

NATIONAL Assessment Centre Services.

[Ref: J41003]

MMA 119088378

Date In: 8/17/19 11:22	Job description	Date & Time Completed	Done by
Ref No: NA 1 CTZ 19011987/h4	SAS e-filing		
Veh No: SJT 8373Y	E-mail (within 2hrs, AIC 2hrs)		
HOA: 617/19 15:40	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: WC 5674J	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%; R: 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 repeller.

() 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	Action	By

NA1905063	Invoice/Receipt	Amount (\$)	Amount (\$)
Comments:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (w/c 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (S-on INC) against INC \$20		
	9) NI2: Ideal 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	08/07/2019 11:22
Date Of Accident	06/07/2019 15:40
Exact Location Of Accident	PECK SEAH ST CARPARK PO117
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT8373Y
Insured/Policyholder	
Name Of Registered Owner	DANNY ANG KIM PENG
NRIC No	S1757523F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97727540
Alternative Phone No	OFFICE-97727540
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	DMPCSN3042641902
Cover Note Number	-
Driver	
Name of Driver	DANNY ANG KIM PENG
NRIC No	S1757523F
Date Of Birth	20/06/1966
Occupation	INDOOR
Date Of Driving Pass	04/09/1985
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97727540
Fax Number	
Contact Number	OFFICE-97727540
EMail Address	NOEMAIL

Address	BLK 530B PASIR RIS DR 1 #05-378
Postcode	512530
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	SIDE SWIPE
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?	
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	WC5674J
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:

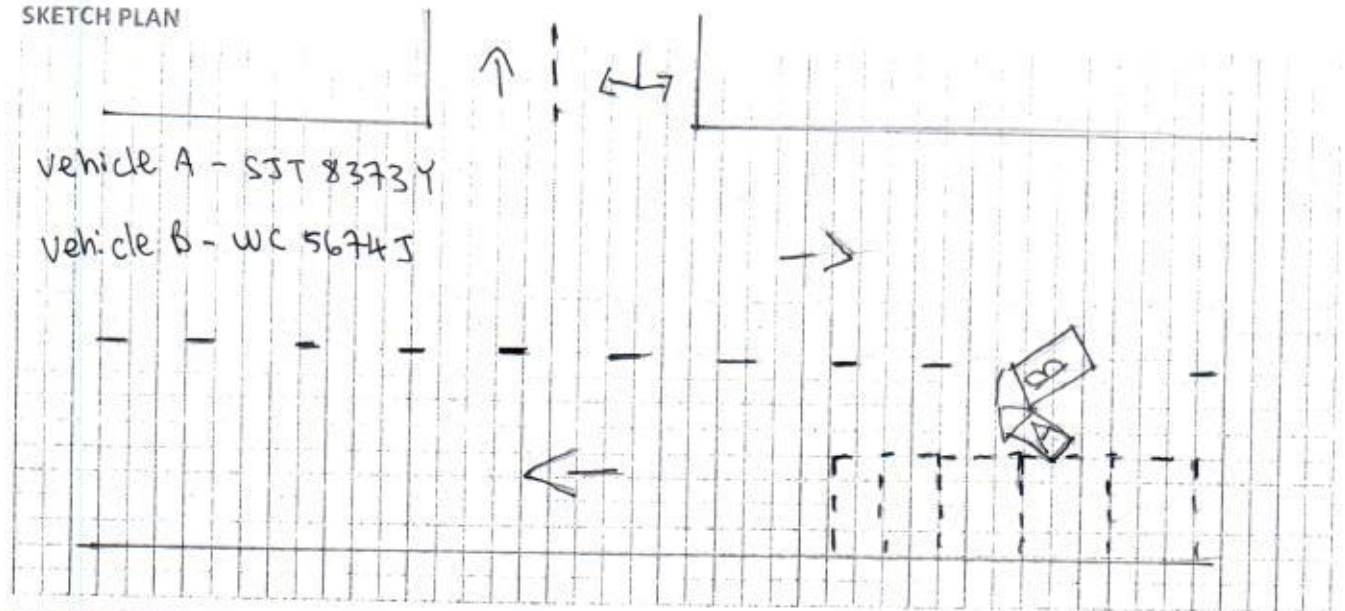
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date, time and location I was inside my vehicle A in a parking lot. There was a vehicle 'B' which was a cement truck pouring cement for casting in the middle of the road. There was no banksman guiding the traffic as such I wind down my window and asked the worker if I am allow to move my vehicle. The worker than told me that I am allowed to move as such I moved out. while I was moving out, Vehicle 'B' suddenly inch out and collided onto the front right portion of my vehicle 'A' causing damages to my vehicle 'A'.

