

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005]

Date In: 14/01/09	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19000798/13	SAS e-filing		
Veh No: SLX6151P	E-mail (w/tdm: 8hrs; AIC 2hrs)		
DOA: 13/01/09 2055	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: ( **M GARAGE** Tel: Fax: )

TP Particulars:	Veh No: SLV3350Z	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 ( ) / Towel-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

NA1900463

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	
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	
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 1:	6) TR : Re-inspection \$75	
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON*	
	*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 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. 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	14/01/2019 14:29
Date Of Accident	13/01/2019 20:55
Exact Location Of Accident	JUNC OF GRANGE RD & SOMERSET RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6151P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOLANDO TAN WEE KHONG
NRIC No	S6923144F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738392
Alternative Phone No	OTHERS-96738392

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	DMPCSN3031771800
Cover Note Number	

### Driver

Name of Driver	JOLANDO TAN WEE KHONG
NRIC No	S6923144F
Date Of Birth	22/05/1969
Occupation	INDOOR
Date Of Driving Pass	15/05/1990
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738392
Fax Number	
Contact Number	OTHERS-96738392
Email Address	NOEMAIL

Address 5 KELULUT HILL  
 Postcode 805899  
 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 SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) 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) 3  
 Passenger 1 NAME: : ANGELYN LIM LING LING  
 GENDER: : FEMALE  
 Passenger 2 NAME: : DONOVAN TAN JULTAN  
 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**

PLS REFER TO THE 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 SKV3350Z  
 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

### 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)**

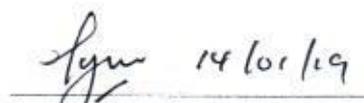
I understand, acknowledge, agree and consent that:

- (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: 14/1/19  
1338h

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

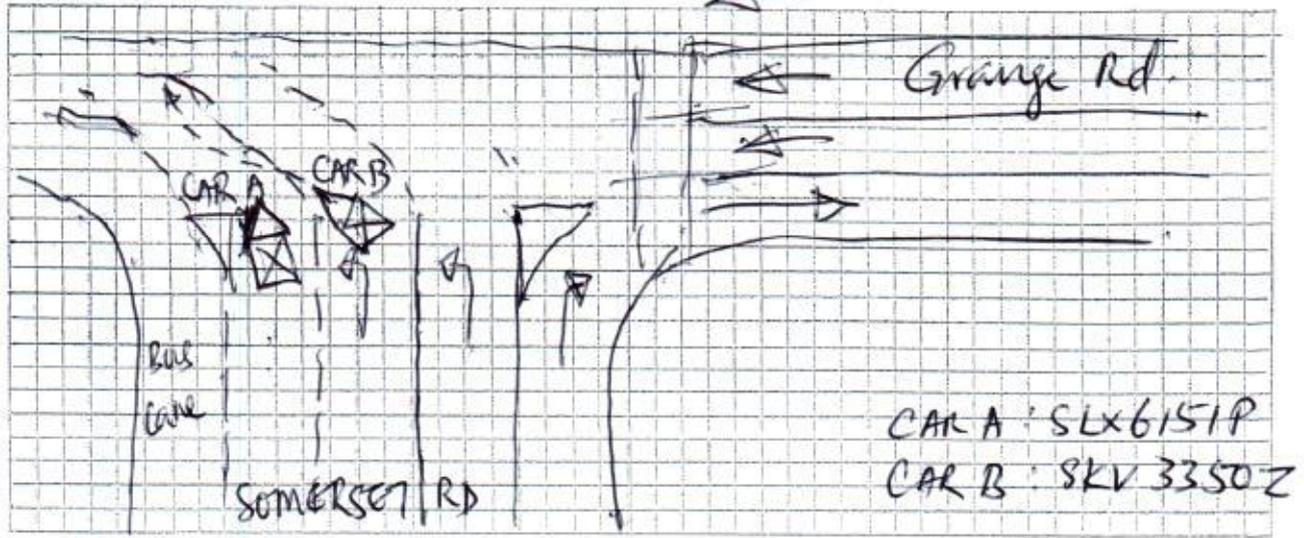


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

McDonald's

Catway Cineleishire

SKETCH PLAN



CAR A: SLX6151P  
 CAR B: SKV3350Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 Jan 2019 Sun @ 20:53h, along Somerset Road driving towards Grange Rd. I was at the leftmost lane (Somerset Rd) and Car B (SKV3350Z) which was on the lane on my right and while I was making the left turn at the Somerset Rd X Grange Rd. Car B which was making the left turn encroached onto my lane and grazed & dented my right (front) bumper & fender body above the front right tyre.

We both alighted from our car (after I slightly shifted my car to avoid blocking the pedestrian crossings) and exchange particulars.

