

# NATIONAL Assessment Centre Services

(Print Name)

NA/1909264P

Date In: 15/07/2019 19:10	Job description	Date & Time Completed	Done by
Ref No: NA/1909264P	SAS e-ling		
Veh No: SMM 5787	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/07/2019 21:50	I-Motor Claim Form		
OD: TP (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 /MNC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCR 4354R	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 ( )	

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 Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA/1905253	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
Cal. J:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idex DA + SMRT Survey \$160		
1/1 P	8) NTUC Additional Services:		
	9) N1: Idex Mobile \$30		
	10) N12: Idex Mobile		
	11) N1: Idex Mobile		
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## 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	15/07/2019 19:10
Date Of Accident	12/07/2019 21:50
Exact Location Of Accident	CTE TOWARDS SLE NEAR BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5108T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN YIN KAI
NRIC No	S7000986B
Email Address	MAXCOLLECTION@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96860986
Alternative Phone No	OTHERS-96860986

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3049401900
Cover Note Number	

### Driver

Name of Driver	CHAN YIN KAI
NRIC No	S7000986B
Date Of Birth	08/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96860986
Fax Number	
Contact Number	OTHERS-96860986
Email Address	MAXCOLLECTION@SINGNET.COM.SG

Address	BLK 81 TIONG POH ROAD #02-49
Postcode	160081
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?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

#### 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	SLR4354R
Vehicle Make/Model/Colour	AUDI A3
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

### 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.

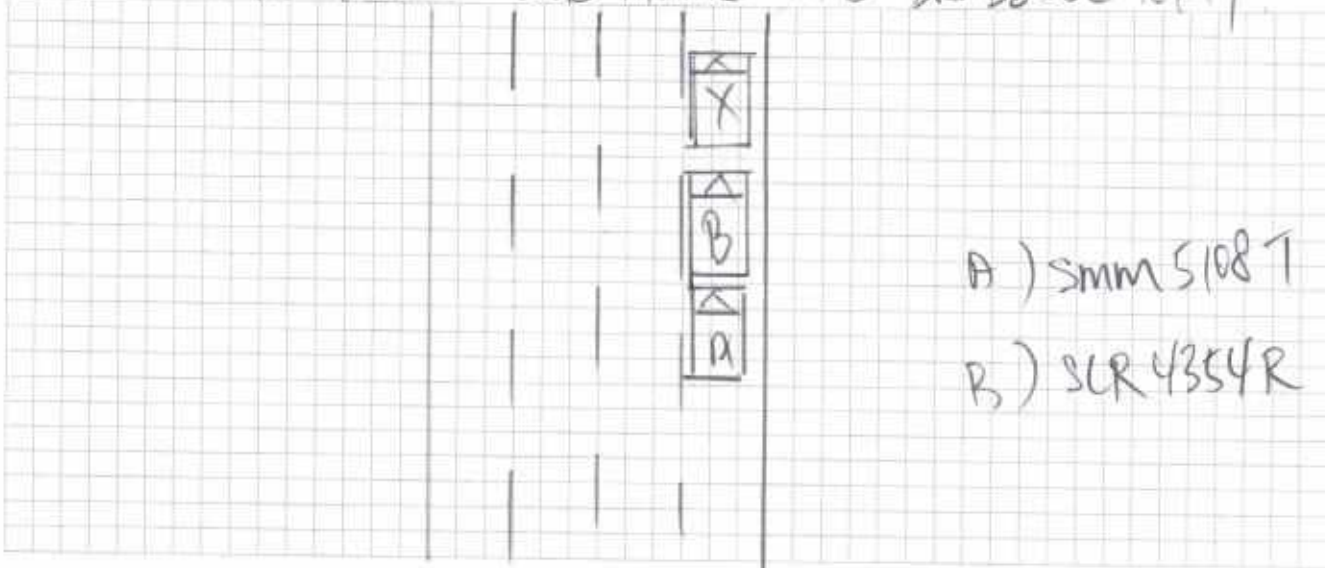
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

C7E TOWARD SLK NEAR THE BRADDELL EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/07/2019 AT ABOUT 21:50 I WAS AT C7E GOING TOWARD SLK NEAR BRADDELL EXIT. THE CAR SUFANAN SLR 4354R MADE AN EMERGENCY BRAKE & I COULD NOT BRAKE ON TIME MY CAR SMM 5108 T HIT ON TO THE REAR OF SLR 4354R THAT ALL.

