

NATIONAL Assessment Centre Services

(with 1 Jan 2009)

MAY 19048656

Date In: 15/04/2009 12:28	Job description	Date & Time Completed	Done by
Ref No: N/AICT1902664914	SAS e-filing		
Yeh No: SMK 1930Y	E-mail (by date time, A/C time)		
D.O.A: 15/04/2009 06:55	I-Motor Claim Form		
OJD (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: () Tot: () Fax: ()

TP Particulars: Yeh No: SLE 75310 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 ()

() 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: _____

Defects:	

N/A 1902700	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$40
	4) PT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claim use against INC Only (w/ 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	OJD:
	* NI: Courtesy Car / TP Allowance \$5
	* NI: Repair Coordination \$10
	* NI: Post Repair Inspection \$25
	* NI: DV / Collect Excess Coordination \$5
	TP (NI) / TP (Non INC) \$20
	* NI: 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	15/04/2019 12:28
Date Of Accident	15/04/2019 06:55
Exact Location Of Accident	JURONG PIER ROAD TOWARDS JURONG ISLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1930Y
Insured/Policyholder	
Name Of Registered Owner	TAN BOON SIANG
NRIC No	S7366596E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87877666
Alternative Phone No	OTHERS-87877666

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	
Cover Note Number	60014769

Driver

Name of Driver	TAN BOON SIANG
NRIC No	S7366596E
Date Of Birth	03/10/1973
Occupation	INDOOR
Date Of Driving Pass	23/10/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87877666
Fax Number	
Contact Number	OTHERS-87877666
Email Address	NOEMAIL

Address	BLK 157 YISHUN STREET 11 #08-136
Postcode	760157
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?	YES
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	SLE7531U
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)	

DETAILS OF INJURED PERSON 1

Name:	TAN BOON SIANG
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Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMK1930Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

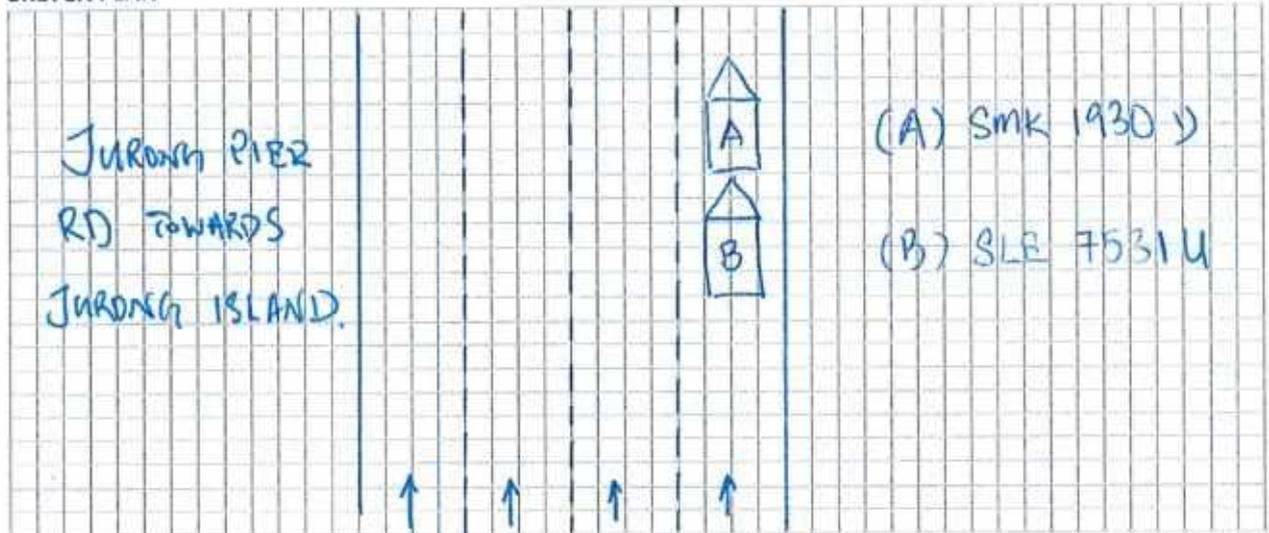
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Personnel's Signature
Name: *15/04/2019*
NRIC/FIN No.: *9001 12345678*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

