

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA11905979**

Date In: 26/1/14-14:13	Job description	Date & Time Completed	Done by
Ref No: HA/C12/19062184/24	SAS e-filing		
Veh No: SLV172R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/1/14-18:00	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: YJ 9N372	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) FT : 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:-		
	QD*		
	*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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat 1:			
Dat 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	02/02/2019 14:13
Date Of Accident	01/02/2019 18:00
Exact Location Of Accident	LOR 21 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV177R
Insured/Policyholder	
Name Of Registered Owner	WEE POIR JIN
NRIC No	S7880031C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93893998
Alternative Phone No	OFFICE-93893998

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	DMPCSN3090851700
Cover Note Number	

Driver

Name of Driver	WEE POIR JIN
NRIC No	S7880031C
Date Of Birth	25/10/1978
Occupation	INDOOR
Date Of Driving Pass	14/09/2001
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93893998
Fax Number	
Contact Number	OFFICE-93893998
EMail Address	NOEMAIL

Address	27 FLORA ROAD
	#06-01
Postcode	509741
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 (including own vehicle) involved in the accident	2
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

REFER TO 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	YJ9433B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZAW ZAW AUNG
NRIC/Passport Number	
Contact Number	67791009
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
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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 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:

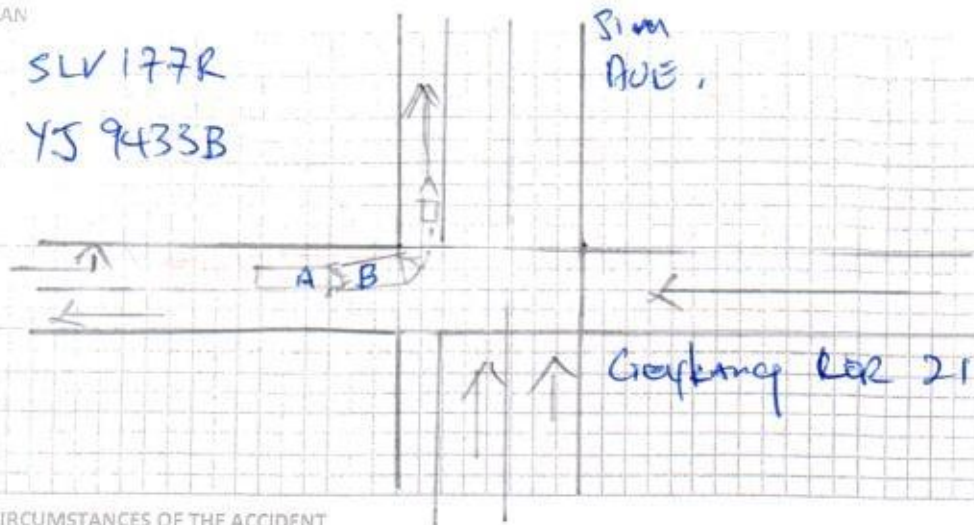
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A SLV 177R

B YJ 9433B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/2/19 at around 6.00pm, I was driving my vehicle SLV 177R along Gaylang Lor 21 towards Sim Ave, when I reach the junction of Sim Ave. There was a Lorry YJ 9433B in front of me. As we move forwards into Sim Ave waiting to clear for on coming vehicle, suddenly vehicle YJ 9433B reverse and hit onto my vehicle. My colleague Mr Sim Kok Liang SJ772272G HP 98508082 witness this accident.

DECLARATION

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.:

VEHICLE NO: SLV177R

MAKE & MODEL: MERCEDES E200

DATE OF ACCIDENT	01 / 02 / 19	
TIME OF ACCIDENT	6:00 AM (PM)	
LOCATION OF ACCIDENT	BayLeng Lor 21	
Exact Purpose use during accident		
NAME OF OWNER	wee POIR JIN	
TELP NO	93893998	
NRIC	S7880031C	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	YES <u>NO</u> ?	
INSURANCE CO.	CHINA TAIPIING INSURANCE	
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	DMPCSN3090851700	
NAME OF DRIVER	<u>as above</u> / If No:	
NRIC	<u>as above</u> Any passengers: <u>NO</u>	
DATE OF BIRTH	25 / 10 / 1978	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	14 / 09 / 2001	
GENDER	<u>Male</u> / Female	
CONTACT NO.	<u>as above</u> Office: Home:	
ADDRESS	27 FLORA ROAD #06-01 (509741)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No: <u>—</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / If yes: Where?	
VEHICLE B NO.	YJ9433B. Any Passenger: <u>NO</u>	
NAME	ZAW ZAW AUNG	
CONTACT NO.	OFFICE NO: 67791009	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	6 Speed Autowerkz Pte Ltd	
	68 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	



NRIC No. S7880031C



Nationality

MALAYSIAN

Date of issue

05-12-2016

Address

27 FLORA ROAD
#06-01
SINGAPORE 509741

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	14 Sep 2001
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Sep 2001
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	30 Jan 2008
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7880031C



Name

WEE POIR JIN

黄培元

Race

CHINESE

Date of birth

25-10-1978

Sex

M

Country/Place of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7880031C

Name:

WEE POIR JIN

Birth Date: 25 Oct 1978

Issue Date: 12 Dec 2016



002637736J

ORIGINAL

ENDORSEMENT

Agency	AN0501A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3090851700
Account	AN0501A	Issued on	08/12/2017 in SINGAPORE	Endorsement No. SNM1716287/1
Client	3219029	Acceptance Date	08/12/2017		
		Effective Date	07/12/2017		

Period of Insurance from 24/11/2017 to 24/02/2019 , both dates inclusive

Insured's Name	WEE POIR JIN
Address	BLK 27 FLORA ROAD #06-01 SINGAPORE 509741

Business/Occupn	SUPERVISOR
Financial interest	HONG LEONG FINANCE LTD AS HP OWNER

Premium	Base Annual Premium	\$2,684.50	
	Less 35% Autosafe Scheme	\$939.58-	
	No Claim Discount 50.00%	\$872.46-	
	Incentive Discount 10%	\$87.25-	
	Total Annual Premium	\$785.21	Premium Due \$0.00
			Total Due \$0.00

It is hereby declared and agreed that as from the above effective date the Registration Number is amended to read as shown below.

Other terms and conditions remain unchanged.

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE: 25-08-2011		
1. Registration	SLV177R	Make/Model	MERCEDES BENZ E200 CGI
Type of Cover	Comprehensive	No. of seats	5
Engine No.	27186030253636	Capacity cc's	1796
Chassis No.	WDD2120482A457549		Yr of Manuf/Regn 2011/2011
			Certificate Ref. MX1E
Sum Insured	Market value at the time of loss		
Named Drivers	Ex Sect. I	\$750.00	
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		

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

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

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