Car B (SKV3350Z) owner Mr Zhao Y, NRIC: S82712572, admitted it was 100% his fault and agreed I accepted full liability of the accident, and agreed that I could claim against his insurance for 100% damages repairs & to make good the car condition. Mr Zhao Y requested to have my car damages assessment be reported at his authorised workshop and repairs done as well.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 14/1/19  
 13:38h

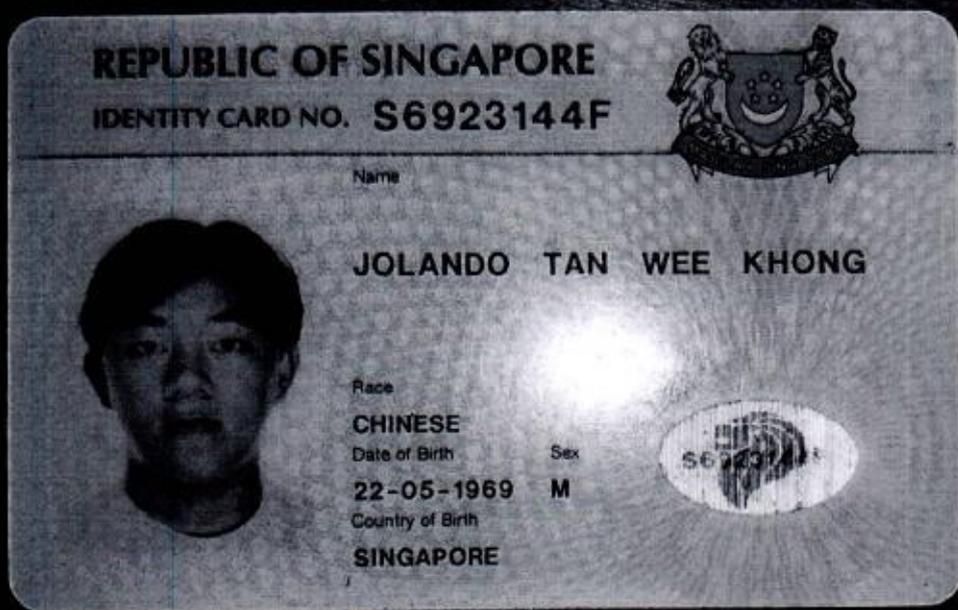
Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/01/2019	Time: 2053hrs	(hh:mm) 24 hr format
Location Junction of Grange Road & Somerset Road		
Vehicle Number SLX6151P		
Insured Name JOLANDO TAN WEE KHONG		
NRIC / FIN S6923144F	Contact Number 96738392	
Make MERCEDES BENZ Model C180		
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company CHINA FAIPING		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number DMPCSN3031771800		
Name of Driver JOLANDO TAN WEE KHONG ( / ) Same as Insured		
NRIC / FIN S6923144F Contact Number 96738392		
Date of Birth 22/05/1969		
Driving Pass Date 15/05/1990		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address joetanwk@yahoo.com.sg ( ) NO EMAIL		
Address of Driver		
5 KELULUT HILL S805899		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( ) Yes ( / ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	SKV3350Z	
Veh C		
Veh D		
Veh E		
Veh F		

passenger (1) female: Angelyn Lim Ling Ling  
 passenger (2) male: Donovan Tan Juitan



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S6923144F**  
 Name: **JOLANDO TAN WEE KHONG**  
 Birth Date: **22 May 1969**  
 Issue Date: **25 Oct 2003**




SLX6151P  
OWNER & DRIVER.

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Aug 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 May 1990



NP 428A



**中国太平**  
CHINA TAIPING

**中国太平保险(新加坡)有限公司**  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #18-00 Springleaf Tower Singapore 079908  
Tel: 6399 6111 Fax: 6222 1033  
Website: www.sg.ontaping.com  
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0006A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3031771800
Account	AN0006A	Issued on	..... 26/04/2018 in SINGAPORE		
Client	1121057	Acceptance Date	26/04/2018		

Period of insurance from 1050 hours on 26/04/2018 to 2400 hours on 25/04/2019

Insured's Name	...	JOLANDO TAN WEE KHONG
Address		5 KELULUT HILL SINGAPORE 805899

Business/Occupn... DIRECTOR  
Financial interest MAYBANK AS HP OWNER

Premium	.....	Base Annual Premium	.....	\$2,117.00	
		Less 80th Anniversary Discount	.....	\$380.00-	
		No Claim Discount	.....50.00%	\$1,018.50-	
		Incentive Discount 10%	.....	\$101.85-	
		Windscreen @ \$2,500.-	.....	\$150.00	
		Promotion Discount	.....	\$200.00-	
		Total Annual Premium	.....	\$866.65	Premium Due
					\$866.65
					Premium GST
					\$60.67
					Total Due
					\$927.32

Risk No.	001	MOTOR PRIVATE CAR			
		ORIGINAL REGISTRATION DATE:	22-04-2015		
1. Registration	SLX6151P	Make/Model	..	MERCEDES BENZ C180 BLUE EFFICIENCY	
Type of Cover	Comprehensive	No. of seats	5	Body Type	..... SALOON
Engine No.	.. 27491030360793	Capacity cc's	1596	Yr of Manuf/Regn	2015/2015
Chassis No.	WDD2050402R051100				

Certificate Ref. MX1E

Sum Insured..Market value at the time of loss	
Named Drivers Ex Sect. I	..... \$500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	..... \$3,000.00
Ex Sect. I - Age >= 26	..... \$500.00
* Age as at date of accident	
EX ON WINDSCREEN	..... \$100.00
Named Drivers THE INSURED	ANGELYN LIM LING LING

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W (\$2,500/-)

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 \$1,000.00 (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 Authorised Workshops as per Certificate of Insurance Card attached.

Subject otherwise to the terms and conditions of this Policy.

Waiver of Windscreen Excess Clause (repair at Glass-Fix Pte Ltd)

It is hereby declared and agreed that in the event of a windscreen claim, an excess of \$100.00 will be waived should the policyholder chooses to repair instead of replacement.

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