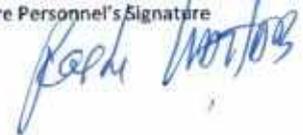
I was travelling along Jurong Pier Rd towards Jurong Island on lane 1 of 4 lanes. Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped the vehicle. Noticing that, I also slowed down and stopped my vehicle. After a few seconds, I felt an impact from the rear. I alighted and realised vehicle B could not stop in time and collided onto the rear of my vehicle.

DECLARATION

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.: 

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 15 APR 2019		TIME: 0655 HRS (hh:mm) 24 hrs Format	
LOCATION JURONG PIER ROAD TOWARD JURONG ISLAND			
VEHICLE NUMBER SMK 1930 Y			
INSURED NAME Tan Boon Siang			
NRIC / FIN S7366596E		CONTACT: 87877666	
MAKE HONDA		MODEL VEGETA	
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 China Taiping Insurance (Singapore) Pte Ltd			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER : 60014769			
NAME DRIVER :		(<input checked="" type="checkbox"/>) SAME AS INSURED	
NRIC / FIN		CONTACT:	
DATE OF BIRTH: 03-10-1973			
DRIVING PASS DATE: 23-10-2009			
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:		(<input checked="" type="checkbox"/>) NO EMAIL	
ADDRESS OF DRIVER: BLK 157 Yishun Street 11 #08-136 Singapore 760157			
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? (<input checked="" type="checkbox"/>) YES () 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	
Veh B SLE 7531 U			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			
		No.of Paxs (incl'driver)	
		Contact	
		() / Not Sure (<input checked="" type="checkbox"/>)	
		() / Not Sure ()	
		() / Not Sure ()	
		() / Not Sure ()	
		() / Not Sure ()	
		() / Not Sure ()	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7366596E



Name

TAN BOON SIANG

陈文祥

Race

CHINESE

Date of birth

03-10-1973

Sex

M

Country of birth

MALAYSIA



8-916137



NRIC No. S7366596E



Nationality

MALAYSIAN

Date of issue

10-03-2008

APT BLK 157 YISHUN STREET 11 #08-136
SINGAPORE 760157

NRIC No: S7366596E

Date: 16/12/2015

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

	PASS DATE
Class 2B Motorcycles =< 200 cc	23 Oct 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Oct 2009

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7366596E
Name:

TAN BOON SIANG

Birth Date: 03 Oct 1973

Issue Date: 23 Oct 2009





中国太平保险(新加坡)有限公司
 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD
 5-01-02, Raffles Place, Singapore 048603
 Tel: 6599 8111 Fax: 6597 8833
 Website: www.cti.com.sg
 E-Mail: ct@cti.com.sg

MOTOR COVER NOTE

Cover Note No : 50014769
 Agent Code : AN0420A

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	MR TAN BOON SIANG
MAKE/MODEL OF VEHICLE	HONDA VEZEL 1.5X (A)
YEAR OF MANUFACTURE	2018
YEAR OF REGISTRATION	2019
ENGINE NO	L15B5563731
CHASSIS NO	RU1313720
ENGINE CAPACITY/TONNAGE	1496
TYPE OF COVER	COMPREHENSIVE
SUM INSURED	MARKET VALUE
PERIOD OF INSURANCE	FROM 29 MARCH 2019 (10:42 HOURS) TO 28 MARCH 2020
EXCESS	S\$ 500.00
AUTOSAFE	YES
HIRE PURCHASE CO.	SNEE SENG CREDIT PTE LTD

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)

Not valid unless counter signed by Authorised Agent

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Agent Name & Date

Authorised Signatory

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

***IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30DAYS FROM 29-03-2019.**