

NATIONAL Assessment Centre Services.

[ref: Jart005]

11/09/2018 18:24

Date In: 10/02/2018 18:24	Job description	Date & Time Completed	Done by
Ref No: N/A/C127802356/4	SAS e-filing		
Veh No: GBD 8659C	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 17/09/2018 18:00	I-Motor Claim Form		
OID / 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/WRAP		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SN 40427

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 () / Non-INC ()	Complete	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

11/09/2018 17:5

Client's Particulars	Invoice/Repairation/Claim/Other	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant against INC Only (ref 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) / TP (Non INC) against INC \$20		
	9) N11: Idan Mobile \$0		
	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 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	10/12/2018 18:24
Date Of Accident	17/09/2018 18:10
Exact Location Of Accident	BETWEEN BLK 1 & 3 HAIG ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8659C
Insured/Policyholder	
Name Of Registered Owner	VC MARKETING
Co Reg No	53154985B
Email Address	COOLSTUFF6287@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92267033
Alternative Phone No	OFFICE-92267033

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
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	DMCVSN1525491702
Cover Note Number	

Driver

Name of Driver	NG JIAK CHOR
NRIC No	S6910399E
Date Of Birth	07/03/1969
Occupation	INDOOR
Date Of Driving Pass	22/05/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92267033
Fax Number	
Contact Number	OTHERS-92267033
Email Address	COOLSTUFF6287@GMAIL.COM

Address	BLK 3 HAIG ROAD #04-541
Postcode	430003
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	COLLIDED INTO PARKED VEHICLE
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	SJX5809G
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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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 purposes 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.

VC MARKETING

Call No. 31150018

Policyholder's Signature
Date & Time:

Driver's Signature
to deliver is not the policyholder's
Date & Time:

Reporting Centre Person's Signature
Name:
NIC/FIN No.:

12/12/2018

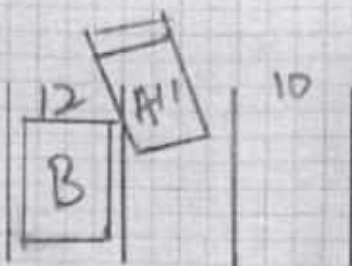
Rosa WATSON

SKETCH PLAN

BETWEEN BLK 1 & BLK 3 HALF ROAD CARPARK

A) GBD 8659C

B) SJX 5807G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I move out I scratch his car
unintentionally and I did not know until a report
against me.

DECLARATION

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

X *[Signature]*
Participant's Signature
Date & Time

VC MARKETING
Co Reg No. 211340018

Centre's Signature
(if signed by the policyholder)
Date & Time

[Signature] 12/12/2018
Reporting Centre Person's Signature
Name
NRIC/FIN No.

ACCIDENT STATEMENT

ACCIDENT DATE: 17/09/2017 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: along Hany Road (or Park)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4BD 8659C
 b) INSURANCE COMPANY: CHINA TAIPIAC
 c) POLICY NUMBER: DMCVSN1525491702
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Innova
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: NL JIAK CHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 6410399E CONTACT: 9276703
 c) ADDRESS: 3 HAIL ROAD #04-541 (430003)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NL JIAK CHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 6410399E CONTACT: 9276703
 c) ADDRESS: 3 HAIL ROAD #04-541 (430003)

* d) DATE OF BIRTH: 07/07/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 Yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: 8JX 5809G MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

