

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 27/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/CTI19015068/13	SAS e-filing		
Veh No: SKX42700	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/08/19 1920	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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

NAI 906469	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
Cat 1:	TP (N11) : TP (N'n INC) against INC \$20			
Cat 2/3:	9) N12: Idac Mobile 30			
	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	27/08/2019 11:47
Date Of Accident	26/08/2019 19:20
Exact Location Of Accident	ALONG CAIRNHILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX4270D
Insured/Policyholder	
Name Of Registered Owner	TAN PONG TYEA
NRIC No	S0006981G
Email Address	WAILYNN@MSN.COM
Mobile Phone No	(LOCAL) +65-96712770
Alternative Phone No	OTHERS-93690100
Vehicle Particulars	
Manufacturer	BMW
Model	740LI SR
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	DMPCSN3051511800
Cover Note Number	
Driver	
Name of Driver	LAU WAI LENG(LIU HUILING)
NRIC No	S7706452D
Date Of Birth	15/03/1977
Occupation	INDOOR
Date Of Driving Pass	03/03/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93690100
Fax Number	
Contact Number	
Email Address	WAILYNN@MSN.COM

Address	1 MARINE VISTA
	#20-79
Postcode	449025
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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)	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

PLS REFER TO THE 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

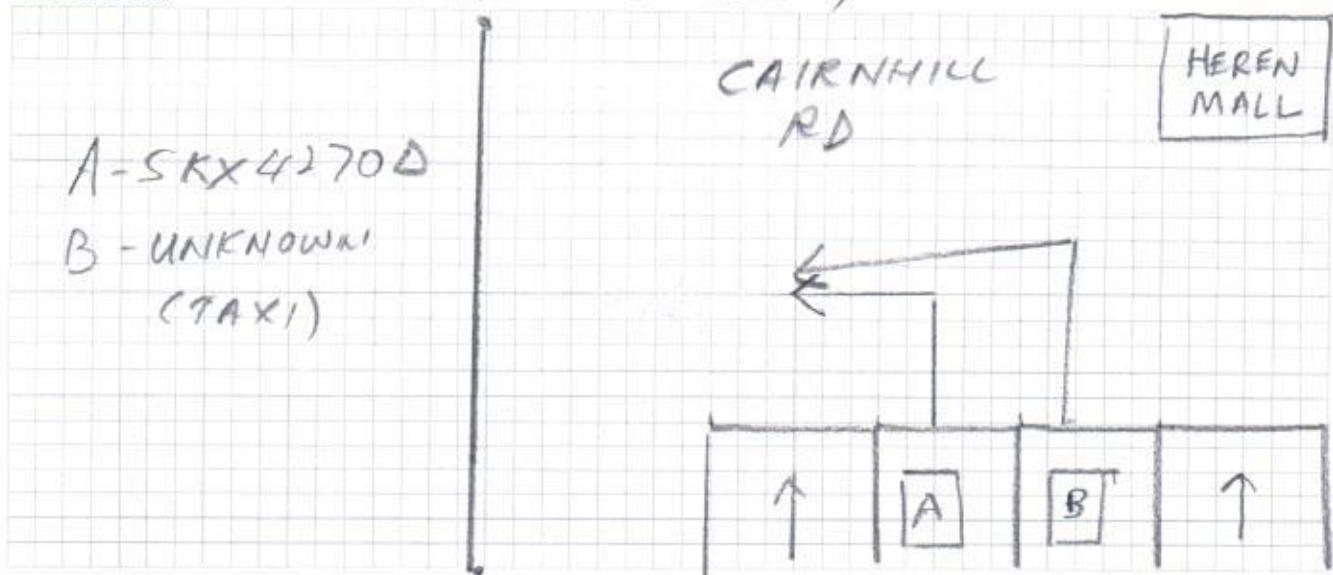
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

TRAFFIC LIGHT (FLASHING)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7.18 PM. CAR B (TAXI) wants to turn left towards traffic light. CAR A (4270) also wanted to turn left. However, CAR B turn faster than CAR A, resulting in CAR B knocking onto CAR A. CAR A was going really slow, because it was raining.

CAR B asked me to drive straight and stopped so that details of driver details could be exchanged. He took photo of my car A (4270) and left.

He (Driver of Taxi) called me @ 7.56 PM. He told me to give him \$1000/xx to settle his car otherwise he will report. I did not agree.

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.:

S00069816

中国太平
CHINA TAIPING中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaping.com
Co. Reg. No. 200208384E

ORIGINAL

ENDORSEMENT

Agency	AN0573A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	..... DMPCSN3051511800
Account	AN0573A	Issued on	..... 11/06/2019 in SINGAPORE	Endorsement No.	..... SNM195440/1
Client	3230421	Acceptance Date	11/06/2019		
		Effective Date	30/07/2019		

Period of Insurance from 30/07/2018 to 10/12/2019 , both dates inclusive

Insured's Name....	TAN PONG TYEA
Address.	21 MARYLAND DRIVE MARYLAND ESTATE SINGAPORE 277515

Business/Occupn...	DIRECTOR
Financial interest	TOKYO CENTURY LEASING (S) PTE LTD

Premium	Base Annual Premium.....	S\$4,953.00		
	Less 80th Anniversary Discount.....	S\$80.00-		
	Less 20% Autosafe Scheme.....	S\$974.60-		
	No Claim Discount 40.00%	S\$1,559.36-		
	Incentive Discount 10%.....	S\$0.00		
	Total Annual Premium	S\$2,339.04	Premium Due	S\$858.71
			Premium GST	S\$60.11
			Total Due	S\$918.82

It is hereby declared and agreed that as from above effective date, the following amendments are made to the Policy:

1. The Policy is extended to expire on 10/12/2019.
2. In view of a claim being lodged under this Policy, the Base Annual Premium is amended to read as shown above.
3. The No Claim Discount is amended to read as 40% and not as originally stated.
4. The Insured's is not eligible to the Incentive Discount.
5. The NCD Protector Clause is deemed to be deleted from this Policy.

In consideration of which, an additional premium as stated above is due to the Company.

Other terms and conditions remain unchanged.

Risk No. 001	MOTOR PRIVATE CAR			
	ORIGINAL REGISTRATION DATE:	11-12-2015		
1. Registration	SKX4270D	Make/Model ..	BMW 740LI SR	
	Type of Cover Comprehensive	No. of seats	5	Body Type SALOON
	Engine No. .. 21629399B58B30A	Capacity cc's	2998	Yr of Manuf/Regn 2015/2015
	Chassis No... WBA7E22050G522765			
				Certificate Ref. MX1E

Continued on page 2