

NATIONAL Assessment Centre Services		Date: 14/05/2019		MNA919/00537	
Date In: 14/05/2019 18:16	Job description	Date & Time Completed	Done by		
Ref No: NBA/C12190/419514	SAS e-filing				
Veh No: SLZ 1404 H	E-mail (within 2hrs, A/C 2hrs)				
D.O.A: 09/08/2019 13:55	I-Motor Claim Form				
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	I-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
TP Particulars:	Veh No: SLZ 1404 H	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: (\$)	Landing: \$1,000 () / \$2,000 ()				
General Remarks:					
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.					
() 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

NA1906201		Invoice Preparation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:				Am (\$)	Am (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)			
Contact No:		2) DA: Damage Assessment (\$100)		INC (\$80)	
Damaged Portion:		3) TP: Towing Fee		\$40/\$45	
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey		\$120	
Addressee's Comments:		5) RT: Follow-Through Survey (Resurvey)		\$30	
Call Li:		Excluding annual INC Only (twice 10 Jan 2019)			
Date 2/3:		6) TR: Re-inspection		\$15	
1/1/19		7) NI: Idm DA + SMRT Survey		\$160	
		8) NTUC Additional Services:			
		9) NI: Idm Mobile		\$10	
		10) NI: Idm Mobile		\$10	
		11) NI: Idm Mobile		\$10	
		12) NI: Idm Mobile		\$10	
		13) NI: Idm Mobile		\$10	
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		100) NI: Idm Mobile		\$10	

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 willful 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	14/08/2019 18:16
Date Of Accident	09/08/2019 13:55
Exact Location Of Accident	SECOND LINK BRIDGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1404H
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Insured/Policyholder

Name Of Registered Owner	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
NRIC No	S8518161J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96834747
Alternative Phone No	OTHERS-96834747

Vehicle Particulars

Manufacturer	HONDA
Model	CRZ
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	DMPCSN3052721800
Cover Note Number	

Driver

Name of Driver	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
NRIC No	S8518161J
Date Of Birth	22/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96834747
Fax Number	
Contact Number	OTHERS-96834747
Email Address	NOEMAIL

Address	BLK 484 CHOA CHU KANG AVENUE 5 #11-10
Postcode	680484
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?	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: : JENNY GENDER: : FEMALE
Passenger 2	NAME: : ASHLEY GENDER: : FEMALE
Passenger 3	NAME: : FELICIA 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	SLH8129B
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

IMPORTANT NOTICE

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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.
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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.:

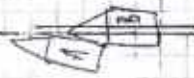


14/08/2019
Roshan

SKETCH PLAN

Second Link Bridge

A: SLZ 1404H
B: SLH 8129B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A 'SLZ 1404H' was stationary along stated venue. Suddenly I felt an impact on my right and realise vehicle B 'SLH 8129B' cut into my lane and collided onto my right portion.

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.:

14/08/2019
Keshu MA

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/08/2019 (dd/mm/yy) Time of Accident: 13:55 (24-HR-FORMAT)

Vehicle No.: SLZ 1404H Vehicle Make & Model: Honda CRZ

Exact location of Accident: Secmd link bridge

Policyholder's Name / IC No.: James Chong Siong Peak S85181613

Driver's Name / IC No.: As Above (As Above) ☒

Driver's Contact No.: 9683 4747 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 484 Choa chuy kang Ave 5 #11-10 S(686 484)

Email address: _____ Insurance Company: China Taiping

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

*No. of Passengers (Including Driver): 04

*Passanger Name: Jenny

*Passanger Name: Ashley

*Passanger Name: Felicia

Gender: Male / Female

Gender: Male / Female

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: B SLH 81293

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8518161J



For LKK/NAC Use Only

Name
JAMES CHEONG SIONG PEAK
(ZHONG SONGBI)

鍾松壁

Race
CHINESE

Date of birth
22-06-1985

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

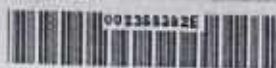
License Number S8518161J

Name
JAMES CHEONG SIONG PEAK
(ZHONG SONGBI)

For LKK/NAC Use Only

Birth Date 22 Jun 1985

Issue Date 28 Oct 2014



5586681



NRIC No. S8518161J



For LKK/NAC Use Only

Date of issue
12-04-2016

Address

APT BLK 484 CHOA CHU KANG AVENUE S
#11-10
SINGAPORE 680484

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

EFFECTIVE DATE

Class 3 Motor cars <= 3500 kg with <= 7 passengers, cumulative of the
different and motor tractors/vehicles <= 2500 kg

28 Oct 2014

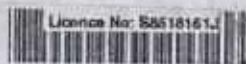
Class 4 Heavy motor cars and motor tractors > 2500 kg

27 Jul 2013

For LKK/NAC Use Only

S8518161J

S/No. 9000213831



NP 428A

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN3052721800

Engine No : LEA1003854
Chassis No: ZF11003852

1. Index Mark and Registration
Number of Vehicle

SLZ1404H

2. Name of Policy Holder

JAMES CHEONG SIONG PEAK

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

4 AUGUST 2019

NAMED DRIVERS EX SECT. IS\$800.00
ADDITIONAL EX OTHER THAN NAMED DRIVERS:
EX SECT. I - AGE <= 25S\$3,000.00
EX SECT. I - AGE >= 26S\$500.00
* AGE AS AT DATE OF ACCIDENT
EX ON WINDSCREENS\$100.00

4. Date of Expiry of Insurance

24 NOVEMBER 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 S\$500 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. : SWEE SENG 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



Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

Countersigned By: