

NATIONAL Assessment Centre Services. [ver 1 Jan 03] : MMA 119071564

Date In: 1/6/19 15:48	Job description	Date & Time Completed	Done by
Ref No: MA107Z19009711164	SAS e-filing		
Veh No: SGE 2424M	E-mail (within 3hrs, AIC 2hrs)		
DDA: 3-15-19 21:15	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wks32		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tot: ( ) Fax: ( )

TP Particulars:	Veh No: SJL 520J	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 110011-6/38/66/68)

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

Injury: \_\_\_\_\_

Date/Time	Action

MA1904074

Comments/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 (Engr-In-Charge):	5) TP: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Sub 1:	6) TR: Re-inspection \$75	
Sub 2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N12) 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	01/06/2019 15:48
Date Of Accident	30/05/2019 21:15
Exact Location Of Accident	CLEMENCEAU AVE TWDS PENANG RD BELOW ERP GANTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE2424M
Insured/Policyholder	
Name Of Registered Owner	TAY KWEE CHYE
NRIC No	S7201809E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93803030
Alternative Phone No	OFFICE-93803030
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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	DMPCSN3060341800
Cover Note Number	-
Driver	
Name of Driver	TAY KWEE CHYE
NRIC No	S7201809E
Date Of Birth	24/01/1972
Occupation	INDOOR
Date Of Driving Pass	15/04/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93803030
Fax Number	
Contact Number	OFFICE-93803030
E-Mail Address	NOEMAIL

Address	BLK 71 REDHILL RD #08-09
Postcode	150071
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	CHAIN COLLISION
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	3
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

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	SJL520J
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU3318L
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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)

SKETCH PLAN

VEHICLE NO.: \_\_\_\_\_  
INSURER : \_\_\_\_\_  
DATE & TIME: \_\_\_\_\_

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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.

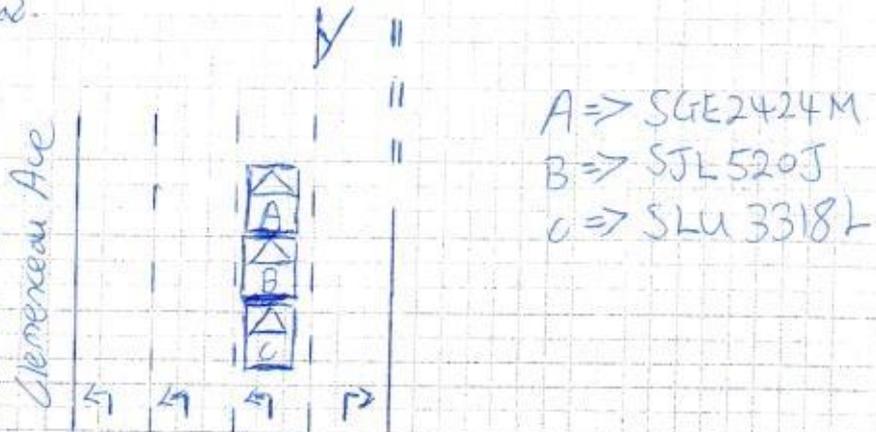
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Clemenceau Avenue  
towards Penang Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I vehicle A (SGE2424M) was stationary at the stated venue. Suddenly, I felt a huge impact at the rear of my vehicle hence I alighted from my vehicle and found out that it's was a chain collision. Vehicle C (SLU3318L) had collided onto vehicle B (SJL520J) and propelled forward and collided onto my vehicle.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

Claim Own Policy     Claim Third Party     Reporting Only  
 Claim OD/TP at other workshop ( \_\_\_\_\_ )

Particular of Insured / Driver & Details of the Accident

Location of Accident: Clemenceau Ave towards Penang Road Date & Time of Accident: 30/05/2019 <sup>below ERP Gantry</sup> (Pls circle where applicable)  
Purpose when vehicle was used at the time of accident: Private  
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SGE2424M Make / Model: Audi A4  
Vehicle Category: Sedan Car  
Claiming Own insurance: YES / (NO) If No, Reporting only / (Third Party Claim)  
Name of Preferred workshop: \_\_\_\_\_ Contact: \_\_\_\_\_

Insured / Policy Holder

Name of Registered Owner: TAY KWEE CHYE NRIC: S7201809E  
Address: Blk 71 Redhill Road #08-09 S(150071)  
Mobile No: 9380 3030 Other Contact: Home No. / Office / Others: \_\_\_\_\_  
Email: \_\_\_\_\_

Driver

Name of Driver: TAY KWEE CHYE NRIC/ Fin: S7201809E  
Driving License Pass Date: 15/04/1992 DOB: 24-01-1972  
Address: Blk 71 Redhill Road #08-09  
Occupation: (INDOOR) / OUTDOOR Mobile No: 9380 3030  
Gender: (MALE) / FEMALE Other Contact: Home No. / Office / Others: \_\_\_\_\_  
Email: \_\_\_\_\_  
Driver an employee: YES / NO If no, what is relationship with the policyholder: owner  
*If Driver is a policyholder, please kindly ignore this question*

Insurance Company

Fleet Policy: YES / NO Policy Number: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

General information of Accident

Type of Accident: (HEAD-REAR) SIDE SWIPE / OTHERS: \_\_\_\_\_  
Weather Conditions: (CLEAR) / RAINING / OTHERS: \_\_\_\_\_  
Road Surface: (DRY) / WET  
Any video captured by car camera?: YES / NO \*Any witness?: YES / (NO)  
Any police report made: YES / NO \*Injured party: YES / NO (\*If Yes, pls provide name & tel)  
**For Injured Party details, it must be supported by police report**

*Jwg - claims @ yahoo - com*

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

Class	Description	Effective Date
Class 3	Motor Cars=< 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	15 Apr 1992

NP 428A

Licence No: S7201809E

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7201809E**

Name: **TAY KWEE CHYE (ZHENG GUICAI)**

Birth Date: **24 Jan 1972**

Issue Date: **18 Jul 2012**

002088332A

5048934

NRIC No: **S7201809E**

56501

Date of issue: **28-05-2012**

Address: **APT BLK 71 REDHILL ROAD #08-09 SINGAPORE 150071**

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7201809E**

Name: **TAY KWEE CHYE (ZHENG GUICAI)**

郑贵财

Race: **CHINESE**

Date of birth: **24-01-1972** Sex: **M**

Country of birth: **SINGAPORE**

# 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)

<b>CERTIFICATE No.</b>	DMPCSN3060341800	Engine No: 1CDN005680 Chassis No: WAUZZZ8K59A038383
<b>Index Mark and Registration Number of Vehicle</b>	30E2424M	
<b>Name of Policy Holder</b>	TAY KWEE CHYE	
<b>Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or enactment</b>	26 FEBRUARY 2019	NAMED DRIVERS EX SECT. I ..... \$1,500.00 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
<b>Date of Expiry of Insurance</b>	25 SEPTEMBER 2019	
<b>Persons or Classes of Persons entitled to drive *</b>		

(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.

**Limitations as to use \***

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER USE FOR HIKE OR REWARD TUITION DRIVING TEST PACING 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 \$51,000 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. ; AUTOTRUST CREDIT PTE. 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.

Assigned By



Authorised Officer



Authorised Signatory