

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

NA1902372

Date In: 01/08/2019 17:56	Job description	Date & Time Completed	Done by
Ref No: 180/CT/9005735/4	SAS e-filing		
Veh No: SLG2106L	E-mail (Wjda 3hrs, AIC 3hrs)		
D.O.A: 30/08/2019 16:40	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: GBC 4472E	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

NA1902359		
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: IDau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OID:	
	9) NI: Courtesy Car / Transport Allowance \$1	
	10) NI: Repair Coordination \$100	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (Non INC) \$10	
	14) NI: IDau 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 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	01/04/2019 17:56
Date Of Accident	30/03/2019 16:40
Exact Location Of Accident	SINGAPORE POST CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2106L
Insured/Policyholder	
Name Of Registered Owner	SEOW YU JIN @ SEOW YOK JIN
NRIC No	S6826863Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96920100
Alternative Phone No	OTHERS-96920100

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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	DMPCSN1666241802
Cover Note Number	

Driver

Name of Driver	SEOW YU JIN @ SEOW YOK JIN
NRIC No	S6826863Z
Date Of Birth	18/07/1968
Occupation	INDOOR
Date Of Driving Pass	14/07/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96920100
Fax Number	
Contact Number	OTHERS-96920100
Email Address	NOEMAIL

Address	22 WOO MON CHEW ROAD
Postcode	455079
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 - CHANGE/CROSS LANE
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)	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	GBC4472E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 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:

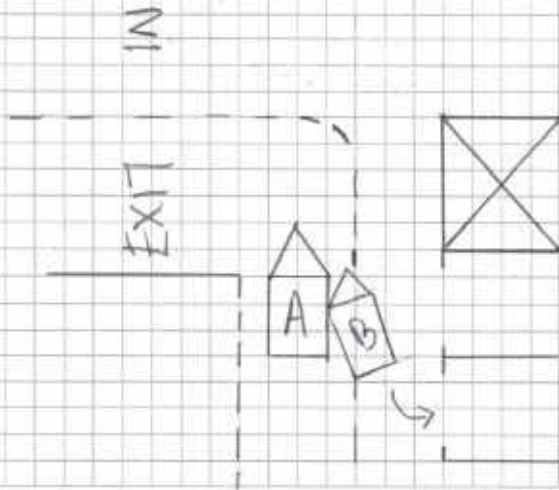
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Singapore Post Centre Carpark

A: SLG2106L

B: GBC4472E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.03.2019 at about 16:40hrs. I was about to exit the car from Singapore Post Centre Carpark. was waiting to exit, all of a sudden I felt an impact from my right. Then I realised a vehicle GBC 4472E was reversing and collided into my vehicle. That's all

DECLARATION

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

Lim Jie Fen

Policyholder's Signature
Date & Time:

Lim Jie Fen

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

21/04/2019
Rashid
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30th MARCH 2019	TIME: 16:40	(hh:mm) 24 hrs Format
LOCATION Singapore Post CENTRE CARPARK		
VEHICLE NUMBER SL6 2106L		
INSURED NAME SEOW YU JIN @ SEOW YOK JIN		
NRIC / FIN S 68268637	CONTACT: 9692 0100	
MAKE Honda V22	MODEL 1.5X (VT)	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY		
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER :		
NAME DRIVER :		
(<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN S 68268637	CONTACT: 96920100	
DATE OF BIRTH: 18-07-1968		
DRIVING PASS DATE: 4-07-1997		
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 22 ROOMAN CHAN RD S(455079)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)
Veh B 6BC 4472E		() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6826863Z



Name
SEOW YU JIN
@SEOW YOK JIN
蔡育仁

Race
CHINESE

Date of Birth 18-07-1968 Sex M

Country of Birth
SINGAPORE



1813625



NRIC No. S6826863Z



Blood Group O+ Date of issue 18-07-1993

Address
22 WOO MON CHEW ROAD
SINGAPORE 455079
NRIC No. S6826863Z Date: 10/12/2009 No: 6317653



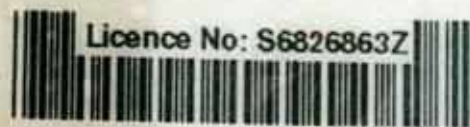
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

14 Jul 1997

NP 428A



Licence No: S6826863Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6826863Z

Name:

SEOW YU JIN

Birth Date: 18 Jul 1968

Issue Date: 07 Sep 2004



001282038G

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor 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)

PLM 318960

ORIGINAL

CERTIFICATE No.

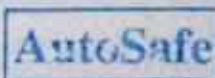
DMPCEN1666241902

Engine No. : L15B4400142

Chassis No: KU11200142

1. Index Mark and Registration
Number of Vehicle

SLG2106L



2. Name of Policy Holder

MR. SEOW YU JIN & SEOW YOK JIN

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

23 September 2018 Named Drivers Ex Sect. 1 S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. 1 - Age <= 25 S\$3,000.00

4. Date of Expiry of Insurance

22 September 2019 Ex Sect. 1 - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(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.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

* 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:

Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6863Z
Vehicle Details	
Vehicle No.:	SLG2106L
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Apr 2019
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X CVT
Primary Colour:	Black
Manufacturing Year:	2016
Engine No.:	L15B4400142
Chassis No.:	RU11200142
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$23,469.00
Original Registration Date:	23 Sep 2016
First Registration Date:	23 Sep 2016
Transfer Count:	0
Actual ARF Paid:	\$14,857.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Sep 2026
PARF Rebate Amount:	\$11,142.00
Intended COE Rebate Details	
COE Expiry Date:	22 Sep 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,000.00
COE Rebate Amount:	\$36,972.00
Total Rebate Amount:	\$48,114.00

The information contained herein is correct as at 01 Apr 2019

OK