NATIONAL Assessment Centre Services. [well James] . MINA 119035619 Done by Date & Time Completed Job description Date In: 18 13 119 12:08 SAS c-filling Ref No: NA1 C72 19004848 1 h4. E-mail (within Shis, AIC 2hrs) Vch No: SLA 49 M. i-Motor Claim Form DOA: 913119 10:15 I-Motor W/O (Within: OD 2hrs, TP 4brs) OD Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wkan Fax: Preferred Wksp / INC Assign Wksp / QW: ( )/Non-INC ( INC ( Vch No: TP Particulars: SLP 9919 P. ) Tel: Owner / Driver: ( ) Cover Type: ( Period: ( Policy No: ( ) Time: Date: Confirmed by : ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ( )/NO( Warranty: YES ( Year of Registration: ( )/\$2,000 ( Excess: (\$ Loading: \$1,000 ( General Remarks is a Sea ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. ) ; Towing Co: ( ); Invoice: YES ( Drive-In ( )/Towed-In ( (Centucks) - (INC hothaes 6788 6616) November 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ") 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Dutettine & Actions Mad bin MA1901987 1) AR : Ancident Reporting (530); Chimant's Particulars :-INC (530) 2) DA : Damege Assessment (\$100) \$40/\$4: 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Pollow-Through Survey 5) PT : Pollow-Through Survey (Resurvey) 230 Contact No: Por claiming against INC Only (wof 10 Jan 2005) 6) TR : Re-Inspection Damaged Portion: \$160 7) 741 ; Idao DA + SMRT Survey 5) NTUC Additional Services;-QC Checked by (Engr-In-Charge): 22 \*NS: Courtesy Car / Tpt Allowance 510 \* NG: Repair Co-ordination 325 \* N7; Post Repair Inspection Auditors! Comments :: 22 +NB: DV / Collect Excess Coordination TP (NII): TP (Kin INC) against INC \$20 Cat. 1: 9) N17: Idao Mobile Fee Charges Involve dated 1st 2/3; Colon Co. Fee Charged lavoice dated

a part of 1 and

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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 witholding 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	18/03/2019 12:08
Date Of Accident	09/03/2019 10:15
Exact Location Of Accident	BLK 492 JURONG WEST ST 41 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA49M
Insured/Policyholder	
Name Of Registered Owner	MT TAN SHIH KWONG
NRIC No	\$73635651
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90269929
Alternative Phone No	OFFICE-90269929
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER 2.0
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	DMPCSN1818621800
Cover Note Number	
Driver	
Name of Driver	MT TAN SHIH KWONG
NRIC No	S7363565I
Date Of Birth	08/02/1973
Occupation	INDOOR

12/12/1994

MALE

NOEMAIL

24 YEARS AND 2 MONTHS

(LOCAL) +65-90269929

OFFICE-90269929

Address

BLK 506 WOODLANDS DR 14 #07-116

Postcode

730506

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

0

**Details of Police Action** 

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**Details of Witness 1** 

Name

IAN

Phone Number

88124949

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLP9919P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 24

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.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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:
  - 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.:

			1	
Please	Refer	<del></del>	Police	Report
			-	
	111			•
		_/		
		1		

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 .:

Hello, I witnessed a car (SLP9919P)

of Audi make, reverse into your car

while parking.

het nocknown of you need more info.

IAN

38124949





1 of 3

Report No. T/20190310/2050

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Dete/Tie	as Danart I	Andai	Vide Report No.:	Station Diary No.:	
Date/Time Report Made: 10/03/2019 11:19			vide Report No.:	53	
Informa	nt's Partice	ulars			
	f Informant: IH KWONG		Address: APT BLK 506 WOODLAN 730506	NDS DRIVE 14 #07-116 SINGAPORE	
ID Type / ID No.: NRIC NO / S7363565I			Contact No.: Home/Office: Mobile: 90269929		
National MALAY	A CONTROL OF THE PARTY OF THE P		Email:		
Sex: Male	Age:	Date of Birth: 08/02/1973	: Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/03/2019 10:15	Type of Location: Car Park	
	ST STREET 41 Car park of B/492 Juron	ng West Street 41			
		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	1	Traffic Volume:	
Type of Collis Moving Vehic	sion: cle Against - Parked Ve	a	Anyone conveyed by ambulance:		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLA49M	Car	TOYOTA	HARRIER PREMIUM 2.0 CVT	Silver	Slightly Damaged	0
SLP9919P	Car				Slightly Damaged	0