Vehicle A - SJT 8373Y

Vehicle B - WC 5674J

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 07 / 2019 (DD/MM/YYYY), TIME: 15 : 38 (HH:MM)

LOCATION: Peck Seah St Carpark P0117

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 8373 Y
b) INSURANCE COMPANY: China Taiping
c) POLICY NUMBER: DMPCSN3042641801
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Danny Ang Kim Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1757523F CONTACT: 9772 7540
c) ADDRESS: B1K 530B Pasir Ris Drive 1 #05-378 S(512530)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 20 / 06 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 34

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO).
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS _____

b) ROAD SURFACE: (DRY) / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: WC 5674 J MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(01)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

188
Singapore Industrial Park 2

157-25, S. Ubi Ave

S(408933)

Email = REPORTING@

TOPQUE5.com

fax = 6452 4584

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1757523F**

Name

DANNY ANG KIM PENG
(DANNY HONG JINPING)

Birth Date **20 Jun 1966**
Issue Date **30 Jun 2003**

000609162A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1757523F**

Name

DANNY ANG KIM PENG
(DANNY HONG JINPING)

洪錦平

Place

CHINESE

Date of Birth **20-06-1966** Sex **M**

Country of Birth **SINGAPORE**

S1757523F

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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE **04 Sep 1985**

Licence No: **S1757523F**

NP 428A

For LKK/NAC Use Only

0182736

S1757523F

NRIC No. **S1757523F**

Blood Group **O+** Date of Issue **11-12-1991**

APT BLK 530B PASIR RIS DRIVE 1 #05-378
SINGAPORE 512530
NRIC No: **S1757523F** Date: **25/12/2015**

ORIGINAL

THE SCHEDULE

Agency	AN0132A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3042641902
Account	AN0132A	Issued on	30/04/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3042641801
Client	3210661	Acceptance Date	29/04/2019		

Period of Insurance from 24/05/2019 to 23/05/2020, both dates inclusive

Insured's Name.... DANNY ANG KIM PENG
(DANNY HONG JINPING)
Address. BLK 530B PASIR RIS DRIVE 1
#05-378
PASIR RIS ONE
SINGAPORE 512530

Business/Occupn... PROJECT MANAGER
Financial interest LAKE VIEW CREDIT PTE LTD AS HP OWNER

Premium	Base Annual Premium	\$2,170.00	
	Less 10% Loyalty Discount	\$217.00-	
	Less 20% Autosafe Scheme	\$390.60-	
	No Claim Discount 50.00%	\$781.20-	
	Total Annual Premium	\$781.20	Premium Due \$781.20
			Premium GST \$54.68
			Total Due \$835.88

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE *
* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. *

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 02-11-2009

1. Registration	SJT8373Y	Make/Model	TOYOTA CAMRY 2.0 (A)
Type of Cover	Comprehensive	No. of seats	5
Engine No.	1AZE148478	Capacity cc's	1998
Chassis No.	MR053BK4107049160	Body Type	SALOON
		Yr of Manuf/Regn	2009/2009

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss

Named Drivers Ex Sect. I	\$750.00
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
Named Drivers THE INSURED	

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish

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