

NATIONAL Assessment Centre Services.

[part 1 Jan'03]

MMA 119102699

Date In: 518119 17:26	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 19013681/14	SAS e-filing		
Veh No: ET 6226L	E-mail (within 8hrs, AIC 2hrs)		
DOA: 318119 11:15	I-Motor Claim Form		
OP: 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/Whse		

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

TP Particulars:	Veh No: SLS 9105 E	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 repaler.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Not in 8630/6616)	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

MA1905831	Invoice Itemization	Am (3)	Rate (3)
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	05/08/2019 17:26
Date Of Accident	03/08/2019 11:15
Exact Location Of Accident	70 DUKU RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	ET6226L
Insured/Policyholder	
Name Of Registered Owner	LEOW KIT HENG
NRIC No	S1414081F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97894663
Alternative Phone No	OFFICE-97894663
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	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	DMPCSN3020891900
Cover Note Number	-
Driver	
Name of Driver	CHONG SIE LIN CELINE
NRIC No	S1419660I
Date Of Birth	17/04/1960
Occupation	INDOOR
Date Of Driving Pass	17/05/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92397463
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	70 DUKU RD
Postcode	429232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	SLS9105E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHIN CHOON
NRIC/Passport Number	S8118066J
Contact Number	96788066
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:

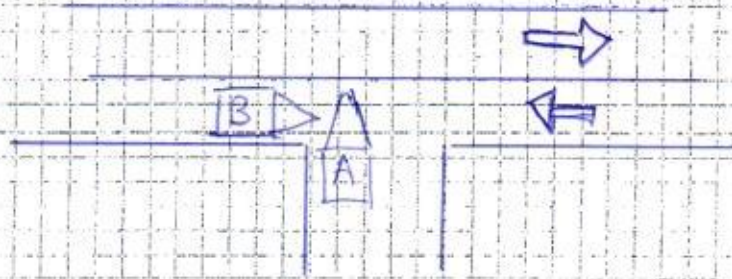
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Vehicle A : ET6226L
Vehicle B : SIS910SE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was leaving my house, a car collided into my front left bumper. The other car was travelling on the wrong side of the road.

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.:

VEHICLE NO: ET6226L

MAKE & MODEL : mercedes E200

DATE OF ACCIDENT	3 / 8 / 2018 2019
TIME OF ACCIDENT	1115 (AM) PM
LOCATION OF ACCIDENT	70 Duku Road
Exact Purpose use during accident	
NAME OF OWNER	Leow kit heng
TELP NO	97894663
NRIC	S1414081F
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	YES / <u>NO</u>
INSURANCE CO.	China Taiping
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	DMPCSN3020891900
NAME OF DRIVER	As above / If No: Chong Sie Lin, Celine
NRIC	S1419660I Any passengers.
DATE OF BIRTH	17 / 4 / 1960
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	17 / 5 / 1982
GENDER	Male / <u>Female</u>
CONTAC NO.	92397463 Office. Home.
ADDRESS	70 Duku Road S429232
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No:
RELATIONSHIP	Employee / If No, wife
WEATHER CONDITION	<u>Clear</u> / Raining / Other,
ROAD SURFACE	<u>Dry</u> / Wet / Other,
ANY INJURIES	<u>No</u> / If yes, Who?
CONTAC NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	SLS9105E Any Passenger.
NAME	Chan Chin Choon S8118066J
CONTAC NO.	96788066
VEHICLE C NO.	Any Passenger.
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1419660I



Name

CHONG SIE LIN, CELINE

张 施 莲

Race

CHINESE

Date of birth

17-04-1960

Country/Place of birth

SINGAPORE

Sex

F

For LKK/NAC Use Only



6151532



NRIC No. S1419660I



Date of issue

20-03-2019

Address

70 DUKU ROAD
SINGAPORE 429232

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S14196601

Name: CHONG SIE LIN, CELINE

Birth Date: 17 Apr 1960

Issue Date: 07 Apr 2003

1000357963G

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1414081F

Name: LEOW KIT HENG

Birth Date: 21 Jul 1960

Issue Date: 04 Jun 2003

1000541654A

For LKK/NAC Use Only

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: 17 May 1982

NP 428A

For LKK/NAC Use Only

License No: S14196601

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: 06 Jul 1978

NP 428A

For LKK/NAC Use Only

License No: S1414081F

LEOW KIT HENG

S1414081F

70 DUKU ROAD

S429232

larryleow8@gmail.com



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1EE SN
AN0584A
Cov.Type: C
AUTOSAFE

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)

CERTIFICATE No.	DMPCSN3020891900	Engine No :27186030001340 Chassis No:WDD2120482A079570
1. Index Mark and Registration Number of Vehicle	ET6226L	
2. Name of Policy Holder	LEOW KIT HENG	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 MARCH 2019	NAMED DRIVERS EX SECT. I\$9750.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. I - AGE <= 25.....\$43,000.00 EX SECT. I - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN\$5100.00
4. Date of Expiry of Insurance	18 MARCH 2020	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>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.</p> <p>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.</p>	

* 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.

Terry's Office
38 Parbury Avenue #04-02 S467034
Tel/WatApp : 9127 8514

Countersigned By: _____
Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com