03/2000 |
| Driving Experience | 18 YEARS AND 8 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-94899993 |
| Fax Number | |
| Contact Number | OFFICE-94899993 |
| Email Address | CHAN.JYY@GMAIL.COM |

| | |
|---|---------------------|
| Address | 78 FLORIA RD #06-43 |
| Postcode | 506918 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 | SLJ5707S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GAN WAN XIN |
| NRIC/Passport Number | |
| Contact Number | 96214555 |
| 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.

Agir

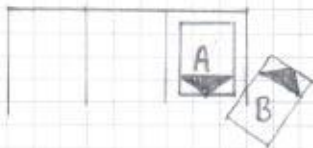
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = SGF5038

B = SLJ57075

Andaz Singapore - a concept by Hyatt corpark (B1)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please Refer to Statement



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.:

MY VEH WAS PARKED INSIDE THE ANDAZ SINGAPORE-A CONCEPT BY
HYATT BASEMENT 1 CARPARK, EVERYTHING WAS INTACT. WHEN I WENT
BACK TO RETRIEVE MY VEH AND I SAW A NOTE ON MY VEH LEFT A
CONTACT NUMBER TO CONTACT HER. I FOUND MY VEH LEFT FRONT WAS
DAMAGE.

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 18) (DD/MM/YYYY), TIME: (09 : 50.) (HH:MM)

LOCATION: Andaz Singapore - a concept by Hyatt carpark. (b2)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 503 B.
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Jenny chan Ying Ying (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9489 9993.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 57075 MODEL: _____
b) DRIVER'S NAME: Gan Wan Xin.
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9621 4555.

9. THIRD PARTY VEHICLE

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

warning C2 by monday

email = ~~THE~~ chan.jyy@gmail.com

fax =

VIDEO = NO.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7771921J



JENNY CHAN YING YING

陳 盈 盈

CHINESE

Date of Birth: 12-03-1977
Country of Birth: MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7771921J

JENNY CHAN YING YING

Birth Date: 12 Mar 1977
Issue Date: 08 Mar 2003



8262517



NRIC No: S7771921J



Nationality: MALAYSIAN

Issue Date: 05-11-1997

78 FLORA ROAD #06-43
SINGAPORE 506918
S7771921J

09/10/2013

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

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

PASS DATE: 03 Mar 2000

NP 428A



MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCEMotor 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, 1958 (Malaysia)

ORIGINAL

CERTIFICATE No. DMPCSN1814401800

Engine No :31479842B37D15A

ChaNo:WBA1V720X0V725813

1. Index Mark and Registration
Number of Vehicle SGF503B

2. Name of Policy Holder MS JENNY CHAN YING YING

| | | |
|--|---------------|--|
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 28 April 2018 | Named Drivers Ex Sect. I S\$500.00 |
| | | Additional Ex Other than Named Drivers: |
| | | Ex Sect. I - Age <= 25..... S\$3,000.00 |
| 4. Date of Expiry of Insurance | 27 April 2019 | Ex Sect. I - Age >= 26..... S\$500.00 |
| | | * Age as at date of accident |
| | | EX ON WINDSCREEN S\$100.00 |

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 S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

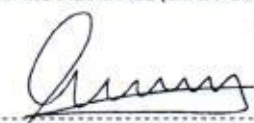
HIRE PURCHASE CO. : DBS BANK LTD AS HP OWNER

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: LIM LEE CHOO
Authorised Officer
Authorised Signatory