

NATIONAL Assessment Centre Services. [part 1 Jan 2005] : MMA119077802

Date In: 14/6/19 17:11	Job description	Date & Time Completed	Done by
Ref: NA1CTZ19010603164	SAS e-filing		
File: SKC 5999P	E-mail (within 2hrs, A/C 2hrs)		
File: 13/6/19 21:50	I-Motor Claim Form		
File: (1) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / HRC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars:	Veh No: GBD4849.Y	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: (\$)	Lending: \$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: ()

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

Injury: ()

Date/Time: ()

Actions: ()

Comments: ()

Notes: ()

Remarks: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

Notes: ()

Comments: ()

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	14/06/2019 17:11
Date Of Accident	13/06/2019 21:50
Exact Location Of Accident	AYE TWDS ECP B4 KEPPEL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC5999P
Insured/Policyholder	
Name Of Registered Owner	MDM ALICE HO ONG ENG
NRIC No	S1847986I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96888525
Alternative Phone No	OFFICE-96888525

Vehicle Particulars

Manufacturer	LEXUS
Model	RX270-2.7 (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	DMPCSN3017991804
Cover Note Number	-

Driver

Name of Driver	TIMOTHY SEAH HOW MING (TIMOTHY XIE XIAOMING)
NRIC No	S8229922Z
Date Of Birth	21/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065098
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1A BOSCOMBE RD
Postcode	439732
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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 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	GBD4849Y
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ5797U
-----------------------------	----------

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

TIMOTHY SEAH HOW MING (TIMOTHY XIE XIAOMING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKC5999P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
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:

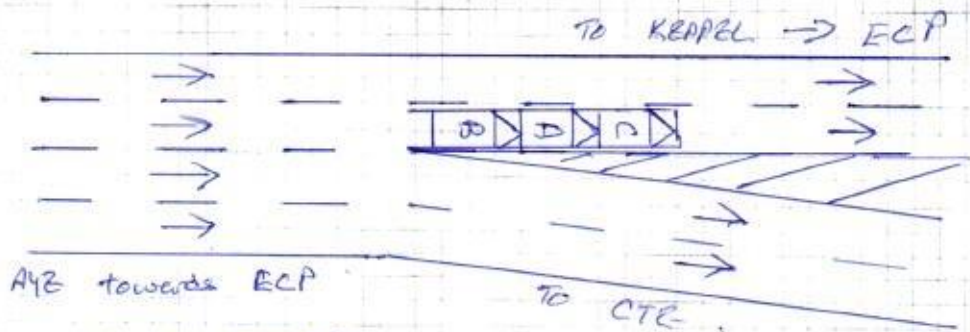
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



- (A) SKC 5999P
- (B) GBD 4849Y
- (C) SMJ 5797U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/06/19 at @ 2150 hrs, I was travelling in my vehicle (SKC 5999P) along AYZ towards ECP before Keppel Road exit on the right lane. A vehicle (SMJ 5797U) in front of me suddenly stopped. I applied my brake and stopped too. I saw a van (GBD 4849Y) coming very fast from behind from my rear mirror. The said van did not brake and collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the said vehicle ahead of me!

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)

Reporting Centre Personnel's Signature
Name:

Vehicle No.	SKC 5999P		Model / Make	Lexus RX270
Date of Accident	13/06/19.			
Time of Accident	21.50 HRS			
Location of Accident	AYZ towards ECP before Keppel Road exch.			
Exact purpose use during accident	Private Used.			
Name of Owner	Alice Ho Eng Eng.			
Telephone No.	H/P: 9688 8525	Home:	Office:	
NRIC	S1847986 I			
Address	1A Roscombe Road (S) A39732.			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	China Taiping.			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	DMPCSN 3017991703			
Name of Driver	As Above If No, Timothy Seah How Meng.			
NRIC	S8229922 Z.		Any Passengers: N/A.	
Date of birth	31/09/1982.			
Occupation	<u>Outdoor</u> / Indoor			
Driving License Pass Date	01/07/2005			
Gender	<u>Male</u> / Female			
Contact No.	H/P: 9006 5098	Home:	Office:	
Address	1A, Roscombe Road (S) A39732.			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.			
Relationship	Employee, If no, state Son.			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	No, <u>If Yes, Who?</u>			
Name And Contact No.	Timothy Seah How Meng (H/P: 9006 5098).			
Name And Contact No.				
Police Report	<u>No</u> , If Yes, Where?			
Vehicle B No.	GBD 4849Y.		Any Passengers: 01 (M).	
Name of Driver			Contact No.: 9019 5224	
Vehicle C No.	SMJ 5797U.		Any Passengers: 01 (M) 01 (F)	
Vehicle D No.			Any Passengers: 9019 5224 98322565	
Vehicle E No.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name	N/A		Witness Contact: N/A.	
Accident Portion	Front and Rear Portion.			
Camera Recorder	Yes / <u>No</u> .			
Email Address	timothyseah@ultra-max.com.sg.			
PARTICULAR WORKSHOP	Twin car.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Tang			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8229922Z
Name:

TIMOTHY SEAH HOW MING
(TIMOTHY XIE XIAOMING)

Birth Date: 21 Sep 1982

Issue Date: 01 Jul 2005



001352520D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8229922Z



Name



TIMOTHY SEAH HOW MING
(TIMOTHY XIE XIAOMING)

谢孝明

Race

CHINESE

Date of Birth

21-09-1982

Sex

M

Country of Birth

SINGAPORE

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

Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

Class 4 Heavy motor cars and motor tractors > 2500 kg

PASS DATE

01 Jul 2005

13 Apr 2011

S8229922Z

S/No. 9000146238



Licence No: S8229922Z

NP 428A



3126343



NRIC No. S8229922Z

Blood Group

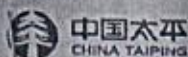
B+

Date of issue

08-02-2000

Address

1A BOSCOMBE ROAD
SINGAPORE 439732



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

VEH
R CR
AN0234A

Car Type: C

PLM 317142

ORIGINAL

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

INSURANCE117991804

Engine No. 11A0331213
Chassis: J7J2A11A92469469

1. Index Mark and Registration
Number of Vehicle

EXC59999

2. Name of Policy Holder

NGN ALICE BO ONG KONG

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

23 August 2018

Named Drivers Ex Sect. 1 \$51,500.00

Additional Ex Other than Named Drivers:

Ex Sect. 2 - Age <= 25 \$43,500.00

Ex Sect. 1 - Age >= 26 \$5500.00

* Age as at date of accident

EX ON WINDSCREEN \$8100.00

4. Date of Expiry of Insurance

22 August 2019

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 \$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.

* 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

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6399 8111 Fax: 6225 3592 Website: www.sg.cntaping.com