Details of V	ehicle Insurance	THE RESERVE OF THE PARTY OF THE		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





T/20190310/2050

2 of 3

Report No. T/20190310/2050

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLA49M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18186218 00	14/06/2018	13/06/2019		

Details of Perso							
Any Pedestrian Ir							
No. of Pedestrians Injured: NIL Use of Pe					Pedestrian Crossing: NA		
Driver		2014	TATE OF THE PARTY		9.8	CHANGE STREET	
Name	TAN SHIH KWONG	ID No		S7363565I			
Related Vehicle	NIL				ct No.	90269929	
Hospital/Clinic	NIL	Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL	Date Disc	charge	NIL			
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL		

## Brief Details.

On the 09/03/2019 at about 10pm, I have noticed a paper note which attached on the windscreen wiper of mine. The said note owner mentioned that he has witnessed an unknown vehicle (SLP9919P) who was reversing and hit onto my vehicle. The sad incident took place on the 09/03/2019 at about 10:15am.

I have contacted the said person and was informed that there is video footage captured. My vehicle suffered from minor damages.

My vehicle was parked at the said carpark, from about 09:15am - 10pm on the said day. Thus far no driver has contacted me about the said accident yet.





/20190310/2050

3 of 3

Report No. T/20190310/2050

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999 CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 PERRY P NG WEE PHONG	344)
Signature Of Interpreter: Not applicable	Date/Time: 10/03/2019 11:19
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Autherlication Stamp NP168 Signature: Singapore Police Force	











# 中国太平保险(新加坡)有限公司

MX1FN SN ANO478A Cov.Type: C AUTOSAFE

## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCS)	NIF	81862	1800	Engine No: 3ZRB782317 Chassis No: ZSU600078168
Index Mark and Registration     Number of Vehicle	5LA491	м			
2. Name of Policy Holder	MR TA	19 :	SHIH	KWONG	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14 JU	NE	2018		NAMED DRIVERS EX SECT. 1
4. Date of Expiry of Insurance	13 JU	NE	2019		EX SECT. 1 - AGE >= 26
5. Persons or Classes of Persons entitled to drive *					EX ON WINDSCREEN
(A) THE POLICYHOLDER.					
(B) ANY OTHER PERSON WHO IS DRIVING OF	N THE	PO	LICY	OLDER	'S ORDER OR WITH HIS PERMISSION.
REGULATIONS TO DRIVE THE MOTOR VEHICLE	E OR H	AS	BEEN	1 30 F	ANCE WITH THE LICENSING OR OTHER LAWS OR ERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A N IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.
6. Limitations as to use: *  USE FOR SOCIAL, DOMESTIC AND PLEASURE THE POLICY DOES NOT COVER USE FOR HIRI TRIAL, SPEED-TESTING, THE CARRIAGE OF OR USE FOR ANY PURPOSE IN CONNECTION	E OR R	EW	VARD :	THAN	N DRIVING TEST RACING PACE-MAKING, RELIABILITY SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS
WILL BE DOUBLED.	ST S\$5	500	WIL	APPI	SIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT)  Y TO THE INSURED AND NAMED DRIVERS IN THE EVENT H POLICY YEAR.
HIRE PURCHASE CO. : MAYBANK AS HP OWN *Limitations rendered inoperative by Section 95 of the Road Transport Act,	on 8 of t	he dal	Motor aysia).	Vehicle are not	s (Third-Party Risks and Compensation) Act (Chapter 189) 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.

**Authorised Signatory** 

Countersigned By:

Authorised Officer

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiplng.com