DECLARATION

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

*Mup* 15-07-19  
6:26pm

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.:

*[Signature]* 15/07/2019  
*[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 07 / 2019) (DD/MM/YYYY), TIME: (9 : 50 PM) (HH:MM)

LOCATION: CTE TOWARD SLE NEAR THE BRADDELL EXIT.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3MM5108T  
 b) INSURANCE COMPANY: CHINA TAIPING INSURANCE SINGAPORE PTE. LTD.  
 c) POLICY NUMBER: DMPCSN 3049401900  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA JAZZ  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: CHAN YIN KAI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S70009863 CONTACT: 96860986  
 c) ADDRESS: BLK 81 TIONG POH ROAD #02-49 S160081

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: CHAN YIN KAI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S70009863 CONTACT: 96860986  
 c) ADDRESS: BLK 81 TIONG POH ROAD #02-49 S160081

\* d) DATE OF BIRTH: (08 / 01 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02 SEP 1994

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: SLR 4354R MODEL: AUDI A3  
 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:

Email = maxcollection@singnet.com.sg

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7000986B

**For LKK/NAC Use Only**

CHAN YIN KAI

7

CHINESE  
Date of birth: 08-01-1970  
Country/Place of birth: SINGAPORE

Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7000986B

CHAN YIN KAI

**For LKK/NAC Use Only**

Valid From: 08 Jan 1970  
Issue Date: 10 Jul 2003

00064253A

5833225

Barcode

NRIC No. S7000986B

**For LKK/NAC Use Only**

Date of issue: 25-11-2017

Address: APT BLK B1 TIONG POH ROAD #02-49 SINGAPORE 160081

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

Class 3 Motor Cars and Motor Tractors the weight of which (laden or not) does not exceed 2500 kilograms

02 Sep 1994

**For LKK/NAC Use Only**

Licence No: S7000986B

for 425A





CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

IMPORTANT

- ### Proposer's Particulars

### Vehicle's Particulars

Vehicle Registration Information	
Year of Make	2009
Engine No.	313A84003136
Vehicle Capacity	155
Vehicle Make/Model	Honda Civic 2.4
MSRP	17,000
Market value at the time of loss	15,100
Off peak Car fee	
Modified Vehicle	No
AutoSafe (Must attach AutoSafe Scheme Form)	Yes
Accessories	None
How Purchased	Company/Employee's loan

### Coverage Required

Coverage Required	
Period of Cover	From 01-01-2013 To 31-03-2020 (To coincide with Road Tax expiry date if possible)
Type of Cover	COMPREHENSIVE
PREMIUM PAYABLE	£ 116.00
EXCESS APPLICABLE	£100.00

### Vehicle Usage

(A)	Will the vehicle be used for hire or reward?	Yes
(B)	Any business in West Malaysia?	No
(C)	How often do you drive to West Malaysia?	2-3 times

### Named Drivers

Named Drivers						
Name of Driver	DOB	NRIC No.	Driving Exp.	Element	Gender	Marital Status

N.B. The following excess will be applicable for any accident loss or damage other than Named Drivers. (Applicable to Comprehensive Private Car only)

Additional website information: <http://www.fishbase.org>

A total fee of \$1,500 will be applied for impaired (disabled) who possess less than a year Singapore Driver License

Age	Add Expense
20	\$3,000.00
25	\$500.00

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