NATIONA!, Assessme	nt Centre	Services	[sef t Jarob)	State of the state		-
Date In 24/08/19 Ref No. NA/CTE 19014919/13			Jeb description Date & Time Con		apleted Done by	
		SAS e-filing				
Vch No SMM 3037C		E-mail (wither	Shrs, AIC 2hrs;			
DOA 23/08/19 1830		i-Motor Cla	im Form			
OD (P) Reporting Only TP Insurer:		i-Motor W/0	O (Within: OD 2hrs	TP 4hrs)		
		i-Photo Uplo	oaded			
		Assessment/S	urvey Report			
		Ass't Report !	by <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wks	sp / QW: (T.	Tel: Fax	C:	
	h No: ک	compession	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (iod: ()	Cover Type: ()		
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (WO): N: 0-20	%; P: 21-79%. F: 80-10	0%]	
Year of Registration: () <i>W</i>	/arranty: YES ()/NO()		
Excess: (\$) Lo	ading: \$1,00	00(-)/\$2,000	()	District Control of the Control of t		
QC Check / Post Repair Inspects Upload Resurvey Photo [Repair Injury :	000] ()				
Date/Time Actions						
N9198	06373			aration Checklist	Anit (\$)	Amt (
laimant's Particulars :-			1) AR : Accident I 2) DA : Damage A	Reporting (\$30); Assessment (\$100); INC (\$80)		
river/Owner:			3) TF : Towing Fee \$40/\$45			zene.
ontact No:			4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30			
amaged Portion:			For claiming ag 6) TR : Re-inspect 7) N1 : Idac DA + 8) NTUC Addition	SMRT Survey \$1	75	
C Checked by (Engr-In-Charg	re):		OD*	Car / Tpt Allowance	§5 10	
uditors' Comments :-	2 - 2 - 2 1 - 10		*N7: Fost Repair *N8: DV / Colle	ir Inspection \$ act Excess Coordination	25 \$5 20	
1.2/3:			9) N12: Idne Mobi Invoice dated	Fee Charged	30	ne ser y
		Invoice deted	Fee Charged	ATT.		

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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	24/08/2019 13:09
Date Of Accident	23/08/2019 18:30
Exact Location Of Accident	OPEN CARPARK ALONG KING GEORGE'S AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM3037C
Insured/Policyholder	
Name Of Registered Owner	MR ANG TIONG HEE
NRIC No	S6905547H
Email Address	KEN_HUNDRED@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97302338
Alternative Phone No	OTHERS-96458339
Vehicle Particulars	
Manufacturer	BMW
Model	5231
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	DMPCSN3051161900
Cover Note Number	

Driver

Name of Driver MR ANG TIONG HEE NRIC No S6905547H Date Of Birth 17/02/1969 Occupation INDOOR Date Of Driving Pass 23/07/1993 Driving Experience 26 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97302338

Fax Number

Contact Number OTHERS-96458339

EMail Address KEN_HUNDRED@HOTMAIL.COM Address 716 UPPER CHANGI ROAD

#05-06

Postcode 486847

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

S-3%

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

•

Passenger 1

NAME: TAY

TAY MENG CHING

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

I was driving towards the exit of the open car park (K0039) when the passenger of a stationary-parked car (SGM 4681G, metallic green Toyota Corolla) driven by Mr. Wong Seng Chong (IC: S1524400C), abruptly opened the rear left door hitting the rear right portion of my car (SMM 3037C). The action dented the rear right door, broke the handle of rear right door and left scratch marks stretching from the handle of the rear right door to the fuel lid cover of my car. No bodily injury to the best of my knowledge. My car is equipped with both front and rear dash cam, footage can be made available on request.

Attachment(s)

Are accident photos available for attachment? Y

YES

Was there any video captured by Car Camera?

YES WITH WORKSHOP

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SGM4681G

Vehicle Make/Model/Colour

TOYOTA COROLLA

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

WONG SENG CHONG

NRIC/Passport Number

S1524400C

Contact Number

91471495

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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.:

WARM, Statehillan Farm, VS.

Pls refe to the statement.	

DECLARATION

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

Policyholder's Signature

Date & Time:

24 Aug 2019

1330 hr.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< passengers, exclusive of driver; and other motor

23 Jul 1993

For LKK/NAC Use Only



NP 428A

1401913





NRIC No. S6905547H

For LKK/NAC Use Only

Blood Group Date of issue

04-11-1993

716 UPPER CHANGI ROAD EAST #05-06

SINGAPORE 486847 S6905547H

Date: 29-10-2003

No: 4828181

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6905547H







ANG TIONG HEE

洪 中ortKK/NAC Use Only

CHINESE

17-02-1969

Country of Birth SINGAPORE





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1E N SN AN0444A COMPREHENSIVE 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.	DMPCSN3051161900	Engine No : 10657696N52B25AF Chassis No: WBAFP320X0C864621
Index Mark and Registration Number of Vehicle	SMM3037C	
2. Name of Policy Holder	MR ANG TIONG HEE	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	06 JULY 2019	NAMED DRIVERS EX SECT. I
4. Date of Expiry of Insurance	05 JULY 2020	EX SECT. I - AGE <= 25
5 Persons or Classes of Persons entitled to drive *	100 100 2.100 100	* AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN

- (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\$1,000 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.

CK BIB

Countersigned By:

Authorised Officer

Authorised Signatory