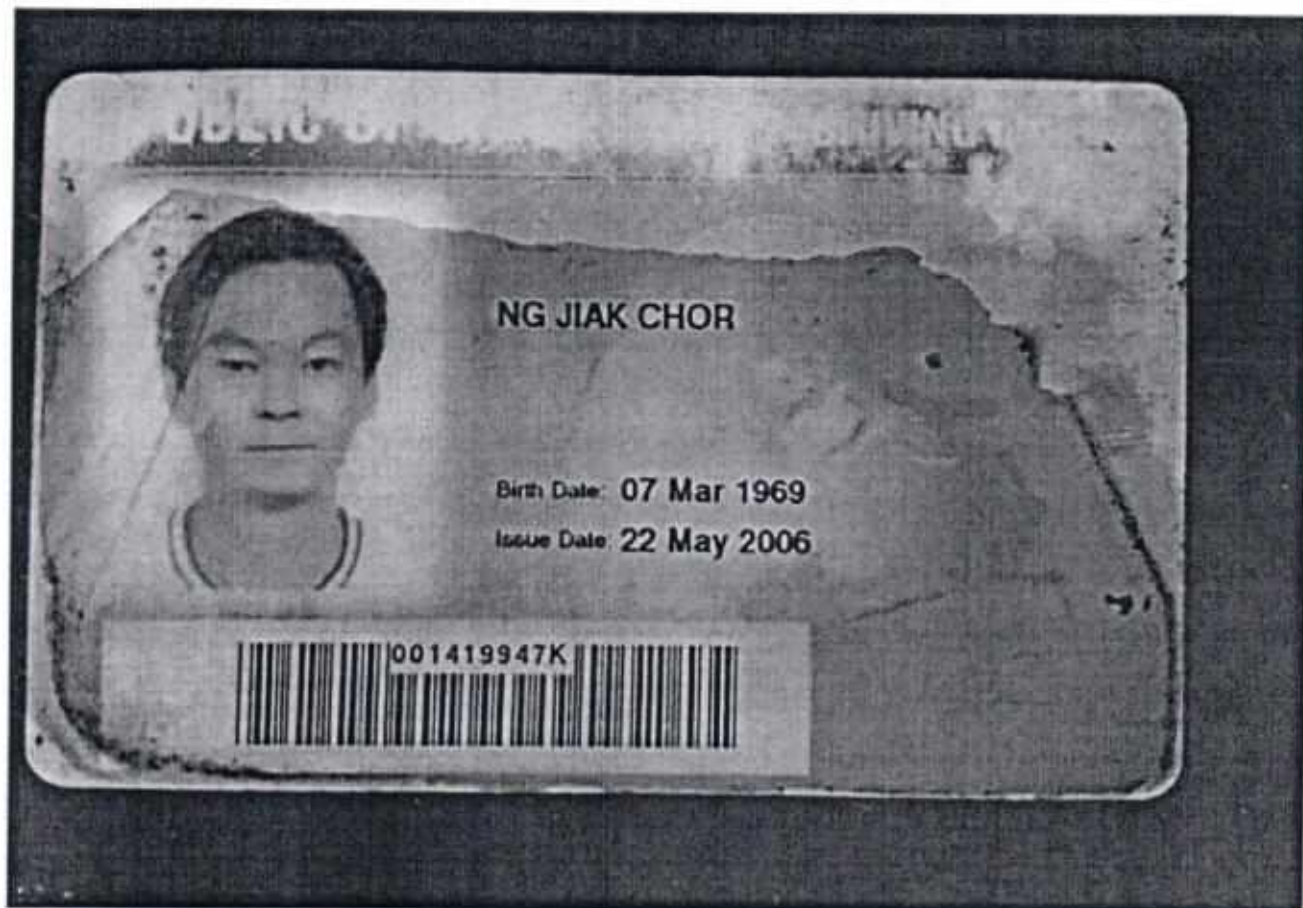
* No of passenger
(including driver)
()

