

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 119025983.

Date In: 25/12/19 15:23	Job description	Date & Time Completed	Done by
Ref No: MMA/CT190034701h4	SAS e-filing		
Veh No: SKL 3463 J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/12/19 07:10	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Profetrad Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLW 57236	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 repolier.

() 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

MMA 1901464		Invoice/Repairation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engn-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)			
Ref. 1:		6) TR: Re-inspection \$75			
Ref. 2/3:		7) N1: Idao 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 \$5			
		TP (N11): TP (N-on INC) against INC \$20			
		9) N12: Idao 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	25/02/2019 15:23
Date Of Accident	25/02/2019 07:10
Exact Location Of Accident	CORONATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3463J
Insured/Policyholder	
Name Of Registered Owner	MRS CHAN JIAEN
NRIC No	S8112501E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96688360
Alternative Phone No	OFFICE-96688360

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	DMPCSN3071991803
Cover Note Number	-

Driver

Name of Driver	MRS CHAN JIAEN
NRIC No	S8112501E
Date Of Birth	15/04/1981
Occupation	INDOOR
Date Of Driving Pass	07/07/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96688360
Fax Number	
Contact Number	OFFICE-96688360
Email Address	NOEMAIL

Address	168 SIXTH AVE #02-17
Postcode	276543
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : JACOB LIM 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

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	SLW5773G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KIAN WOON
NRIC/Passport Number	S6844202H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Personal Particulars

Date of Accident: 25/2/19 Time of Accident: 7 10 am
Exact Location of Accident: Coronation Rd
Owner's Name: Chan Jiaen NRIC No: 58112501 EHP No: 96688360
Driver's Name: " NRIC No: " HP No: "
Date of Birth: 15/4/1981 Driving Licence Passing Date: 7/7/2000 Occupation: Indoor / Outdoor
Address: 168 Sixth Ave #02-17 (276543)
Relationship of Driver with Insured: Owner Email Address: jiaen.chan@gmail.com
Vehicle No: SKL 34633 Make & Model: Honda
Insurance Co: China Taiping Coverage: Comprehensive Policy No: OMPESN3071991803

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ No Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 1 C: _____ D: _____
boy wife

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SLW 5773G Make & Model: _____
Driver's Name: Ng Kian Woon NRIC No: 88442024 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: Jacob Lim NRIC No: _____ HP No: _____

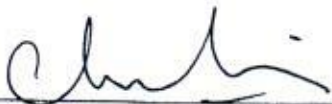
SKETCH PLAN

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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 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.



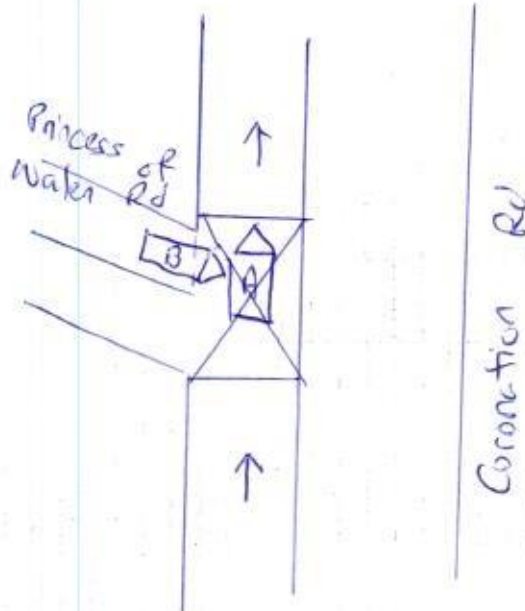
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DOA: 25/2/19

A: SKL3463J

B. SLW 5773G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Chibi

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.:

I WAS TRAVELLING ALONG CORONATION RD MAIN ROAD AND GOING PAST PRINCESS OF WALES RD JUNCTION, SUDDENLY VEH B COME OUT FROM THE PRINCESS OF WALES RD AND HIT ONTO MY VEH LEFT HAND SIDE.

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S8112501E**
 Name: **CHAN JIAEN**
 Birth Date: **15 Apr 1981**
 Issue Date: **02 Jul 2004**

001249256H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8112501E**


 Name: **CHAN JIAEN**
 陈嘉恩
 Race: **CHINESE**
 Date of birth: **15-04-1981**
 Sex: **F**
 Country of birth: **SINGAPORE**

4747832

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
07 Jul 2000

Licence No: **S8112501E**

4747832


 NRIC No: **S8112501E**


 Date of issue: **19-07-2011**

Address:
168 SIXTH AVENUE
#02-17
SINGAPORE 276543

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, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMPCSN3071991803

Engine No :K24Z21301504

Chano:JHMRB38509C201497

1. Index Mark and Registration
Number of Vehicle

SKL3463J

AUTOSAFE

2. Name of Policy Holder

MRS CHAN JIAEN

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

21 October 2018

Named Drivers Ex Sect. I S\$1,000.00

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

20 October 2019

Ex Sect. I - Age <= 25..... S\$3,000.00

Ex Sect. I - Age >= 26..... S\$500.00

* Age as at date of accident

5. Persons or Classes of Persons entitled to drive*

EX ON WINDSCREEN S\$100.00

(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.

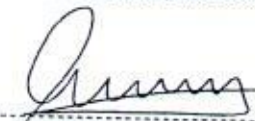
One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised workshops for each Policy Year.

* 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: JNXPURE N. SOLUTIONS
Authorised Officer
.....
Authorised Signatory