email = Coolstuff6287@gmail.com
VIDEO

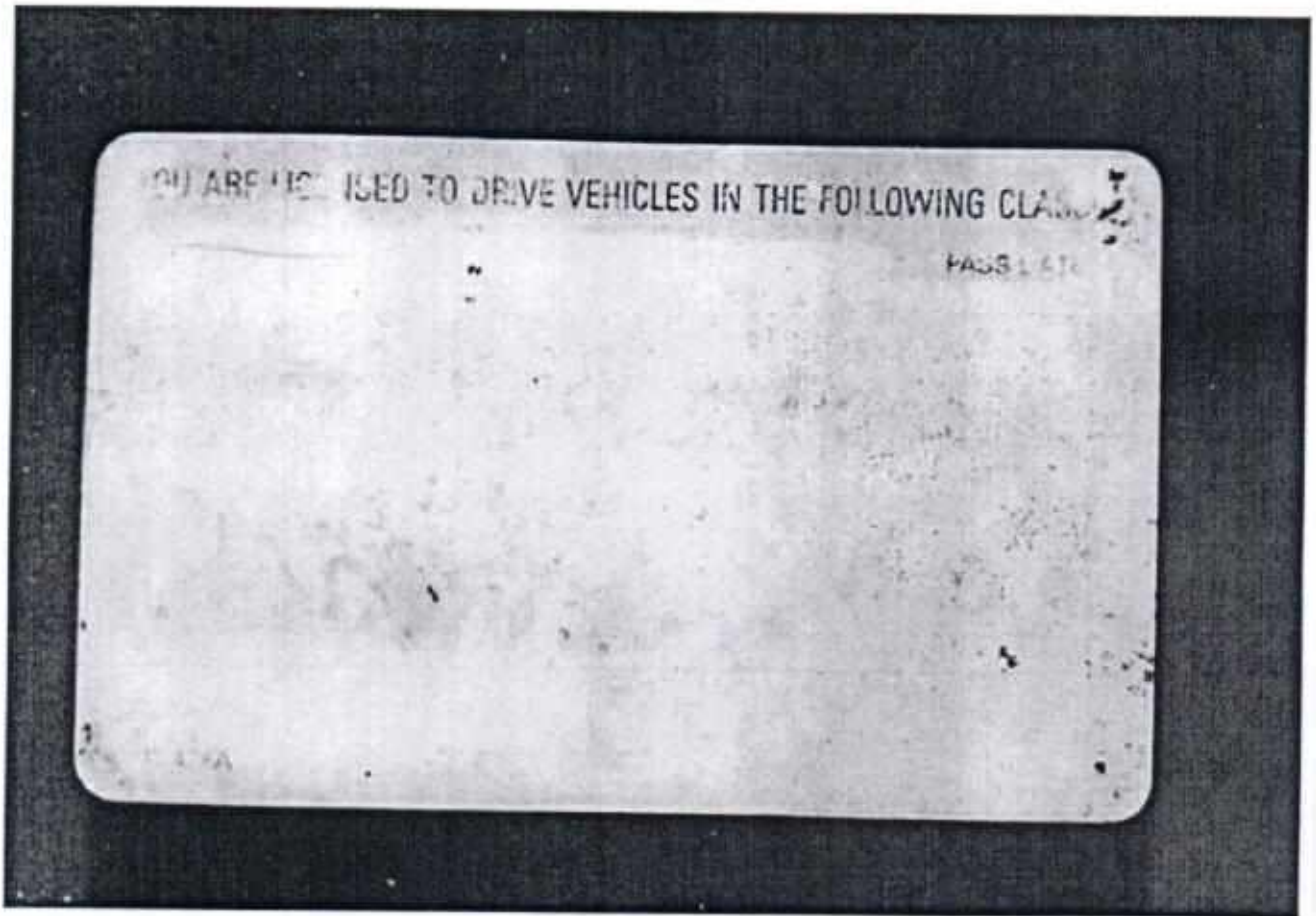
ID



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ORIGINAL

THE SCHEDULE

Agency AN1579A Class of Policy MOTOR COMMERCIAL VEHICLE Policy Number DMCVEN1526491702
Amount AN1579A Issued on 16/06/2017 in SINGAPORE Replacing Policy no. DMCVEN1526491601
Client 3174094 Acceptance Date 16/06/2017

Period of Insurance from 17/06/2017 to 16/06/2018, both dates inclusive

Insured's Name..... M/S VC MARKETING ✓
Address..... 1 QUEENSWAY
#01-23
QUEENSWAY SHOPPING CTR/TWR
SINGAPORE 149053

Business/Occupation..... RETAIL SALES
Financial Interest PURCHASER SINGAPORE FINANCIAL SERVICES SINGAPORE LTD

Premium	Base Annual Premium	S\$7,117.00	
	Less 15% Loyalty Discount	S\$211.70	
	Less 25% Autocash Scheme	S\$474.33	
	No Claim Discount 10.00%	S\$185.79	
	Windscreens @ \$1,000	S\$50.00	
	Total Annual Premium	S\$6,195.18	Premium Due S\$1,193.18
			Premium GST S\$82.92
			Total Due S\$1,276.10

Risk No. 001 MOTOR COMMERCIAL VEHICLE
ORIGINAL REGISTRATION DATE: 17 JUN 2015

1. Registration DM6655C ✓	Name/Model ..	TOYOTA HIACE 3.0 EX DIESEL TURBO A
Type of Cover Comprehensive	No. of seats	2 Body Type VAN
Engine No. 1K22495647	Capacity cc's	3 Yr of Manuf/Begn 2014/2015
Chassis No. KKM2010107612	Tonnage	1.41 Certificate Ref. M2300/C

Sum Insured, Market value at the time of loss

Excess Seat 1	S\$100.00
EX CW WINDSCREEN	S\$100.00

The following clauses and endorsements apply to this policy

Subject to Endts. 1, 5, 25, 27, 72 & W181,000. 1.

AUTOCASH SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreens damage, must send his/their vehicle to the Company's authorized workshop for repairs if he/they wish to seek indemnity under Section 2 of this Policy.

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

Endorsement E - Elderly Excess

It is hereby declared and agreed that an Excess of S\$2,000.00 shall apply for accident loss or damage for any unnamed authorized driver who is 66 years old and above (Age as at Date of Accident).

Once this S\$2,000.00 Excess is applied, other Excess(es) applicable under different Endorsement(s) of this Policy shall not be applicable.